Health Education Thames Valley

DELIRIUM

MODULE: CORE MEDICINE: CARE OF THE ELDERLY

TARGET: FY1/2 OR CMT 1/2 (+ NURSES, HCA, OT)

BACKGROUND:

Delirium (or acute confusional state) is a common and serious clinical syndrome, which is associated with an increased length of hospital stay, hospital-acquired complications (e.g. falls and pressure sores), and an overall increase in mortality rate. Early recognition of delirium can obviate significant morbidity for patients, distress for their relatives, decrease workload for healthcare staff, and generate cost savings for Trusts. This scenario involves accurately assessing a patient with delirium, and understanding the importance of a multi-component intervention in the treatment of delirium.

RELEVANT AREAS OF THE CMT CURRICULUM

Core Medicine H.3.1, L.1.3. Delirium/Acute Confusional states; H.4.1. Dementia	
Knowledge	List the common and serious causes for acute confusion / delirium
	Outline important initial investigations (inc U&Es, blood cultures, FBC, ECG, blood gases, TFTs)
	Recognise the factors that can exacerbate delirium e.g. change in environment, infection
	List the pre-existing factors e.g. dementia that pre-dispose to delirium
	Outline indications for further investigation including head CT, lumbar puncture
Skills	Examine to elicit cause of delirium
	Perform mental state examinations (abbreviated mental test and mini-mental test to assess severity and progress of cognitive impairment
	Understand and act on the results of initial investigations
	Elucidate in older patients co-morbidities, activities of daily living, social support, drug history and living environment
Geriatric competences	
	Recognise importance of multi-disciplinary assessment
	Contribute to effective multi-disciplinary discharge planning
	Rationalise individual drug regimens to avoid unnecessary poly-pharmacy
	Recognise the often multi-factorial causes for clinical presentation in the elderly and outline preventative approaches
	Recognise that older patients often present with multiple problems (e.g. falls and confusion, immobility and incontinence)
	Recognise effects of acutely confused / delirious patients on other patients and staff in the ward environment

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INFORMATION FOR FACULTY

LEARNING OBJECTIVES

Differential diagnosis for delirium

Diagnose urinary retention/constipation as causative factor and manage accordingly (inc. catheterisation)

Use of MDT for discharge planning and full assessment (teamwork and communication skills)

Appropriate escalation of management

SCENE SETTING

Location: Elderly Care Ward
Expected duration of scenario: 20 mins Expected duration of debriefing: 40 mins

This scenario involves a 83 year-old man who was transferred to the Elderly Care ward from the Clinical Decision Unit 6 hours ago. The scenario starts with a nursing handover stating that he is becoming more confused and aggressive, not co-operating with physiotherapy. Health care assistant and nurse to be called in to help patient.

EQUIPMENT AND CONSUMABLES

Elderly care ward environment
Mannequin - (Male) with water filled balloon under abdominal skin as a full bladder
Enlarged prostate PR (part task trainer)
Observation chart
Drug Chart
Fluid chart - no urine output recorded for 12 hours
Stool chart - Nothing recorded
Urinary Catheter & drainage bag (with sterile pack, saline sachets and lubricant)
Catheter care bundle paperwork
Bladder Scanner
Set of patient notes with clerking booklet, blood test results in booklet

PERSONNEL-IN-SCENARIO

FY1
CT1/2

Nurse
Health Care Assistant
Occupational therapist

PARTICIPANT BRIEFING

We are on the Elderly Care ward, and you have been called to see Tom Smith, an 83 year old gentleman who has been admitted to the ward with confusion and agitation.
He has a background history of urinary frequency and urgency. His daughter told the admission unit staff that he has mild dementia, but this confusion and agitation is not normal for him. He had a left hip replacement in 2002, and has arthritic pain. He has no known allergies.
He is normally mobile with one stick. He lives alone with daily help.

FACULTY BRIEFING

'VOICE OF MANIKIN' BRIEFING

You are Mr Tom Smith, an 83 year old gentleman who is agitated and confused. You are uncooperative and disorientated. Initially you cannot give any meaningful history. You are in pain if your lower abdomen is examined. You ask "what's happening?", "where am I?", "who are you?" repeatedly. You are mistrustful of the staff. If they put on a blood pressure cuff, or an oximetry probe on your finger, you tolerate them for a few moments before asking for them to be removed – if they are not removed you become verbally aggressive. If you are left alone for more than a few minutes, you start shouting that you want to go home.
After you have been catheterised and urine has been drained you can give answer questions more appropriately and become cooperative. You still don't know where you are, and what is happening, but you allow monitoring to be applied. You are able to talk about your past medical history – including the arthritis in your hip. The GP started you on a new tablet – codeine – for your hip pain. It seems to have been working for the pain, but has made you constipated.
You feel that you are managing at home, and initially are not keen for help at home. You feel that you can manage the cooking and cleaning by yourself.
Abbreviated mental test score 5/10 after catheterisation: Can recall dates of World War 2, current monarch, repeat 42 West Street, count backwards from 20 to 1, and remember own age.

IN-SCENARIO PERSONNEL BRIEFING

Daughter/Son - "dad is usually a little forgetful, but never like this"; "the GP has started him on a new painkiller for his arthritis"; "he seems really distressed"; "just about manages by himself at home"; "uses a walking stick to get around".

When regarding discharge planning, daughter/son is anxious about how Dad will cope at home, and about the memory problems - what can be done.

Difficulty level

Normal difficulty:
You feel that Dad will not be able to cope at home by himself, as he has been struggling to cook and clean for himself at home. The neighbours help from time to time, and you come round when you can, but that is only once a week. You feel that he needs help from a carer to be arranged. You are also worried that his memory is getting worse, and want to know what is going to be done for him. You are scared that this episode of confusion will happen again when he is by himself. What can you do to stop it from happening again doctor?

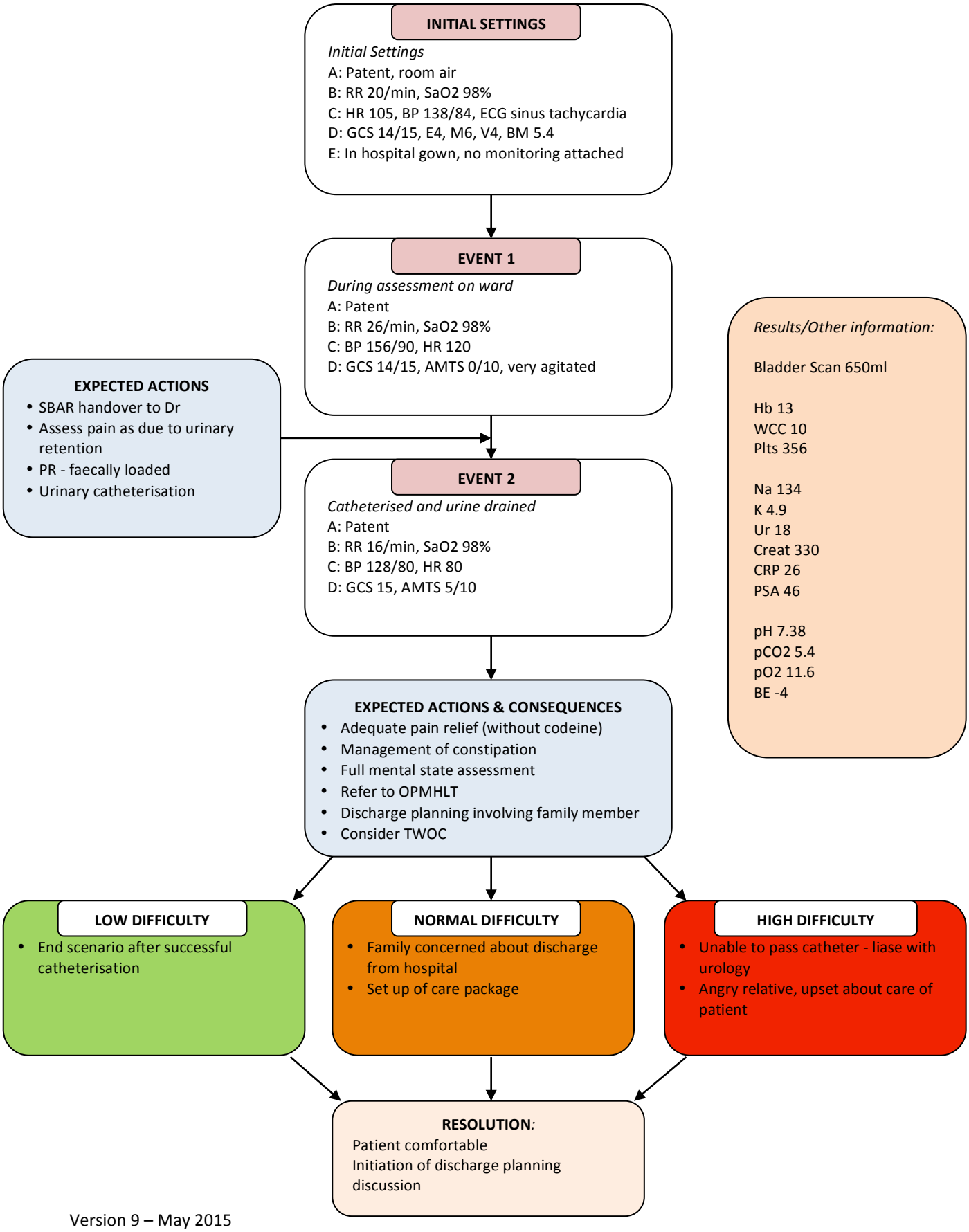
Hard difficulty:
You are angry that your father has not been seen by the occupational therapist sooner, and that everything seems to take such a long time. You do not trust doctors, and feel that there must be some medication that your father could be taking to make his memory better, but that the health service is to miserly to pay for it.

ADDITIONAL INFORMATION

Drug History:

NKDA
Codeine Phosphate 20-60mh PRN
Paracetamol 1g QDS

CONDUCT OF SCENARIO



DEBRIEFING

POINTS FOR FURTHER DISCUSSION

Differential diagnosis for delirium

Diagnose urinary retention/constipation as causative factor and manage accordingly (inc. catheterisation)

Use of MDT for discharge planning and full assessment (teamwork and communication skills)

Appropriate escalation of management

DEBRIEFING RESOURCES

Delirium: Quick reference guide (NICE CG103)
www.nice.org.uk/guidance/CG103/QuickRefGuide

Delirium Resources
http://www.viha.ca/mhas/resources/delirium/tools.htm

GERIATRIC MEDICINE > SCENARIO 3

INFORMATION FOR PARTICIPANTS

KEY POINTS

Differential diagnosis for delirium

Diagnose urinary retention/constipation as causative factor and manage accordingly (inc. catheterisation)

Use of MDT for discharge planning and full assessment (teamwork and communication skills)

Appropriate escalation of management

RELEVANCE TO THE CURRICULUM

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FURTHER RESOURCES

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PARTICIPANT REFLECTION

What have you learned from this experience? (Please try and list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?

PARTICIPANT FEEDBACK

Date of training session:.....

Profession and grade:.....

What role(s) did you play in the scenario? (Please tick)

Primary/Initial Participant	
Secondary Participant (e.g. 'Call for Help' responder)	
Other health care professional (e.g. nurse/ODP)	
Other role (please specify):	
Observer	

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I found this scenario useful					
I understand more about the scenario subject					
I have more confidence to deal with this scenario					
The material covered was relevant to me					

Please write down one thing you have learned today, and that you will use in your clinical practice.

How could this scenario be improved for future participants?
(This is especially important if you have ticked anything in the disagree/strongly disagree box)

FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn't it go well?

How could the scenario be improved for future participants?