# **THINK DELIRIUM - THINK 4 Ms**

### **CREATING AN AGE FRIENDLY HEALTH SYSTEM**



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## **Delirium is a Medical Emergency**

Early identification and management of Delirium leads to better outcomes. Is your patient more confused lately?

### Criteria Of Delirium

- Disturbance of consciousness.
- The disturbance develops over a short period of time and tends to fluctuate.
- A change in cognition or the development of a perceptual disturbance not accounted for by a pre-existing, established or evolving dementia.
- Caused by the direct physiological consequences of a general medical condition.

### **Predisposing Factors**

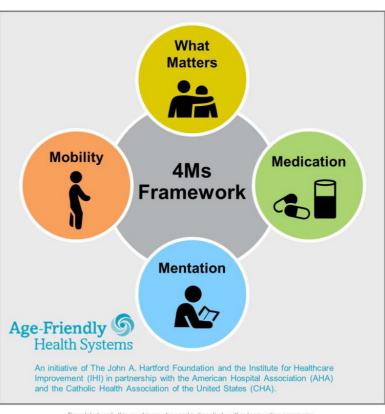
- Age above 65 years.
- Dementia or cognitive impairment.
- Sensory Impairment.
- Fraility.
- Current hip fracture.
- Polypharmacy.
- Previous history of Delirium.

# Delirium

### **Precipitating Factors**

- l. Infections Urinary, Pneumonia etc.
- **W.** Withrawal –Alcohol, sedatives, barbiturates
- **A.** Acute metabolic changes
- **T.** Trauma brain injury, subdural hematoma
- **C.** CNS pathology post-ictal, stroke, tumour
- **H.** Hypoxia CHF, anemia
- D. Deficiencies thiamine, niacin, B12
- **E.** Endocrinopathies
- A. Acute vascular
- T. Toxins and Drugs –anti-cholinergics, opioids
- H. Heavy Metals Poisoning





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#### **What Matters**

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

#### Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

#### Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

#### Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters

## **Consider the 4 Ms**

**Identify potential causes of Delirium** 

Develop appropriate treatment plans

Create an Age Friendly Health System