



Delirium Curriculum for Acute Hospital staff

Delirium is a severe neuropsychiatric syndrome of brain dysfunction precipitated by acute illness. It is characterised by acute and fluctuating inattention and other cognitive and perceptual deficits. Delirium is common, affecting at least 20% of older hospital inpatients. Delirium is particularly common in older people and those with cognitive impairment. The occurrence rate of delirium in general medical and geriatric medicine wards was calculated at 29-64% in a recent literature review. However, delirium can occur in people of any age if the illness is severe enough and affects up to 80% of those in intensive care. Delirium is highly unpleasant and frightening for patients and their families, causing considerable short and long-term distress. People who have delirium during their hospitalisation have increased lengths of stay, have more hospital-acquired complications, such as falls and pressure sores, are more likely to need to be admitted to long-term care following discharge from hospital and are more likely to die. These complications lead to additional healthcare costs, estimated at an extra £13,000 per admission.

Given the costs of delirium to both the patient and to the healthcare economy, it is essential that healthcare professionals are aware of delirium and understand how to identify and manage the condition. This document has been produced by the Northern Clinical Network for Mental Health and Dementia. It sets out a curriculum for delirium training to be used in acute hospitals in the region. It takes a 3 tier approach to training in delirium and assumes that for the higher tiers the competencies of the earlier tiers will also be achieved. Tier 2 is divided into nursing and medical staff as their roles are slightly different. The document was primarily devised for acute hospital staff but may also be useful in primary care and community settings.

It is expected that all staff coming into contact with patients at high risk of delirium (age>65, patients with cognitive impairment, critically ill patients, patients with hip fracture) should achieve tier 1: awareness of delirium. Tier 2 should be achieved by qualified nursing (tier 2a) and medical staff (tier 2b) who look after such patients on a regular basis. In some hospitals nursing staff may also be expected to acquire some of the skills required for tier 2b such as using screening tests for delirium. Tier 2 also covers areas identified in the recently published international medical undergraduate curriculum for delirium (Copeland et al 2018). Tier 3 should be achieved by those with specialist expertise in the management of older patients with mental health problems including dementia specialist nurses, nurse consultants, trainees or Consultants in Geriatric Medicine or Old Age Psychiatry and Liaison Psychiatry teams.



Tier 1: Awareness of delirium and basic care of the delirious patient

Objective	Subject matter
<p>To be aware of states of delirium presenting both acutely or sub-acutely in patients in hospital</p> <p>To be aware of the importance of the environment in the care of people with delirium or at high risk of delirium</p>	<p>Knowledge</p> <ul style="list-style-type: none">• Is aware that confusion and abnormal behaviour in an acutely ill patient may be due to delirium• Is aware that older people are at high risk of delirium• Is aware that delirium may cause a deterioration in functioning in people with dementia• Is aware of environmental factors which may exacerbate delirium• Is aware of environmental modifications which may reduce the risk of delirium• Is aware of the adverse outcomes observed in people with delirium
	<p>Skills</p> <ul style="list-style-type: none">• Able to recognise common behaviours seen in delirium• Able to support patients requiring re-orientation• Is competent in approaching the delirious patient, including the recognition of the accompanying distressed mental state
	<p>Attitudes and Behaviours</p> <ul style="list-style-type: none">• Summons experienced help promptly• Takes a positive approach to the management of delirium• Works collaboratively with other professions to manage delirium effectively



Tier 2a: Recognition of delirium and implementation of a nursing care plan for the delirious patient

Objective	Subject matter
<p>To recognise states of delirium presenting both acutely or sub-acutely in patients in hospital</p> <p>To be aware of the importance of the environment in the care of people with delirium or at high risk of delirium</p>	<p>Knowledge</p> <ul style="list-style-type: none">• Recognises that confusion and abnormal behaviour in an acutely ill patient may be due to delirium• Is able to outline common risk factors for delirium• Lists the common precipitants of delirium• Knows the symptoms and subtypes of delirium: hyperactive, hypoactive and mixed• Recognises that delirium may cause a deterioration in functioning in people with dementia• Knows that delirium is preventable and treatable• Lists environmental factors which may exacerbate delirium• Lists environmental modifications which may reduce the risk of delirium• Lists the interventions required to avoid adverse outcomes observed in people with delirium• Understands the risks of sedation in the delirious patient
	<p>Skills</p> <ul style="list-style-type: none">• Identifies patients displaying common behaviours seen in delirium• Exemplifies and encourages other staff in providing support for patients with delirium• Is competent in approaching the delirious patient, including the recognition and non-pharmacological management of the accompanying distressed mental state• Is competent in the development and implementation of a care plan for patients with delirium
	<p>Attitudes and Behaviours</p> <ul style="list-style-type: none">• Liaises with medical staff to ensure that delirium is recognised and investigated appropriately• Recognises that negative attitudes towards patients with delirium exist among some healthcare professionals• Takes a positive approach to the management of delirium and encourages other members of the team• Recognises effects of the delirious patient on other patients and staff in the ward environment• Appreciates the essential role of multidisciplinary working in the management of delirium• Works collaboratively with other professions to manage delirium effectively• Appreciates the importance of speaking to families/carers about delirium



Tier 2b: Diagnosis, investigation and initial management of the delirious patient

Includes knowledge, skills and attitudes outlined in tier 2b and additionally:

Objective	Subject matter
To recognise, diagnose and manage a state of delirium presenting both acutely or sub-acutely in patients in hospital	Knowledge <ul style="list-style-type: none">• Outlines data pertaining to the incidence and prevalence of delirium• Defines delirium as a clinical condition based on validated criteria and consensus definitions, such as DSM V criteria• Outlines important initial investigations, including electrolytes, cultures, full blood count, ECG, blood gases, thyroid• Outlines indications for further investigation including head CT, lumbar puncture• Knows the provisions of the mental capacity act and mental health legislation and can apply them appropriately• Recognises that delirium is associated with subsequent dementia and referral to a memory clinic may be necessary• Understands the importance of communicating with primary care staff about the occurrence of delirium
	Skills <ul style="list-style-type: none">• Recognises delirium in different clinical settings e.g. emergency department, intensive care, post-operatively and paediatrics• Performs mental state examinations (e.g. abbreviated mental test, confusion assessment method, 4AT) to screen for the presence of delirium• Examines to elicit cause of delirium• Practises safe and minimal pharmacological management when necessary
	Attitudes and Behaviours <ul style="list-style-type: none">• Summons specialist help promptly if required• Recognises that the cause of delirium is often multi-factorial• Contributes to multidisciplinary team management



Tier 3: Expert management of delirium, pathophysiology and current research

Objective	Subject matter
<p>To recognise, diagnose and manage a state of delirium presenting both acutely or sub-acutely in patients in hospital, in the community and in other settings</p> <p>To support non specialist teams in the management of more complicated cases of delirium</p> <p>To lead the development of knowledge, skills and attitudes towards delirium in non-specialist teams</p>	<p>Knowledge</p> <ul style="list-style-type: none">• Understands current theories for the pathophysiology of delirium• Understands current research evidence for the prevention and treatment of delirium• Understands uncertainties in the diagnosis of difficult cases of delirium• Understands the relationship of delirium with dementia syndromes and the progression of cognitive impairment• Is aware of severity indices in delirium
	<p>Skills</p> <ul style="list-style-type: none">• Is competent in the use of the longer standardised measures of assessing cognitive status in delirious states• Is skilled where possible in differentiating delirium or delirium superimposed on dementia from dementia alone• Advises non-specialist teams on the non-pharmacological and pharmacological management of delirium• Is able to provide tier 1 and tier 2 education about delirium• Involves patients and carers in delirium education
	<p>Attitudes and Behaviours</p> <ul style="list-style-type: none">• Promotes delirium research and takes an interest in recent research in delirium• Promotes a positive attitude towards delirium in non-specialist teams• Works with the multidisciplinary team to manage delirium effectively in difficult cases