

KEY DOCUMENT 3: GREATER MANCHESTER COMMUNITY DELIRIUM TIME BUNDLE

FOR THOSE OVER THE AGE OF 18 AND NOT
UNDER THE INFLUENCE OF DRUGS AND/OR
ALCOHOL

VERSION 1 FEBRUARY 2021



Patient Name: _____
 Patient Date of Birth (dd/mm/yyyy): _____
 Patient Number: _____
 Carer Name and Contact Number: _____
 Date (dd/mm/yyyy): _____
 Time delirium diagnosed (or strongly suspected) and TIME bundle initiated (24h): _____
 Practitioner Name: _____ Practitioner signature: _____
 Practitioner designation: _____

This document and the *Optional resources mentioned here* [can all be accessed via the Dementia United website](#)

TIME = **T**riggers, **I**nvestigations (2hours) **M**anagement, **E**ngage (2 days)

T = TRIGGERS – think “ PINCH ME ”	Summarise suspected trigger(s):
PAIN e.g. Abbey pain scale score <i>Optional resource (OR) 7</i>	
INTRACEREBRAL e.g. haemorrhage INFECTION Any clinical signs to warrant investigations? i.e. suggestive of chest or urine infection. Consider COVID-19 as per PHE guidance to swab for COVID-19 in context of delirium.	
(mal) NUTRITION e.g. use Age UK paper weight arm band tool (<i>OR 8A</i>) mouth care assessment (<i>OR 9</i>)	
CONSTIPATION e.g. bowels last moved Bristol stool chart (<i>OR 10</i>)	
HYPOXIA – Pulse oximeter reading HYPOGLYCAEMIC – Glucometer reading (de)HYDRATION e.g. urine colour chart, drink taken (<i>OR 8B</i>), urinary retention	
METABOLIC e.g. hyponatraemia, hypercalcaemia MEDICATION – Structured medication review, anticholinergic burden e.g. West Essex CCG Anticholinergic side-effects and prescribing guidance (<i>OR 11</i>)	
ENVIRONMENTAL e.g. disturbed sleep, sensory deficits, recent major surgery, falls, over or under stimulation, discharge home etc.	

I = INVESTIGATIONS	Time requested and contact (or reason why not completed)
Standard Delirium Bloods: FBC, UE, LFT, Calcium, Magnesium, CRP, glucose, phosphate	
Urinalysis if applicable e.g. Bury UTI Assessment Tool (OR12) (sterile urine culture, not dipstick)	
Other tests required if applicable e.g. scans, ECG Please state:	

If any of the below is completed after the Triggers and Investigations and/or by a different professional, please date and write name and profession accordingly.

M = MANAGEMENT

State trigger(s) of delirium and treatment. **Please provide details below:**

Please refer to the management of delirium guidance (**Key document 4**) as this provides detail on aspects to be considering. **Please provide details below:**

E = ENGAGEMENT

Engage with family members and informal/formal carers (consider if there needs to be a referral to social care, occupational health, mental health, physiotherapy). Engage with family/informal carers and any formal carers asking them to monitor whether or not delirium is improving and to support the patient's needs of reassurance, orientation, occupation, physical comfort, wellbeing, safety and security (**Key document 4**) Consider *OR 13A, B, C, D and 14*.

Please provide details below:

Personalise the longer version of the with the completion of the person-centred care plan **GM Delirium Leaflet (Key document 5)** and give to the person with delirium and their family/carer, taking time to go through the leaflet and to address any concerns answer any questions.

Date the Leaflet was handed to person: _____
(Date the leaflet was sent to the family/carers if in a care home)

Following treatment, if delirium is not improving complete TIME again

Send copy of completed TIME bundle to involved teams including the person's GP:

Team the TIME Bundle was sent to:

Date sent:

GET IN TOUCH

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<https://dementia-united.org.uk/>



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