KEY DOCUMENT 4: GREATER MANCHESTER MANAGEMENT ENGAGEMENT DELIRIUM GUIDANCE

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

VERSION 1 FEBRUARY 2021
This guidance forms part of the Management and Engagement component of the TIME bundle.

This guidance is not intended to be exhaustive of all management and engagement aspects when supporting someone with delirium. We recognise that not all the guidance will apply.

This document and all other documents in the Toolkit can be downloaded via the dementia United website

Management

- **Continue to treat** other conditions the person has, as these may be contributing and sustaining the delirium
- **Continue to review** for any further underlying ongoing causes that may be sustaining the delirium. For example, laxatives for constipation, consider antibiotics if bacterial infection suspected, urinary retention consider a temporary catheter, monitor and review for pain
- **Manage the medications** the person is taking for other conditions, as these may need to be reduced or stopped, if it is felt that they may contribute to sustaining the person’s delirium
  - Review any new medications that may have caused delirium. For example, steroids, or opiates. Consider discontinuing if medically appropriate
  - If the person is on benzodiazepines, then do not suddenly stop these
- Request community pharmacist review as necessary
- Monitor for and reduce the **risk of the person developing pressure ulcers**
- Consider referring for an assessment by the District Nurses in terms of pressure relieving equipment, or to the wider therapy team for other equipment
- Monitor for and reduce the **risk of the person falling**, which includes undertaking risk assessments of the environmental factors that may contribute to the person’s falls risk
- Work towards **recovery** and the **person returning to their baseline**
  - Encourage the person to continue meet their usual care needs themselves and make sure you have knowledge of the person’s baseline level of functioning
  - Consider a referral for an assessment of the person’s functioning as well as, in terms of any aids and adaptations
    - If for example the person is remaining in bed for long periods, or if the person is getting up out of bed and needs equipment such as; bed levers, commodes, standing aids, kitchen perching stools, frames around toilets, chair raisers etc
Engagement

It will be useful to ask family and informal/formal carers to monitor the aspects of care and support that they are prompting/helping the person with. This could be when they visit, or if the person is living with family, this may be more frequent. Below are some strategies to be addressing needs and how families/carers can engage in monitoring and recording what they are undertaking.

- Agree with the family/carers, what you are asking them to take note of and write down and how they will feedback and let you know when things are getting worse. Ask them to note if the person has been able to do what they have prompted them with, or accepted their help, or declined their help
  - There is great value in asking family and carers to assist with this monitoring, as it will help you to look for any patterns emerging

- Patterns will emerge for example times of the day when the person will engage more, or if one family member or carer is able to support more than another
  - All this information is valuable to know. For example, you may need to think of timing of giving out medication, who helps with this if the person is more likely to accept help from them. It could be valuable if you are trying to take observations and blood tests, or to increase a care package
  - These patterns will also help with monitoring for signs of improvement and/or if the person is deteriorating

- Spend time going through the Greater Manchester delirium leaflets (Key document 5) with the person and their family/carers. Complete the person-centred care plan at the end of the long leaflet. Answer any questions. There is also a briefer version of the leaflet. These can be downloaded via the dementia United website

Engaging family and carers in holistic management of delirium

Meeting the needs of reassurance, orientation and occupation

- Provide reassurance and re-orientate the person to their surroundings, reminding them where they are
  - Keep a clock, calendar within reach. Use written prompts and reminders

- Ensure the person has their glasses, hearing aids and check these are working.
  - If the person goes into hospital, be sure to send these in with the person

- Provide familiar stimulating activities, that will help with occupation, easing distress and reassurance when family or carers are present or not
  - Consider personal music playlists, familiar photographs or objects, hobbies they enjoy
Meeting the needs of physical comfort and well-being

- Prevent the person becoming dehydrated or malnourished - encouraging them to eat and drink well
  - Make sure they have access to drinks available throughout the day
  - Encourage eating snacks over the day if the person is not wanting a full meal
  - Consider putting up prompts to remind the person to take a drink and eat the snacks or help the person where it is needed
  - We have provided some eating and drinking well guides, as examples, that you may want to share with the family and carers from Greater Manchester nutrition team and others (Optional resources13A and 13B)

- Ensure the person is getting up and exercising, even if this is exercising whilst sitting.
  - We have provided some exercise examples, that you may want to share with the family and person from the Greater Manchester getting Manchester moving team (Optional resource 13C)

- Ensure the person is going to the toilet regularly and monitor this, as family/carers can look out for signs that the person is developing a urine infection and/or constipation

- Help the person get a good natural sleep
  - Look at ways to reduce noise and lighting at as the person settles for bed, encourage time to wind down before going to bed and to avoid caffeinated drinks before bedtime

Meeting the needs to feel safe, secure and receive comfort and reassurance when distressed

- The person may be experiencing hallucinations, for example seeing things or hearing things that are not there, or they may have paranoid ideas about people around them.
  - Try not to agree with any incorrect ideas, however, avoid challenging the person, if you can tactfully disagree or change the subject
  - Another option would be to try to acknowledge the person’s distress and talk about the person’s feelings. Consider trying to explain and make sense of what they are experiencing. Revisit the Greater Manchester delirium leaflet (Key document 5) with the person and family, go through it with them, this may help them to make sense of what is happening

- Does the person experience distress or agitation?
  - If they are agitated, find out the cause and try to treat it (ideally without using medicine). There may be something that triggers off distress, try and establish what it may be and take time to explain and calmly reassure
  - If the person continues to experience distress and agitation, particularly where symptoms such as hallucinations and paranoid ideas are present, you may want to consider the use of medication. This needs to be only considered where the person is presenting with considerable distress and may be at increasing risk to themselves and, or others
- There is a need to weigh up the risks of the person remaining very distressed and the need to introduce medication that may result in increased risks of sedation, resulting in reduced eating and drinking and increased falls
- **Cautions are needed with the introduction of medication**, with careful monitoring of use and possible side-effects and a plan to review and discontinue as soon as is clinically possible

- Please refer to attached British Geriatric Society Delirium Guidance as noted in the bibliography as consideration is given to medication options. The SIGN guidance, again as noted in the bibliography, also provides an overview of the limited evidence for pharmacological treatment of delirium

- Medication should be used with extreme caution in people with Parkinsonism or Lewy body disease

- Consider referrals for an **increase in formal support**. E.g. start of a care package, or increase a care package, frequency of calls, duration or timing of visits, changes to staff to be considered as needed

- Consider if access is needed as appropriate **step-up or step-down facilities**, depending on the level of risk and availability

- Consider referral for **advice from mental health team** as appropriate

**If hospital admission is indicated**

Whilst it is understood that a hospital admission can be even more distressing and disorientating for someone with delirium, this is necessary sometimes.

It would be valuable for the family to complete a ‘This is Me’ *(Optional resource 14)*, in order to provide a detailed picture of the person that can travel with them into hospital.
GET IN TOUCH

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