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| **(affix hospital label here)**W:\Admin\Office Forms & Templates\NHS logos\Internal use - Salisbury NHS Foundation Trust RGB BLUE.jpg**Name:****Date of birth:****Hospital No.:**  |

**DELIRIUM CARE BUNDLE**

**TO BE COMPLETED FOR ANY PATIENT WITH CONFUSION, AGITIATION, A CHANGE IN COGNITION/ BEHAVIOUR/ CONSCIOUSNESS OR A POSITIVE MTS/CAM OR 4AT SCORE.**

**THINK DELIRIUM, EXCLUDE TREATABLE CAUSES AND COMPLETE CARE BUNDLE WITHIN 2 HOURS:**

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|  | **Have you thought about it?****(TICK)** | **Have you documented in the notes?****(TICK)** | **Can you exclude it?****(TICK)** |
| **Exclude treatable causes:** |
| EWSS (think Sepsis 6) |  |  |  |
| Blood glucose |  |  |  |
| Medication history (identify new medications/change of dose/ medication recently stopped) |  |  |  |
| Review of pain |  |  |  |
| Assess for urinary retention |  |  |  |
| Assess for constipation |  |  |  |
| Sleep deprivation/altered sleep wake cycle |  |  |  |
| Ensure sensory aids (hearing aid, dentures, glasses) used appropriately |  |  |  |
| **Investigate and intervene:**  |
| Dip stick urine |  |  |  |
| Assess hydration and start fluid balance chart |  |  |  |
| Bloods (FBC, U&E, Ca, LFTs CRP, Mg, Glucose) |  |  |  |
| Look for signs and symptoms of infection (skin, chest, urine, CNS) and perform appropriate cultures/ imaging depending on clinical assessment.  |  |  |  |
| ECG (ACS) |  |  |  |
|  | **Completed (TICK)** |
| **If persistent confusion/altered behaviour despite the above, then escalate to Mental Health team, Dementia ward round, senior nurse/medical staff** |  |
| **Consider Enhanced Nursing Assessment, use the MCA to support decision making, Capacity Assessments, Deprivation of Liberty Safeguards** |  |
| **Explain diagnosis of delirium with patient/family/carers (use Delirium Leaflet)** |  |
| **Document diagnosis of delirium** |  |

**If you are concerned patient may cause harm to self or others, escalate to Medical team or Mental Health team.**

**Name: Grade:**

**Signature: Date and Time:**