**DELIRIUM SUPPORT TOOL**

**PATIENT WITH CONFUSION, AGITIATION, CHANGED BEHAVIOUR/CONSCIOUSNESS:**

|  |  |
| --- | --- |
| **Exclude treatable causes:** | **Have you thought about it?****(TICK)** |
| NEWS2 (think Sepsis 6) |  |
| Blood glucose |  |
| Medication history (new medications/change of dose/recently stopped) |  |
| Pain |  |
| Urinary retention |  |
| Constipation |  |
| Sleep deprivation/altered sleep wake cycle |  |
| Ensure sensory aids (hearing aid, dentures, glasses) used appropriately |  |
| **Investigate and intervene:**  |
| Signs/symptoms of infection (skin, chest, urine, CNS) & Investigate as rqd (e.g. CXR) |  |
| Assess hydration and start fluid balance chart |  |
| Bloods (FBC, U&E, Ca, LFTs, CRP, Mg, Glucose) |  |
| ECG (ACS) |  |
| **If persistent:** |
| Escalate to senior nurse/medical staff |  |
| Consider capacity Assessments, Deprivation of Liberty Safeguards |  |
| Explain diagnosis of delirium with patient/family/carers (use Delirium Leaflet) |  |
| Document diagnosis of delirium |  |

**Name: Grade:**

**Signature: Date and Time:**

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