



**Enhanced Care for Older People  
Learning Session Number 17**

**Delirium Assessment and the Role of  
the Multidisciplinary Team**

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*Assistant Professor: Adult Nursing*  
**Northumbria University**

**Monday 24<sup>th</sup> April 2023**

**EnCOP Lead: Angela Fraser**

## Housekeeping

- Please ensure microphones are muted and during presentation cameras are turned off.
- The event will be recorded and shared.
- The webinar recording and presentation will be circulated and uploaded on to the website following the event.
- If you have any questions during the session then please use the chat facility. We will attempt to address questions, if we can't then we will follow up after the event.
- Please also use the chat facility to inform us of any technical issues as this will be monitored closely throughout by one of the EnCOP team.
- Occasionally you may have difficulty seeing or hearing video clips that are played, this will usually be due to your own device or software settings and not something we can influence during the webinar session. Please be assured all content will be shared following the event so you will have an opportunity to view afterwards.
- If you need to take a break at any time throughout the session please feel free to do so.

# Session Aim & Linked Competencies

- **Aim: To increase knowledge around Delirium and the role of the Multidisciplinary Team, including when Delirium is superimposed on Dementia.**

## **Linked EnCOP Domains:**

<b>Domain A: Values, Attitudes and Ethical Practice</b>
<b>Domain B: Evidence Based Care : Supporting learning, leadership and improving care for older people</b>
<b>Domain C1: Partnership working and communication with older people, families and others</b>
<b>Domain C2: Inter-professional and Inter-organisational working, communication and collaboration</b>
<b>Domain D2: Ageing Well : Assessing , planning, implementing and evaluating care and support with older people</b>
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Exploring delirium superimposed on dementia: tools and guidance.

Dr. Claire Pryor  
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# What is delirium and DSD?

Latin delirare. Deviate from barks

Syndrome Characteristics:

Acute change in Awareness/

Short time frame

Medical condition p

Not better explained  
else established

metabolism  
O2 and glucose  
issues  
(ATP cycles)

Medications may impact on  
neurotransmitter systems  
(acetylcholine/dopamine etc)

Neurobiological issues

Neuroinflammation

Brain vascular dysfunction

Metabolism in brain

Neurotransmitter imbalance

Wilson et al (2020)

In vulnerable brains, exaggerated  
pro-inflammatory response=  
exacerbate in damaged areas

Alters. Perfusion  
impaired  
Leaky BBB

**Some one with dementia already has all this on top!**

**Acute medical/health emergency!**



# What does it look like?

## Hyperactive

- Staff often recognise this type

## • Hypoactive

- Staff often don't recognise this type

## • Mixed

- Depends on most prevalent state

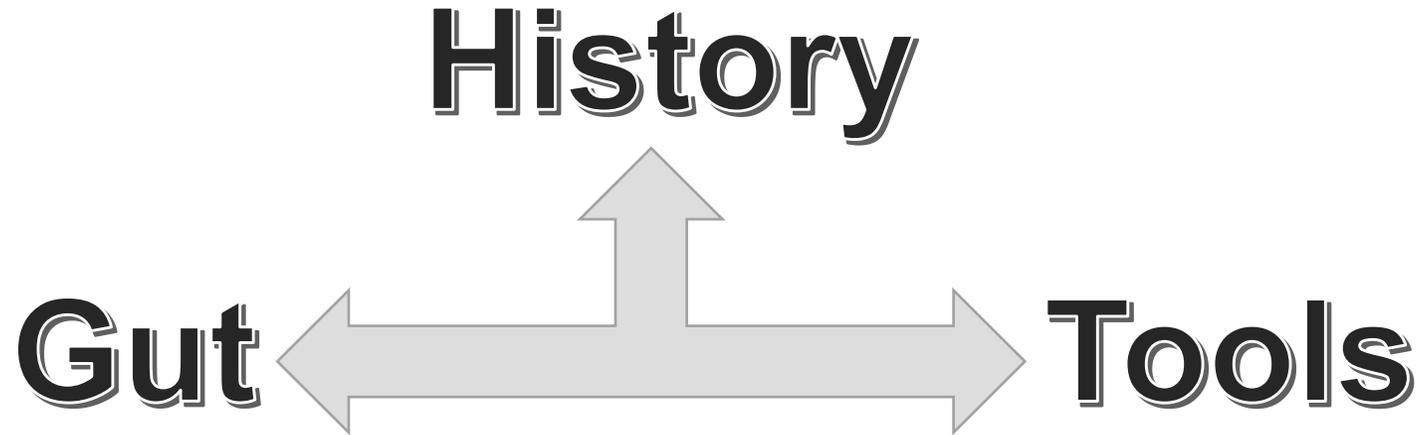


# What does it mean for someone with it?

- Higher mortality
- Higher rates of post discharge care needs
- Longer length of stay
- Worsened physical, cognitive and social outcomes
- Increase cost of healthcare
- Fear
- Hallucinations
- Loss of function
- Dignity?
- Isolation
- ? Less attention paid (HYPO)



# How do we assess?



NICE (2010, ud 2019) Delirium prevention, diagnosis and management <https://www.nice.org.uk/guidance/cg103>

SIGN (2019) <https://www.sign.ac.uk/our-guidelines/risk-reduction-and-management-of-delirium/>

Confusion Assessment Method (90s) Based on DSM-IV (we are on DSM 5 now...). Non psych trained clinicians.

Includes onset/inattention/disorganised thinking/altered consciousness scores. Multiple versions! All clinical contexts

**CONFUSION ASSESSMENT METHOD (CAM) SHORT FORM WORKSHEET**

EVALUATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

I. ACUTE ONSET AND FLUCTUATING COURSE

a) Is there evidence of an acute change in mental status from the patient's baseline? No  Yes

b) Did the (abnormal) behavior fluctuate during the day, that is tend to come and go or increase and decrease in severity? No  Yes

II. INATTENTION

Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said? No  Yes

III. DISORGANIZED THINKING

Was the patient's thinking disorganized or incoherent, such as rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject? No  Yes

IV. ALTERED LEVEL OF CONSCIOUSNESS

Overall, how would you rate the patient's level of consciousness?

-- Alert (normal)  
-- Vigilant (hyperalert)  
-- Lethargic (drowsy, easily aroused)  
-- Stupor (difficult to arouse)  
-- Coma (unarousable)

Do any checks appear in this box? No  Yes

B-Cam  
Brief CAM, 5 mins

famCAM  
5-10 mins  
Clinician and caregiver  
versions

<https://www.cgakit.com/p-2-cam>



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## SQID Single Question in Delirium

“ is this person more confused than before?”

Quick

Easy

Anyone can do



Not just “confusion”

Hypoactive

Agitated?





# 4AT Rapid clinical test for delirium (2011) Short, no training, anyone can use!

Inc cog testing no “unable to test” UTA element

Includes alertness, orientation, attention, acute change/fluctuation course. Indicated delirium or cognitive impairment



**4AT**

Assessment test  
for delirium &  
cognitive impairment

(label)

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Patient number: \_\_\_\_\_

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Date: \_\_\_\_\_ Time: \_\_\_\_\_

Tester: \_\_\_\_\_

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**CIRCLE**

**[1] ALERTNESS**  
*This includes patients who may be markedly drowsy (eg. difficult to rouse and/or obviously sleepy during assessment) or agitated/hyperactive. Observe the patient. If asleep, attempt to wake with speech or gentle touch on shoulder. Ask the patient to state their name and address to assist rating.*

Normal (fully alert, but not agitated, throughout assessment)	0
Mild sleepiness for <10 seconds after waking, then normal	0
Clearly abnormal	4

**[2] AMT4**  
*Age, date of birth, place (name of the hospital or building), current year.*

No mistakes	0
1 mistake	1
2 or more mistakes/untestable	2

**[3] ATTENTION**  
*Ask the patient: "Please tell me the months of the year in backwards order, starting at December." To assist initial understanding one prompt of "what is the month before December?" is permitted.*

Months of the year backwards	Achieves 7 months or more correctly	0
	Starts but scores <7 months / refuses to start	1
	Untestable (cannot start because unwell, drowsy, inattentive)	2

**[4] ACUTE CHANGE OR FLUCTUATING COURSE**  
*Evidence of significant change or fluctuation in: alertness, cognition, other mental function (eg. paranoia, hallucinations) arising over the last 2 weeks and still evident in last 24hrs*

No	0
Yes	4

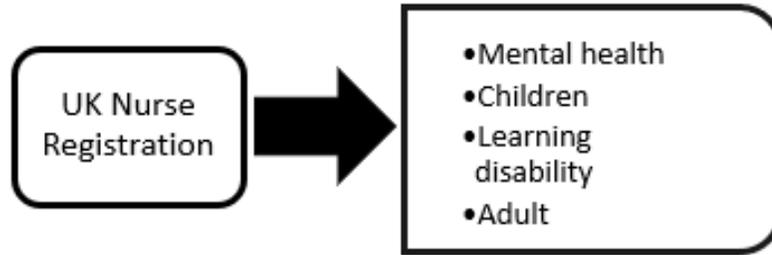
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4 or above: possible delirium +/- cognitive impairment  
1-3: possible cognitive impairment  
0: delirium or severe cognitive impairment unlikely (but delirium still possible if [4] information incomplete)

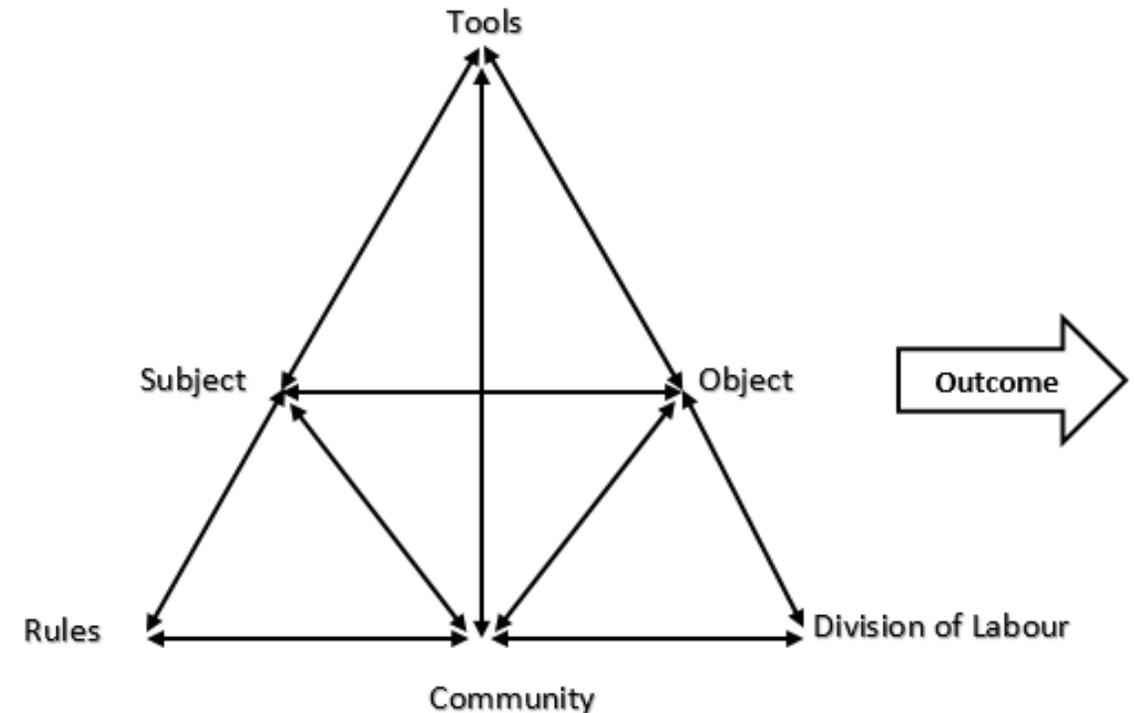
**4AT SCORE**

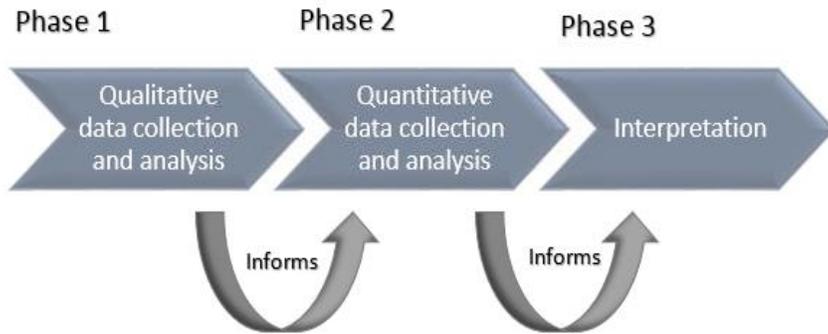
DSD from an RNMH perspective.....

AIMS

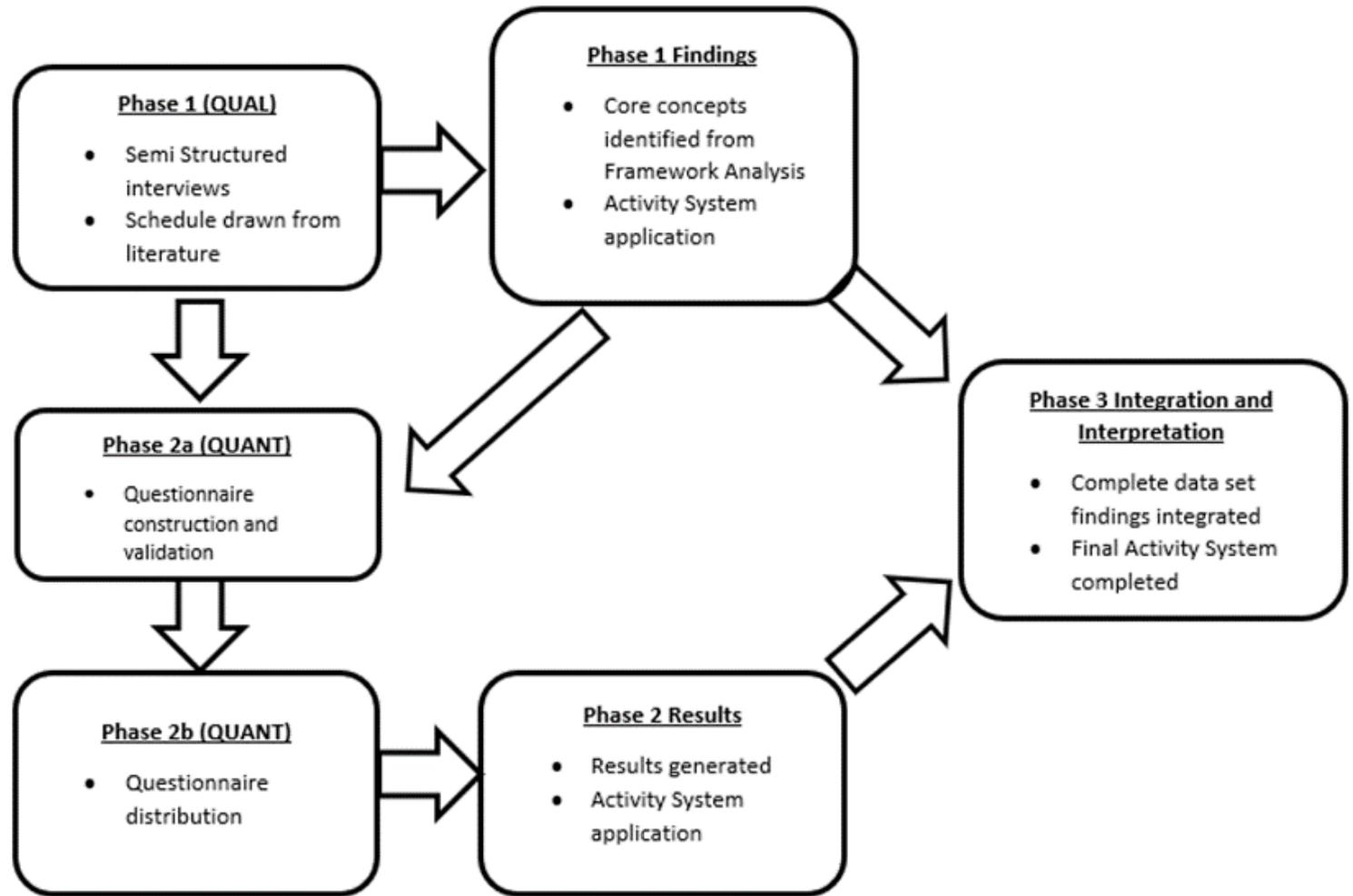


1. Illuminate the experiences, views, and perceptions of RNMHs caring for people with DSD within the 24-hour healthcare setting
2. Identify and describe the experience in terms of influencing and impacting factors within the workplace
3. Generate new understanding pertaining to the RNMHs care provision for DSD and explore how this could be used to support the unique care context in terms of understanding influencing factors impacting on care.



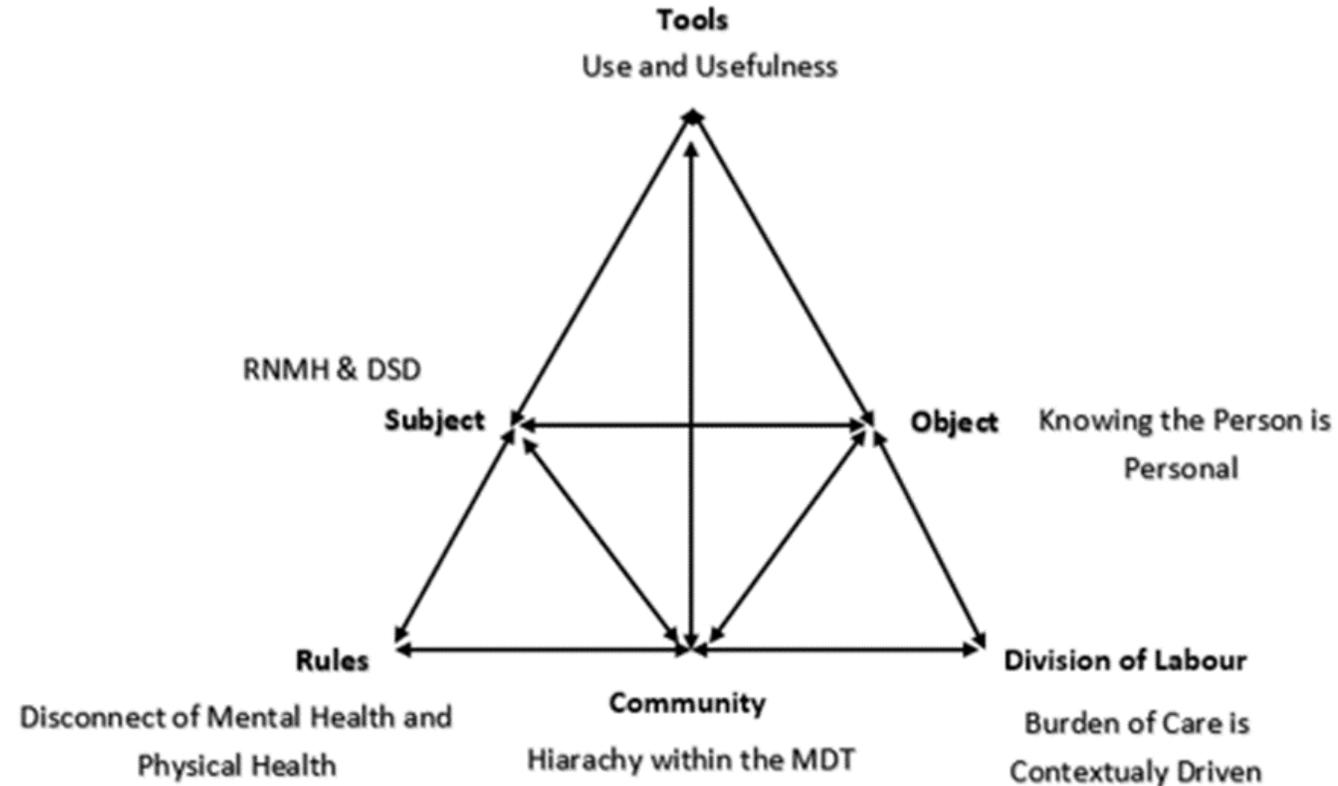


Adapted from Creswell and Plano-Clarke (2011)





# Findings in an Activity System





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Wazyncki, C (2012) try this: The Confusion Assessment Method (CAM)  
Available at <https://geriatrictoolkit.missouri.edu/cog/Confusion-Assessment-Method-delirium.pdf>

Wilson et al (2020) Delirium. Nature reviews disease primers. 6:90

4AT Rapid clinical test for delirium <https://www.the4at.com/>



# EnCOP

Enhanced Care for Older People



## Ideas for Learning Consolidation & Competency Conclusion

### Consolidating Learning:

**Reflecting on the session & considering application to practice & what this means for 'your people'**

- Think about this session in relation to your own role
- How much of this was revision?
- What have you learned today ?
- How will this help you in your role ?
- Think about your EnCOP self–assessment; consider which performance indicators this session may relate to and how this can be used as part of your own development and competency achievement.

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Feedback about today's session and any future sessions you may like to see included in our webinar series....

All feedback welcomed; You may want to consider the following –

Was it easy to book onto the session?

Did you find the session went well in this online format ?

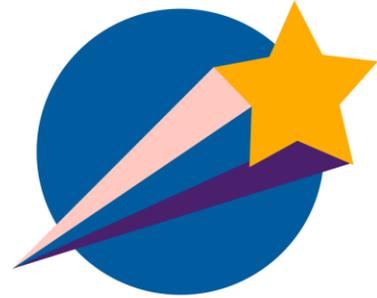
Was the content of the session relevant to your area of practice / job role?

Did you enjoy the session?

Thinking about future webinar's, which topics linked to older person's care would you be most interested in? Please put any suggestions in the chat.

Please comment in the chat today or feel free to email us: [ghnt.encop@nhs.net](mailto:ghnt.encop@nhs.net)





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Enhanced Care for Older People

More information can be found within the Frailty  
icare website

[www.frailtyicare.org](http://www.frailtyicare.org)

Our EnCOP pages are located in the workforce  
section

**EnCOP Library of Learning & Development  
Resources can be found at:**

EnCOP Assessment Toolkit Domains « I-Care  
([frailtyicare.org.uk](http://frailtyicare.org.uk))