Paramedic Community of Practice

How to distinguish delirium from other conditions

Presenter: Dr. David Henderson

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Panelists: Lisa Weatherbee, RN
Dr. Jitin Sondhi,
Stuart Woolley, Paramedic
Kristina Anton, Paramedic
Karen O'Brien, Paramedic

Territorial Honouring

The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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Project ECHO Palliative Care · Canada BY Pallium Canada

LEAP Paramedic

- Learn the essentials for providing a palliative care approach
- Ideal for Paramedics and Emergency Medical Service professionals

- **Key features:**
  - Created and reviewed by Canada's leading palliative care experts
  - Taught by local paramedic experts and experienced palliative care practitioners
  - Nationally recognized certificate
  - Evidence-based and case-based

Learn more about the course and topics covered by visiting

https://www.pallium.ca/course/leap-paramedic/

Introductions

Presenter:

Dr. David Henderson
Senior Medical Director Integrated Palliative Care NSHA
Medical Director Colchester East Hants Palliative Care Service

Panelists:

Kristina Anton, BScN, ACP
Paramedic Specialist, BC Emergency Health Services

Karen O'Brien
Frontline Paramedic since 1999, with a side of community paramedicine.
SWORBHP Associate Instructor
Pallium Facilitator

Dr. Jitin Sondhi, MD, CCFP (PC), FCFP
Regional Clinical Co-Lead, Palliative Care, OH West
Adult and Pediatric Palliative Care

Stuart Woolley
Paramedic since 2003 in UK & Canada, current Paramedic Practice Leader in BCEHS leading Palliative Care, Low Acuity Patient management & Paramedic Specialist support.

Lisa Weatherbee
BN RN CHPCN©
Pallium Master Facilitator/Coach

Welcome and Reminders

- Please introduce yourself in the chat!
- Your microphones are muted. There will be time during this session when you can unmute yourself for questions and discussion.
- You are welcome to use the chat function at any time to ask questions and add comments.
- Remember not to disclose any Personal Health Information (PHI) during the session.
- This session is being recorded and will be emailed to registrants within the next week.

Session Learning Objectives

Upon completing the session, participants will be able to:

- Identify/diagnose delirium.
- Understand the underlying causes of delirium.
- Screen for delirium.
- Understand the treatment principles.

How to distinguish delirium from other conditions

DSM-5 diagnostic criteria for delirium are as follows :

1. A disturbance in attention (i.e. reduced ability to direct, focus, sustain, and shift attention) and awareness (reduced orientation to the environment).
2. The disturbance develops over a short period of time (usually hours to a few days), represents a change from baseline attention and awareness and tends to fluctuate in severity during the course of a day.
3. An additional disturbance in cognition (e.g. memory deficit, disorientation, language, visuospatial ability or perception).
4. The disturbances in Criteria 1 and 2 are not better explained by another pre-existing, established or evolving neurocognitive disorder and do not occur in the context of a severely reduced level of arousal, such as coma.
5. There is evidence from the history, physical examination or laboratory findings that the disturbance is a direct physiological consequence of another medical condition, substance intoxication or withdrawal (i.e. because of a drug of abuse or to a medication), or exposure to a toxin, or is because of multiple etiologies.

Delirium Screening Tool: Confusion Assessment Method (CAM)

- **Feature 1: Acute onset and fluctuating course**
  - This feature is usually obtained from a family member or nurse and is shown by positive responses to the following questions:
    - Is there evidence of an acute change in mental status from the patient's baseline?
    - Did the (abnormal) behaviour fluctuate during the day, that is, tend to come and go, or increase and decrease in severity?

CAM

- **Feature 2: Inattention**
  - This feature is shown by a positive response to the following question:
    - Did the patient have difficulty focusing attention, for example, being easily distracted, or having difficulty keeping track of what was being said?

- **Feature 3: Disorganized thinking**
  - This feature is shown by a positive response to the following question:
    - 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?

CAM

- **Feature 4: Altered level of consciousness**
  - This feature is shown by any answer other than “alert” to the following question:
    - Overall, how would you rate this patient’s level of consciousness?
      - Alert(normal), vigilant (hyper-alert), lethargic (drowsy, easily aroused), stupor (difficult to arouse), or coma (unarousable).

- **If features 1 and 2 and either 3 or 4 are present (CAM +/positive), a diagnosis of delirium is suggested.**

Causes of Delirium:

Mnemonic for delirium: *I WATCH DEATH*

1. **Infectious**: UTIs, pneumonia, meningitis
2. **Withdrawal**: alcohol, benzos
3. **Acute metabolic**: liver or kidney failure, electrolytes
4. **Trauma**: post-op, head injury
5. **CNS pathology**: tumor, stroke, seizure
6. **Hypoxia**: anemia, PE, heart failure
7. **Deficiencies in vitamins**: thiamine, B12, folate
8. **Endocrine**: Glucose, thyroid, adrenal, parathyroid (hypercalcemia)
9. **Acute vascular**: shock, hypertensive ecephalopathy
10. **Toxins**: alcohol, benzos, anticholinergics, opioids, anesthetics, anticonvulsants, dopaminergic agents, steroids, insulin, antibiotics (quinolines), NSAIDs
11. **Heavy metals**: lead, arsenic, mercury

Case-Based Discussion

CASE

You are called to see RH, a 70-year-old male living in a rural part of Nova Scotia.

- He has a diagnosis of non-small cell lung ca and has progressive disease despite chemotherapy.
- His wife called as she is concerned his pain is out of control.

CASE continued

Details: You discover RH had been feeling fairly well up until 3 days ago when he started to become a little confused and restless. He then appeared agitated and uncomfortable. He has difficulty focusing on conversations asking repetitive questions and occasionally talks about seeing things that aren't present. His wife thought he was experiencing pain from his cancer. He is noted to have lung, liver and bone mets. She says he complains of pain all over when asked. He tends to be awake all night and sleepy thru the day. She has given him 5 breakthrough doses per day of Morphine 5mg po. She also gave him three doses of Ativan 1mg po over the last 2 days for his restlessness.

CASE continued

Social situation: RH and his wife have two adult children living in the community. He worked in the woods and drove truck for a living. He quit smoking 3 years ago upon learning of his lung cancer. He drank about 6 beers on weekends but hasn't for the last few years. He has tried cannabis on the recommendation of a friend who suggested it may help his cancer. He stopped it as he didn't like how it made him feel.

Medications:

Morphine Contin 30mg po q12h
Lopressor 25mg po bid
Senokot 2 po qhs
Ativan 1mg po prn
Morphine 5mg po q1h prn
ASA 81mg po daily
Metoclopramide 10mg po q4h prn nausea

Where do you start?

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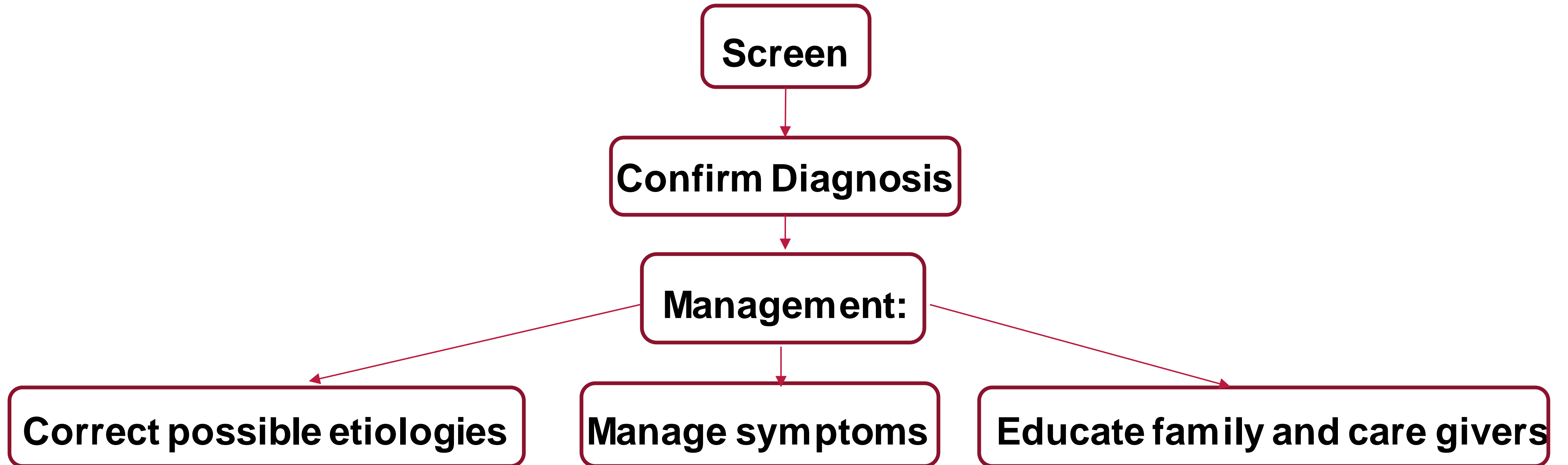
Confirm Delirium

CAM:

1. **Acute onset of sx. And fluctuating**
2. **Demonstrates inattention.** Repetitive questions with lack of recall
3. **Disorganized thinking.** Random thoughts and visual hallucinations
4. **Altered level of consciousness**. Wake sleep cycle altered. Drowsy alt with restlessness

Positive CAM for Delirium

Treatment strategies:



Our Case

- **Possible etiologies:**
  - Opioid Neurotoxicity
  - Infection
  - Metabolic abnormality
  - Brain mets

Manage Symptoms

- Usual treatment is to use a neuroleptic.
- (Haldol, Methotrimeprazine, Olanzapine).

- Occasionally add midazolam for increased restlessness.
- Treat/correct underlying etiology if possible and within the patients Goals of Care.

Educate the patient, family and caregivers

- What delirium is.
- Possible causes.
- Management strategy and plan. Include non-pharmacological treatment.

Your world!

- What are the challenges you currently face?
- What can we strive to do differently?
- Have you encountered similar situations in your community?
- What do you think worked well?
- Do you have other suggestions?

Session Wrap-Up

- Please fill out our feedback survey! A link has been added to the chat.
- A recording of this session will be emailed to registrants within the next week.
- Join us for our next session on **Feeling empowered in the grey zone, March 3rd 2023 from 12-1pm ET**.

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Thank You

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