Delirium can be prevented and treated. Delirium is a medical emergency!

**Prevent it**
- Calculate risk
- Assess for clinical factors
- Daily care plan and actions

**Suspect it**
- New or worse confusion/drowsiness/behaviour
- Do SQiD, 4AT or CAM

**Stop it**
- Treat causes
- Explain and reassure
- Physical needs

**Single Question in Delirium** - ‘Do you think [patient] has been more confused lately?’ ask a friend or family member.
**Do**
- Follow Delirium guidelines
- Re-orientate frequently
- Use calming speech. Involve family/ friends and familiar staff
- Walk to toilet frequently
- Be kind, calm, patient and mindful of emotional needs.

**Don’t**
- Change bed/ward
- Argue/confront
- Catheterise - unless essential
- Restrain - do allow to wander with supervision
- Sedate unless part of treatment plan.

**TIME AND SPACE**

<table>
<thead>
<tr>
<th>T</th>
<th>A</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Anxiety/Depression</td>
<td>Sleep</td>
</tr>
<tr>
<td>M</td>
<td>Nutrition/Hydration</td>
<td>Pain</td>
</tr>
<tr>
<td>E</td>
<td>Disorientation</td>
<td>Alcohol/Drugs</td>
</tr>
</tbody>
</table>

- Toilet
- Infection
- Medication
- Electrolytes
- Anxiety/Depression
- Nutrition/Hydration
- Disorientation
- Sleep
- Pain
- Alcohol/Drugs
- Constipation
- Environment