

Old Age Mental Health Liaison Team Referrals for Acute Delirium

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INTRODUCTION

Problem:

- High volume of delirium referrals to MHLT
- Limited capacity of MHLT
- Frequently unclear purpose of referral
- Inconsistent examinations/investigations by medical team
- No standardised protocol for investigation and management of delirium

METHOD

Collected information on OA MHLT referrals from November 2018 to January 2019

- Reason for referral & the service requested
- Investigations done:
 - Urine dip
 - Routine bloods (FBC, U&Es)
 - Confusion bloods (Ca, B12, folate, ferritin, iron studies, TFTs, CRP)
 - Radiology (CXR, CT head)
 - Cognitive screening tests (AMTS, MOCA)
- Any psychotropic medication given to the patient

INTERVENTION

Before referring to Old Age Psychiatry... have you followed the **DELIRIUM PATHWAY?**

HISTORY	EXAMINATION	INVESTIGATIONS	DIFFERENTIAL DIAGNOSES
Collateral/baseline	Observations	Urine dipstick + MCS	Sepsis/infection*
Other symptoms / recent illness	AVPU/GCS Cyanosis	Bloods: FBC, U+Es, CRP, Ca ²⁺ , B12, Folate, Iron, Ferritin, TFTs	ACS* CVA*
AMTS	Chest infection	BM, glucose	Hypoxia (incl PE)*
4AT Screening Tool	Constipation	ECG	Metabolic
	Cellulitis	ABG	Medication
	Urinary retention	CXR	Electrolyte
	Focal neurology	CT head	Constipation
	Signs of head injury		Pain

DELIRIUM MANAGEMENT

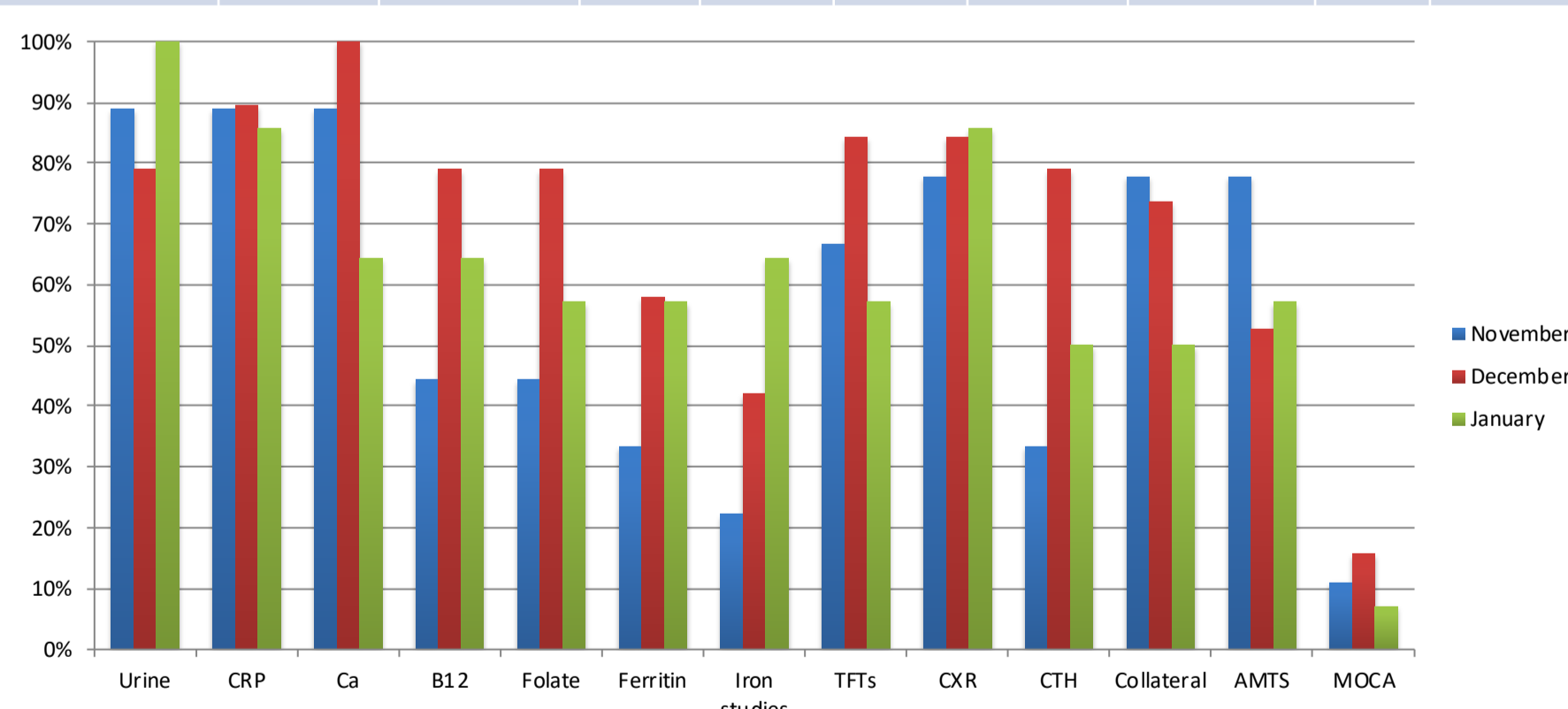
Treat underlying causes – *rule out emergencies first**
 Infection – see antimicrobial guidelines
 Other causes – see quick reference guides
 Refer to Memory Clinic in 6-8 weeks if querying underlying dementia

NON-PHARMACOLOGICAL TECHNIQUES

- Appropriate lighting
- Orientate (clocks / calendars)
- Reassurance
- Continuity of care
- Visual & hearing aids
- Pain control
- Regular sleep pattern
- Single rooms / close to nursing station
- Good diet & fluid intake
- Routine
- Mobilise
- Simple explanations
- AVOID:**
 - Inter/intra-ward moves
 - Sedation
 - Constipation
 - Physical restraint
 - Alarms

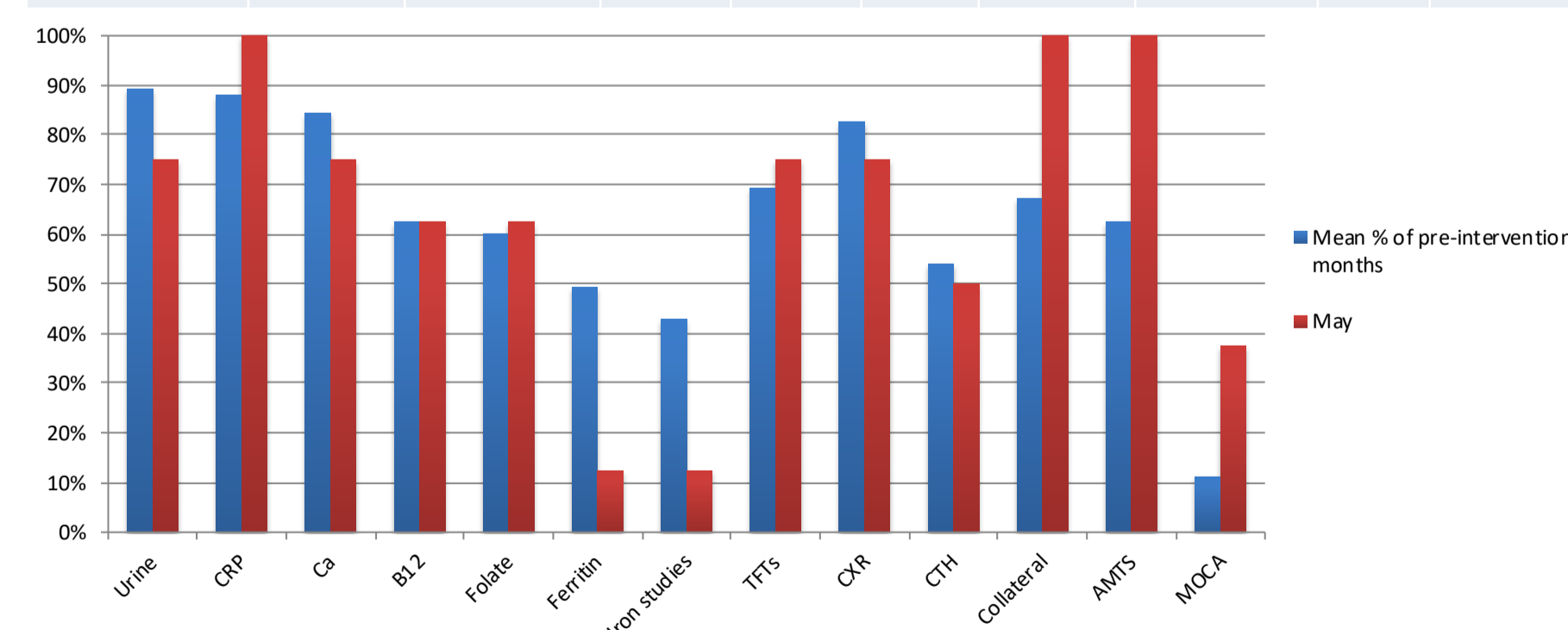
PRE-INTERVENTION RESULTS

MONTH	No. of referrals	No. of referrals for confusion	AMTS	MOCA	Urine Dip	Baseline Bloods	Confusion bloods	CTH	Collateral
November	31	9	77%	11%	88%	100%	Variable	33%	77%
December	28	19	52%	15%	78%	100%	Variable	78%	73%
January	26	14	57%	7%	100%	100%	Variable	50%	50%



POST-INTERVENTION RESULTS

MONTH	No. of referrals	No. of referrals for confusion	AMTS	MOCA	Urine Dip	Baseline Bloods	Confusion bloods	CTH	Collateral
November	31	9	77%	11%	88%	100%	Variable	33%	77%
December	28	19	52%	15%	78%	100%	Variable	78%	73%
January	26	14	57%	7%	100%	100%	Variable	50%	50%
May	19	8	100%	38%	75%	100%	Variable	50%	100%



CONCLUSION

- Reduced number of ward referrals - possibly related to time of year
- The quality of the referrals has not significantly improved but AMTS/MOCA rates have improved - added to the admission clerking form on EPR

Recommendations:

Quality of referrals could possibly be improved by making the input of this data into the referral form compulsory

An EPR order set for 'confusion screen' bloods may prevent missed investigations