



This document is a resource for health care providers and patients and synthesizes content from the [Delirium quality standard](#).

Identification of Risk Factors and Screening for Delirium

Quality Statement (QS)* 1: Identification of Risk Factors for Delirium

Assess people for **risk factors for delirium** on initial contact with the health care system, especially when they present to hospital or long-term care. This includes any of these **key** risk factors:

- Age 65 or older
- Cognitive impairment and/or dementia
- Current hip fracture (broken hip)
- Severe illness
- Previous delirium
- Problematic alcohol or substance use

Document any risk factors for delirium in the person's health record and communicate those risk factors to the health care team, the patient, and their family and caregivers.

*The quality statements are provided in full on page 2.

QS 3: Early Screening for Delirium

Evaluate people presenting to hospital who are at risk for delirium, or who have **acute changes in behaviour or cognitive function** during a hospital stay, in a long-term care home, or in the community.

Use a standardized, validated tool to screen for probable delirium:

- [Delirium Triage Screen](#) for emergency departments and inpatient hospital settings
- [Confusion Assessment Method](#) tools
- [Arousal, Attention, Abbreviated Mental Test 4, Acute change \(4AT\)](#)
- [Intensive Care Delirium Screening Checklist](#)

Conduct a detailed assessment to confirm delirium (e.g., *DSM-5*, *ICD-10*). If confirmed, discuss it with the person and their family and caregivers, communicate it to their care team, assess for underlying causes (see QS 5), and document it in their health record.

First-Line Management

QS 2: Interventions to Prevent Delirium

Provide people at risk for delirium with a range of **tailored interventions to prevent delirium**. This includes:

- Reorienting the person as to the current day/month/year
- Ensuring that hearing and visual aids are being used
- Encouraging regular visits from family and friends as possible
- Ensuring that the person has adequate fluid and food intake
- Encouraging the person to walk or, if this is not possible, engage in range-of-motion exercises
- Identifying and treating infections

See a list of [prevention strategies](#) for details. Encourage the person and their family and caregivers to be involved in the interventions.

QS 4: Education for People With Delirium, Family, and Caregivers

Offer education about delirium to people at risk for delirium or who have delirium, and their family and caregivers. The education should explain what delirium is and provide information such as what the

risk factors are and how to identify early symptoms. Ensure that the information provided is tailored to their needs and meets people's cultural, cognitive, and language needs.

QS 5: Management of Delirium

Perform and document a comprehensive assessment for people with delirium, in consultation with the person and their family and caregivers and their primary care provider, to identify the underlying causes of delirium. If needed, refer the person to an emergency department for immediate investigation of possible causes and treatment. Start treatment based on the causes identified and the target symptoms of delirium. Ensure that interventions to prevent delirium (see QS 2) and environmental modifications are in place, and that the person's basic daily needs and psychological needs are being met. Monitor people regularly for changes in behaviour or cognitive function, including clinical deterioration.

Management of People Who Are Severely Distressed or at Immediate Risk of Harm

QS 6: Antipsychotic Medication

Consider only in circumstances when symptoms of delirium are causing the person severe distress or placing them at immediate risk of harm to themselves or others. If an antipsychotic medication is considered:

- Weigh the individual risks and benefits before prescribing
- Use a low dose, closely monitor response before any dose increases, and limit use for as short a period as possible

- Avoid using antipsychotic medication, or use it with caution, in people with Parkinson's disease or dementia with Lewy bodies
- For those who may benefit from continuing antipsychotic medication for delirium beyond discharge or transfer from hospital, work with the primary care provider and community pharmacist to agree upon a clear plan for a medication review and follow-up, with the goal of reducing and discontinuing the medication.

Transitions in Care

QS 7: Transitions in Care

Give patients, families, and caregivers a written copy of specific **information related to delirium and its ongoing management** before they leave hospital or transfer to another health care setting. Communicate this information to all involved in the person's circle of care and document it in the health record at transitions in care.

Use standardized documentation and coding of delirium in the health record and other documentation to support transitions in care (e.g., via clinical handover notes, transition plans, discharge summaries, referrals).

DELIRIUM QUALITY STATEMENTS

Quality Statement 1: Identification of Risk Factors for Delirium

On initial contact with the health care system, people are assessed for risk factors for delirium, especially when they present to hospital or long-term care. Any risk factors for delirium are documented in their health record and at transitions in care, and are communicated to the person, their family and caregivers, and their health care team.

Quality Statement 2: Interventions to Prevent Delirium

People at risk for delirium receive interventions to prevent delirium that are tailored to their individual needs and care setting.

Quality Statement 3: Early Screening for Delirium

People presenting to hospital with any risk factors for delirium, or who have an acute change in behaviour or cognitive function during a hospital stay or in a long-term care home or in the community, are screened for delirium in a timely manner by a health care professional who is trained in screening for delirium using standardized, validated tools. The person and their family and caregivers are asked about any acute changes in the person's behaviour or cognitive function.

Quality Statement 4: Education for People With Delirium, Family, and Caregivers

People who are at risk for delirium or who have delirium (as well as their family and caregivers) are offered education about delirium.

Quality Statement 5: Management of Delirium

Based on the results of a comprehensive assessment, people with delirium have a multicomponent interprofessional management plan to address the causes and manage the symptoms of delirium.

Quality Statement 6: Antipsychotic Medication

Only people who are in severe distress from symptoms of delirium or at immediate risk of harm to themselves or others are considered for antipsychotic medication use. These medications are always used in combination with first-line management strategies. If antipsychotic medication is started, it is reviewed daily and discontinued as soon as the clinical situation allows.

Quality Statement 7: Transitions in Care

At transitions in care, people with current or resolved delirium (as well as their family and caregivers) are given information related to delirium and its management. This information is communicated to those involved in the person's circle of care and documented in the health record at transitions in care.

Note: This resource can be used to support health care providers in the provision of care. It does not override the responsibility of health care providers to make decisions with patients after considering each patient's unique circumstances. Grouping/directionality of statements may not be applicable for every patient, and clinical judgment should be used.

Resources

- [Delirium Quality Standard](https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-delirium-quality-standard-en.pdf)
<https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-delirium-quality-standard-en.pdf>
- [Delirium Patient Guide](https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-delirium-patient-guide-en.pdf)
<https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-delirium-patient-guide-en.pdf>
- [Delirium Prevention and Care with Older Adults](https://ccsmh.ca/wp-content/uploads/2017/06/CCSMH-8.5-x-11-Delirium-R1-1.pdf)
<https://ccsmh.ca/wp-content/uploads/2017/06/CCSMH-8.5-x-11-Delirium-R1-1.pdf>
- [Considerations For Preventing And Managing Delirium In Older Adults During The Covid-19 Pandemic, Across The Care Continuum](https://www.rgptoronto.ca/wp-content/uploads/2020/04/COVID-19-Prevention-and-management-of-delirium-in-older-adults.pdf)
<https://www.rgptoronto.ca/wp-content/uploads/2020/04/COVID-19-Prevention-and-management-of-delirium-in-older-adults.pdf>
- [Geri-EM: Personalized E-Learning in Geriatric Emergency Medicine – Cognitive Impairment](https://geri-em.com/cognitive-impairment/)
<https://geri-em.com/cognitive-impairment/>
- [Hospital Elder Life Program \(HELP\)](https://help.agscocare.org/)
<https://help.agscocare.org/>
- [Regional Geriatric Programs of Ontario - Caregiving Strategies](https://rgps.on.ca/caregiving-strategies/changes-in-thinking-and-behaviour-delirium/)
<https://rgps.on.ca/caregiving-strategies/changes-in-thinking-and-behaviour-delirium/>
- [The Senior Friendly Care Toolkit](https://www.rgptoronto.ca/wp-content/uploads/2018/11/SF7-Toolkit-Delirium.pdf)
<https://www.rgptoronto.ca/wp-content/uploads/2018/11/SF7-Toolkit-Delirium.pdf>
- [Senior Friendly Care Learning Series](https://www.rgptoronto.ca/resources/senior-friendly-care-learning-series/?_topic=cognition)
https://www.rgptoronto.ca/resources/senior-friendly-care-learning-series/?_topic=cognition
- [This Is Not My Mom](https://www.thisisnotmymom.ca/)
<https://www.thisisnotmymom.ca/>

Additional tools and resources are on [Quorum](https://quorum.hqontario.ca/en/Home/Posts/Delirium-Quality-Standard-Tools-for-Implementation) <https://quorum.hqontario.ca/en/Home/Posts/Delirium-Quality-Standard-Tools-for-Implementation>