

OASIS Alert

Assessment ~ Delve Into Delirium To Show Improvement In M0560

Your OASIS assessment may identify the cause.

When the answer to M0560 (Cognitive functioning) shows a patient with delirium, the race is on to find the cause in order to save the patient from a permanent decline or even death. And other M0 questions may point you to the cause.

First step: Start by looking at the "most suspect" causes for the individual, suggests **Ann Marie Monahan**, a clinical educator in Vancouver who has helped develop educational materials on delirium.

"For example, if the person just had surgery [M0230/M0482], you look at anesthetics, drugs, and pain," says Monahan. A person who is admitted from the hospital may have a low-grade delirium that didn't clear up completely from the hospital stay, she adds. Urinary tract infections (M0510) are also a major cause of delirium. It's probably related to dehydration but not always, she says. Pain (M0420/M0430) and medications (M0780) are other common causes -- or the person's disease process may destabilize, which leads to delirium.

Assessment gem: "Once a person suffers from delirium, there's a high-percentage chance the person will have another episode," adds Monahan. "The ideal is to develop a clear picture of what the person is like when he or she has delirium so you can identify it the next time it occurs."

Get help: Determining the cause of a person's delirium may require further investigation. And that may include "talking to the family to see if the [individual] has had the condition before," advises **Rena Shephard**, president of **RRS Healthcare Consulting** in San Diego, CA. You may also have to enlist the assistance of the consulting pharmacist or the physician to order lab tests and do a physical exam, she adds.

Other Possibilities To Look For

Potential but often overlooked causes of delirium include:

- **Poor oral health, including diseased gums or a rotted tooth.** This "can set up a low-grade infection that leads to delirium," says Monahan.
- **Sleep deprivation.** Consultant **Diane Brown** reports a case involving a cognitively intact elderly gentleman who stopped sleeping after he developed post-operative infections. "He'd fall asleep and then have a myoclonic jerk and start hallucinating," says Brown, CEO of **Brown LTC Consultants** in Boston. The hospital ED diagnosed the problem as severe sleep deprivation. The physician prescribed sleeping medication for the patient, who took it and slept for 24 hours. As a result, the patient stopped hallucinating, says Brown.
- **Non-psychoactive medications that you may not think of as causing delirium.** For example, because they block acetylcholine, "anticholinergic drugs are a major cause of delirium," says Monahan. "And people with Alzheimer's already have a low amount of that neurotransmitter," she adds. Digoxin is another drug that can cause delirium. "An older person may require a lower blood level of Digoxin," advises Monahan.