CONFUSION/DELIRIUM REFERRAL GUIDELINE

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HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Recurrent bouts of confusion over weeks or continuous cognitive decline over days to weeks

SEND TO ER:
Rapid onset and not resolving

EXAM:
Assess for neurologic deficit or evidence of seizure

SUGGESTED PREVISIT WORKUP

ER Eval:
Medical team to rapidly assess for source: Cardiac/hemodynamic, respiratory, Metabolic, infectious, toxic, traumatic, hormonal, nutritional. Psych?

Elderly: assess UTI, constipation, pain, depression, lack of sleep

LABS:
CMP, CBC, Tox, TSH, B12, UA, cultures, telemetry, imaging

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Longstanding episodes of confusion with normal baseline mental status

Second opinion

EXAM:
Assess for neurologic deficit or evidence of seizure

LABS:
Send any labs, EEG, Imaging

SUGGESTED WORKUP

Vital history for confusion:

- Duration
- Pre/post features
- Trajectory
- Precipitating/alleviating factors
- Associated exam findings

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Clear non-neurologic source:
Cardiac/hemodynamic, respiratory, metabolic, infectious, toxic, med effect, traumatic, hormonal, nutritional, pain, psychiatric do not require neurologic consultation

EXAM:
Normal exam or functional exam

SUGGESTED MANAGEMENT

If non neuro source found:

Complete treatment, reverse trigger

Consider combination of etiologies

LABS:
Assess for metabolic derangement, infection, or other clear cause for encephalopathy

CLINICAL PEARLS

- Untreated delirium may drift to dementia- workup is urgent
- Delirium can present in various forms: agitation/ fluctuating mental status/ apathy/mimicking focal neuro deficit
- Universal cognitive deficit in Delirium: Altered of level of consciousness

Maine Medical PARTNERS

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