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

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

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 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

SUGGESTED WORKUP

Vital history for confusion:

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

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



These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.

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