

# COVID-19

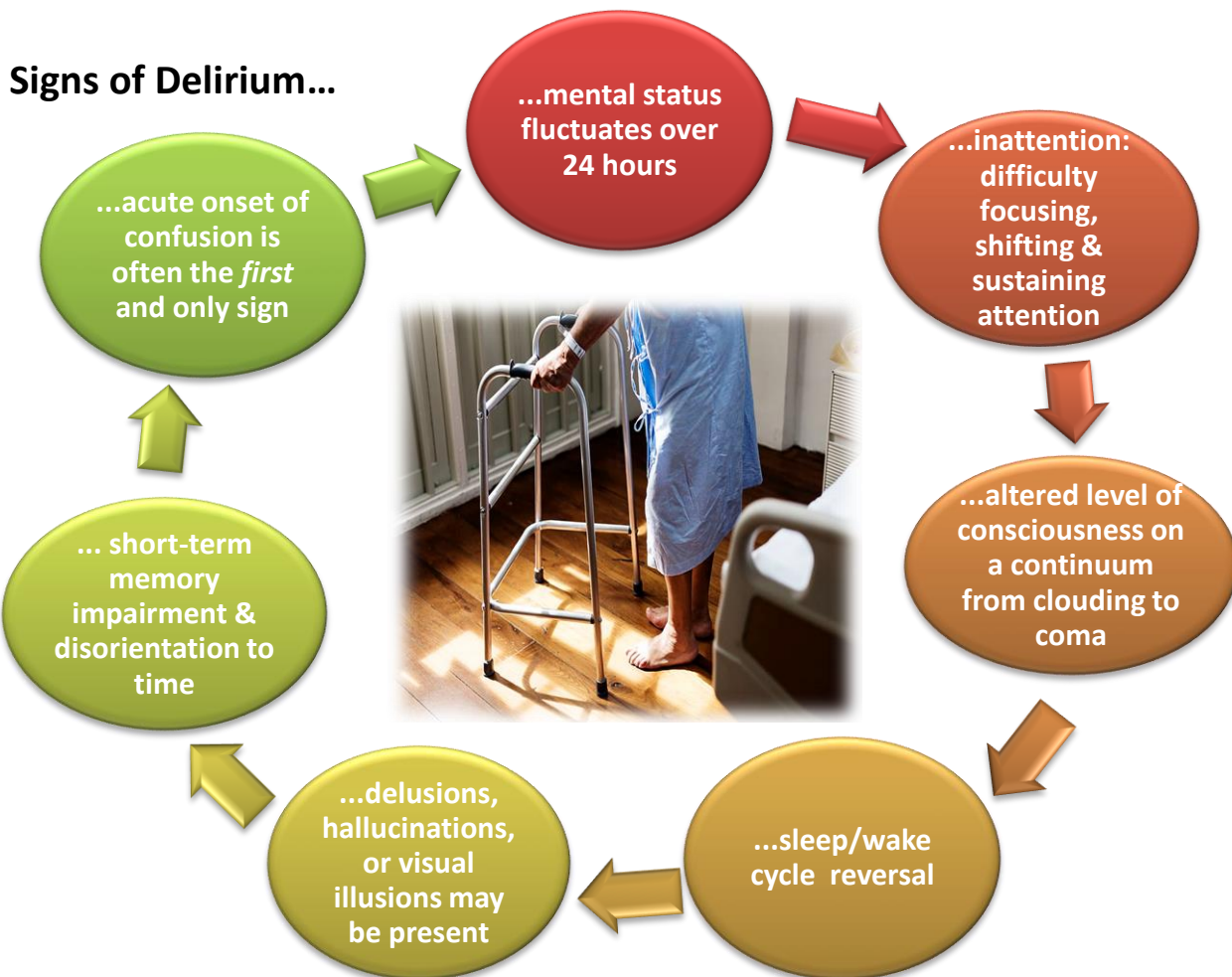
## Guidance for Supporting Older Adults With A Delirium

Adapted from Regional Geriatric Program of Toronto

**Delirium is a medical emergency which can be prevented & reversed!**

It is common among older people, especially in hospital, and is associated with an increased risk of harm, including death.

**COVID-19 can present with atypical symptoms in older adults.  
Delirium may be the first sign of infection.**



Identify and treat reversible causes of delirium – immobility, dehydration, hypoxia, fluid imbalance, fever, pain, infection, alcohol/substance intoxication or withdrawal, nausea, constipation, sleep deprivation, psychoactive medications

*Please note: This information presented does not change recommended use of PPE; the purpose of this information sheet is to provide staff with information on how use of PPE may impact older adults with sensory and/or cognitive limitations*



COVID-19

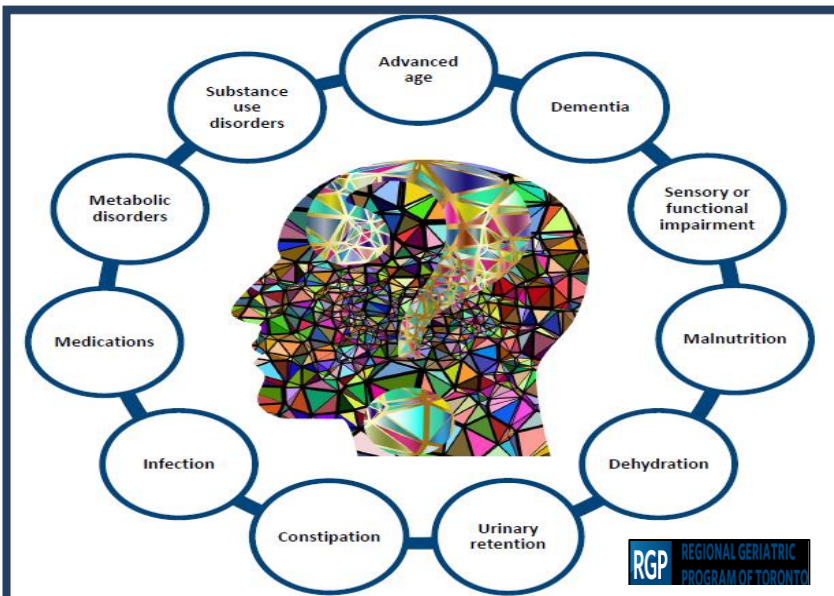
Guidance for Supporting Older Adults With A Delirium

In the older adult, COVID-19 may present with atypical symptoms, including delirium. Acute confusion may precede symptoms of fever and cough. **Always assume that sudden changes in mental status are abnormal!** Confusion in an older adult that is a change from their baseline mental status must be treated as a medical emergency; they may have delirium, COVID-19, or both.

Challenges of COVID-19 Precautions and Delirium Management

Isolation protocols and the use of personal protective equipment (PPE) such as gowns, gloves, and medical-grade masks can make people feel even more fearful and confused. Trouble hearing (sensory impairment) is worsened by use of PPE (*note: follow Island Health policies*). Older adults with sensory or cognitive limitations will no longer be able to read lips or hear communication obscured by medical-grade masks, and may become disoriented, frightened and agitated by gowned and masked caregivers. See

Delirium Risk Factors



Screening Early for Delirium

Older adults who present to hospital should be screened for delirium. Use the **Confusion Assessment Tool (CAM)** available @ Seniors Health intranet site ➤ under SH Resource ➤ Standard Assessment Tools or in the EHR@ I-View ➤ Adult Systems Assessment ➤ Mental Status ➤ CAM or CAM-ICU tool.

Communication Tips

**Non-verbal communication is critical to successful interactions.** Remember to **SMILE**, they will hear it in your voice even if they can't see your face and will be reassured...

**SMILE**

Stay calm, slow down and be patient

Maintain eye contact & position yourself so the patient can see you- use open body language

Introduce yourself, call the patient by name, and explain your role & what you are going to do

Listen actively & keep your language & instructions simple

Engage & empathize



Examples of Interventions

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| <ul style="list-style-type: none"> <li>- Provide a quiet environment</li> <li>- Suitable room temperature</li> <li>- Consistent, calm approach</li> <li>- Orientation to time &amp; place</li> <li>- Provide cues e.g. clock, calendar</li> <li>- Ensure hearing aid, glasses, dentures, walker, etc.</li> <li>- Regular toileting</li> <li>- Optimum food/fluid intake</li> <li>- Provide familiar favourite items or pictures of family members</li> </ul> | <ul style="list-style-type: none"> <li>- Good lighting during day; low lighting at night to reduce perceptual disturbances</li> <li>- Promote ambulation</li> <li>- Use alternatives to physical restraints ➤ see: <i>Restraints &amp; Alternative Ways of Managing Unsafe Behaviour Policy 9.2.4P</i></li> <li>- Do not challenge about hallucinations or delusions</li> </ul> |
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# 6 PROVEN\* STRATEGIES TO PREVENT DELIRIUM IN OLDER ADULTS

