### Confusion/Delirium Referral Guideline

#### Symptoms and Labs

**High Risk**
- 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**
- Longstanding episodes of confusion with normal baseline mental status
  - Second opinion
- **Exam:** Assess for neurologic deficit or evidence of seizure
- **Lab:** Send any labs, EEG, Imaging

**Low Risk**
- 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

**High Risk**
- 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
- **Lab:** CMP, CBC, Tox, TSH, B12, UA, cultures, telemetry, imaging

**Low Risk**
- Vital history for confusion:
  - Duration
  - Pre/post features
  - Trajectory
  - Precipitating/alleviating factors
  - Associated exam findings

### Suggested Consultation or Co-management

**High Risk**
- Second opinion

**Moderate Risk**
- **Lab:** Send any labs, EEG, Imaging

**Low Risk**
- 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

**High Risk**
- If non neuro source found:
  - Complete treatment, reverse trigger
  - Consider combination of etiologies

**Moderate Risk**
- **Lab:** Assess for metabolic derangement, infection, or other clear cause for encephalopathy

### Clinical Pearls

- Untreated delirium may drift to dementia: workup 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

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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.