

Guideline Evidence

Guideline Topic: Evaluation and Treatment of Delirium in the Elderly

Author: Evan Gill, MD

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Search Criteria: Delirium; Emergency Department

Databases: PubMed, Cochrane Database

Key Guidelines (Dates) Diagnosing Delirium in Elderly ED Patients (2013)

Evidence Based Management of Delirium (2012)

#	Recommendation	Source	Classification	Level of Evidence
1	The Delirium Triage Screen was 98.0% sensitive with a negative likelihood ratio of 0.04 and the Brief Confusion Assessment Method had a specificity of 96.9%.The positive likelihood ratio of the bCAM was 19.9 as done by the EM physician.	Ann Emerg Med. 2013;62(5):457-65.	Prospective Observational Study	IIb
2	Admitted patients w/ ED delirium had longer lengths of stay, more likely to require ICU admission, and be discharged to new long term care facility. ED delirium was associated w/ higher 30 day mortality and readmission	Journal of the American Geriatrics Society, vol. 62, No. 3, Mar. 2014	Prospective Observational Study	IIb
3	No difference between typical and atypical antipsychotics with respect to efficacy or frequency of adverse events.	Cochrane Database Syst Rev 2007; CD005594	Cochrane Review	Ila

4	Synthesized existing literature into an evidence-based, comprehensive protocol that addresses the common precipitating factors of delirium and approaches to management	Adv Emerg Nurs J. 37(3):183-E3, 2015	Literature Review	Ila
5	Demonstrate the link between ED delirium and mortality	Ann Emerg Med 63: 551-560, 2014.	Systematic Review	Ila
6	Conventional antipsychotic medications were associated with a significantly higher adjusted risk of death than atypical antipsychotic medications at all time intervals studied.	N Engl J Med 2005; 353:2335- 2341	Retrospective Cohort Study	Ilb
7	Prevention may reduce delirium incidence and decreasing delirium duration and severity in geriatric patient populations	J Clin Onc 2012 Apr 10; 30(11): 1206–1214	Literature Review	Ila
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