

CAP8 Confusion, Acute/Delirium

The trainee will be able to assess an acutely confused/delirious patient to formulate a valid differential diagnosis, investigate appropriately, formulate and implement a management plan		
Knowledge	Assessment Methods	GMP Domains
List the common and serious causes for acute confusion/delirium	E, C, Mi, ACAT	1
Outline important initial investigations, including electrolytes, cultures, full blood count, ECG, blood gases, thyroid function tests	E, C, Mi, ACAT	1
Recognise the factors that can exacerbate acute confusion/delirium e.g. change in environment, infection	E, C, Mi, ACAT	1
List the pre-existing factors that pre-dispose to acute confusion/delirium	E, C, Mi, ACAT	1
Outline indications for further investigation including head CT, lumbar puncture Describe the indications, contraindications and side effects of drugs used in acute psychosis including, but not limited to: haloperidol, benzodiazepines, clonidine	E, C, Mi, ACAT	1
Skills		
Examine to elicit cause of acute confusion/delirium	Mi, D	1
Perform mental state examinations (abbreviated mental test and mini-mental test and Confusional Assessment Method for ICU (CAM-ICU)) to assess severity and progress of cognitive impairment	Mi, C, D	1
Recognise pre-disposing factors: cognitive impairment, psychiatric disease	C	1
Understand and act on the results of initial investigations e.g. CT head, LP	E, C	1
Interpret and recognise pathology evident on CT head/MRI Brain	E, C	1

Behaviour		
Recognise that the cause of acute confusion/delirium is often multi-factorial	ACAT, C	2, 3
Contributes to multidisciplinary team management including appropriate use of local physical restraint policy	ACAT, C, M	3, 4
Recognise the effects of acutely confused/delirious patient on other patients and staff in the ward environment	ACAT, C	2, 3