

Identifying Delirium in Palliative Care – Part 1

Identification of delirium may be missed for several reasons. Delirium can often be mistaken for uncontrolled pain, anxiety or depression. In the case of opioid-induced delirium, manifestations such as agitation, moaning, or groaning may be responded to with increasing doses of opioids and other analgesics, further aggravating the delirium.² If a dementia diagnosis is present or suspected, symptoms of delirium may be attributed to that cause; however, dementia does not result in disturbance to consciousness, and onset is more gradual². Here are some signs to watch for:

Fluctuating Mental Status ¹

Rapid changes in cognitive function (hours to a few days)²; may alternate between being alert and drowsy or show periods of lucidity followed by confusion¹.

Disorientation ²

Confusion about time, place, or person; may not recognize familiar surroundings or people, which can be distressing for both the patient and caregivers¹.

Attention & Concentration ³

Difficulty maintaining attention and awareness not explained by a pre-existing neurocognitive disorder and not occurring in the setting of a severely reduced level of consciousness². May have trouble following conversations or completing simple activities¹.

Memory Impairment ⁴

Short-term memory loss is often observed¹. They may have trouble recalling recent events or conversations².

Altered Perception ⁵

Perceptual disturbances such as hallucinations (seeing things that aren't there) or illusions (misinterpretation of real stimuli)¹. Hallucinations can be tactile (feeling like bugs are crawling on the skin) and/or visual, however, auditory hallucinations are very uncommon and may point to a pre-existing psychiatric condition².

Agitation or Restlessness ⁶

Hyperactive delirium: characterized by agitation, restlessness, and purposeless movements. Hypoactive delirium with decreased activity and withdrawal¹.

Sleep-Wake Cycle Disturbances ⁷

Changes in sleep pattern; excessive drowsiness during the day and insomnia at night is common¹. There can be hallucinations, delusions, and emotional lability².

Psychomotor Changes ⁸

Psychomotor agitation (excessive movement, fidgeting)¹ or psychomotor hypoactivity (slowed movements, lethargy)².

Emotional Instability ⁹

Rapid mood swings, ranging from anxiety, fear, and irritability to apathy and emotional flatness¹.

Physical Symptoms ¹⁰

Tremors, sweating, rapid heartbeat, and flushed skin¹.

References:

1. Canadian Hospice Palliative Care Association. (2015). *Palliative care toolkit: Delirium identification and management*. Retrieved from <https://www.chpca.net/uploads/files/Palliative%20Care%20Toolkit/Delirium%20Identification%20and%20Management.pdf>
2. Pallium Canada. (2018). Delirium. In *The Pallium Palliative Pocketbook* (Second edition, pp. 7-3-7-5). <https://www.pallium.ca/mobile-app-pocketbook/>