



**COD 6b - Preventing and managing delirium**  
**Part B: Managing delirium**

**Key Features**

- This EPA focuses on identifying patients at risk for delirium, implementing prevention strategies at individual patient and institutional levels, and managing delirium
- This EPA applies to simple and complicated delirium. Complicated delirium include factors that make the management of delirium more challenging and require a higher level of expertise. Examples include:
  - prolonged duration despite optimization of medical issues;
  - lack of clear etiology of delirium;
  - multiple competing etiologies of delirium;
  - conflict within health care team regarding optimal management;
  - need to collaborate with multiple other specialties involved in the case
- This EPA also includes identifying long-term outcomes, and advocacy and education for improved prevention, recognition, and management of delirium by other health care professionals
- The observation of this EPA is divided into two parts: preventing delirium; and
- managing delirium

**Target**

- Collect 3 observations of achievement
- At least 1 from each case mix
- At least 1 with one or more complicated delirium factors
- At least 2 different settings
- At least 2 different assessors

**Case presentation**

hypoactive delirium; hyperactive (e.g. agitated) delirium; complicated delirium

**Setting**

- inpatient consult; geriatric unit; outpatient clinic; geriatric oncology; TAVI clinic; residential care; emergency department

**Assessor**

- geriatrician

**Milestones in Elentra**

- ME 1.3 Apply a broad base and depth of knowledge in clinical and biomedical sciences to the identification, prevention and/or management of delirium
- ME 2.2 Identify patients with atypical presentations and/or course of delirium
- ME 2.4 Develop and implement management plans
- ME 3.1 Determine the most appropriate procedures or therapies for the purpose of assessment and/or management of delirium
- ME 2.4 Integrate non-pharmacologic therapies into management plans for delirium
- ME 5.1 Optimize the safety of patients in delirium, ensuring the avoidance of chemical and physical restraints whenever possible and using them skillfully and appropriately when necessary

- ME 4.1 Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
- COM 3.1 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner
- L 1.4 Engage others in the adoption and refinement of health information technology or systems for improved management of delirium
- P 3.1 Adhere to professional and ethical codes, standards of practice, and laws governing practice