



Hospital Care: AGS CoCare HELP (Delirium prevention)

Heidi Wierman, MD, FACP
 Associate Professor, Tufts University School of Medicine
 Division Director, Geriatrics, Maine Medical Center

No financial disclosures, but I have worked with HELP for 20+ years

Thanks to Sarah Hallen, MD and Rhonda Babine, CNS – some content adapted from MaineHealth Concepts in Common: Communication Strategies to Improve Care For Hospitalized Elders HRSA Geriatric Academic Career Award Grant #K01HP20461
 Some slides borrowed with permission from Sharon Inouye



1

Objectives

- Understand the connection between delirium and dementia
- Be aware of ways to prevent delirium in hospitalized older adults



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.



2

Our Case..... Roger Notsogood

Be a role model. Take responsibility. Set high standards.
Embrace change. Be an active listener.
Act with kindness and compassion.

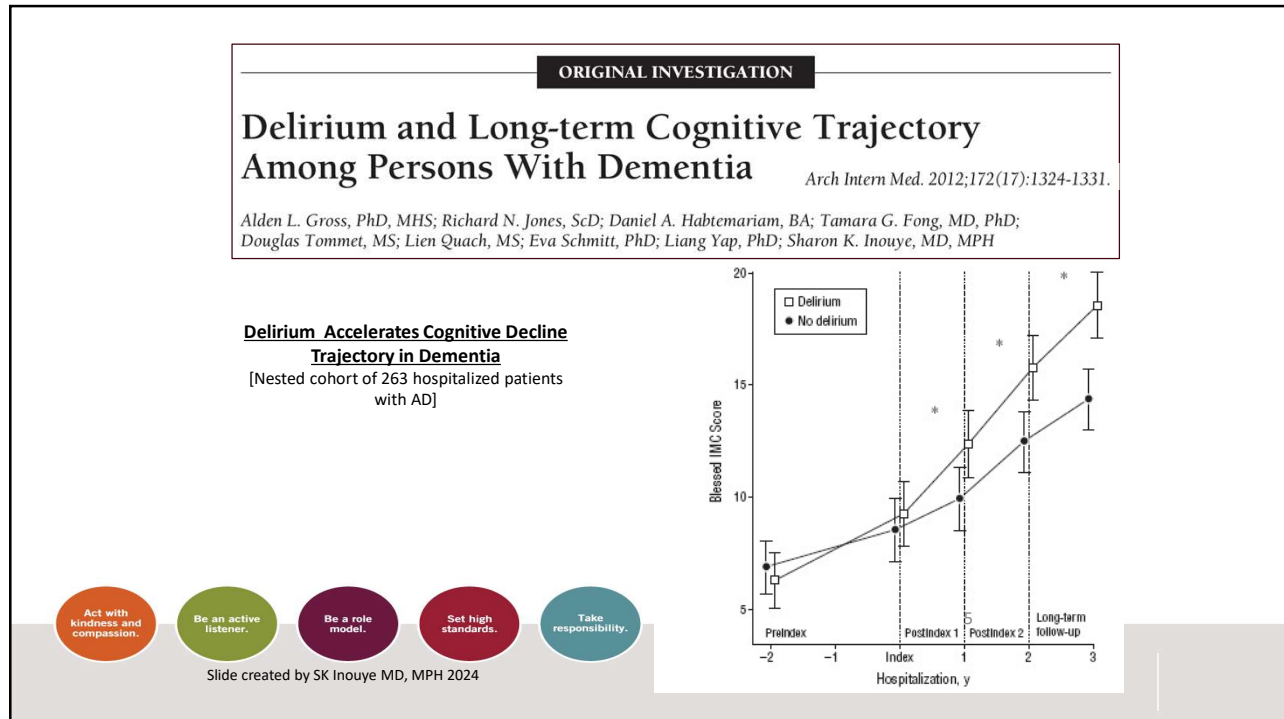
3

DSM V Criteria for Delirium

- Disturbance in consciousness with reduced attention
- A change in cognition (memory, disorientation, language) or perceptual disturbance not accounted for by dementia
- Acute onset and fluctuating course
- Evidence of underlying medical etiology



4



5

How do we identify delirium?

- >30 tools. Confusion Assessment Method (CAM): most widely used method worldwide
- Used in >5000 original studies to date, translated into over 20 languages
- Short CAM (4-item)—diagnostic algorithm
 - Acute onset and fluctuating course, *-and-*
 - Inattention, *-and either-*
 - Disorganized thinking *-or-* Altered level of consciousness
- Long CAM (10-item):
 - Provides information on severity/subtypes
 - Diagnostic/Reference standard purposes

<https://americandeliriumsociety.org/healthcare-professionals/ags-cocare-cam-and-help-tools/>

Act with kindness and compassion. Be an active listener. Be a role model. Set high standards. Take responsibility. Embrace change.

Slide created by SK Inouye MD, MPH 2024

6

Delirium Prevention

Innouye et al, NEJM 1999; 340:669-676



HELP

...helping to maintain cognitive, physical and emotional well-being in hospitalized older patients

For More Information:

<https://help.agscocare.org>



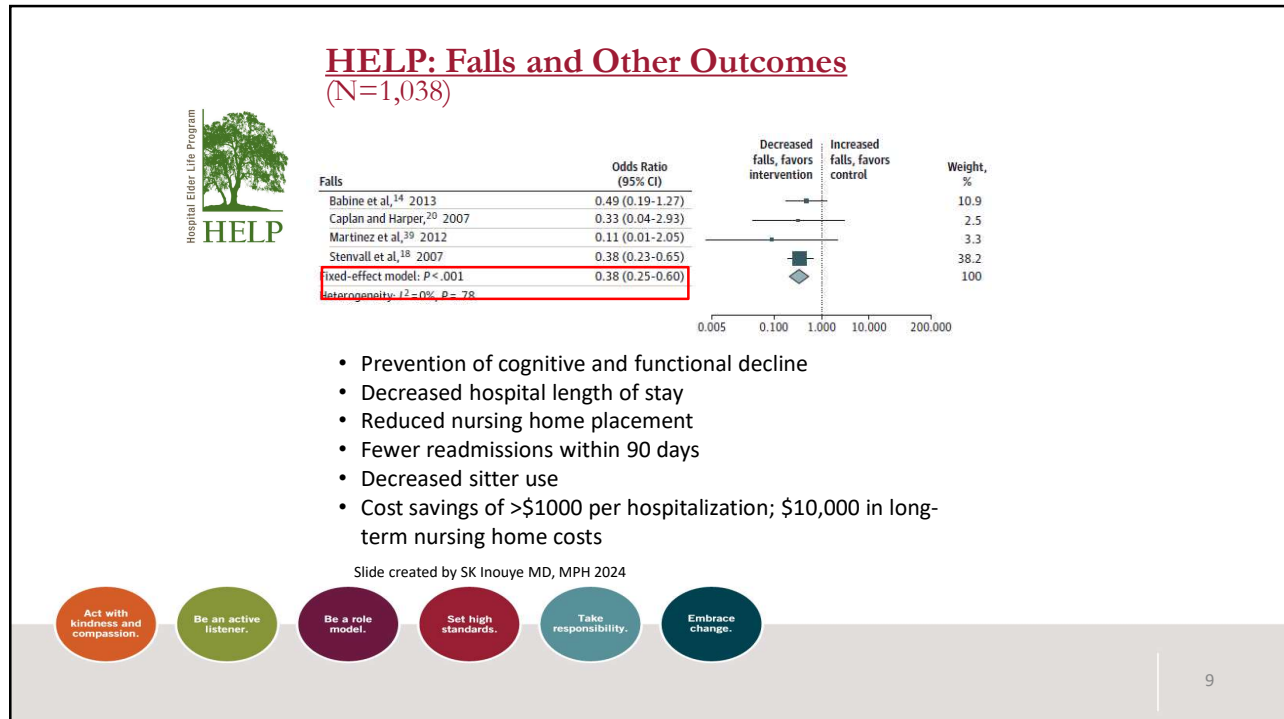
7

HELP Addresses Precipitating Factors for Delirium

- Drugs/Med use or w/d
- Environment
- Dehydration/malnutrition
- Infection
- Metabolic derangements
- ~~Surgery~~
- Pain
- ~~CNS insults~~
- ~~Medical Issues (MI)~~
- Sleep Deprivation
- Immobilization
- Constipation






8



9

Targeted interventions by volunteers (or family, others)

- Maintain cognition:
 - orientation 1 - 3 times/day
 - therapeutic activities 2-3 times/day
- Early mobilization & ROM
- Maintain or improve nutrition and hydration
- Relaxation/Sleep Protocol
- Minimize sensory impairment

Act with kindness and compassion.

Be an active listener.

Be a role model.

Set high standards.

Take responsibility.

Embrace change.

10

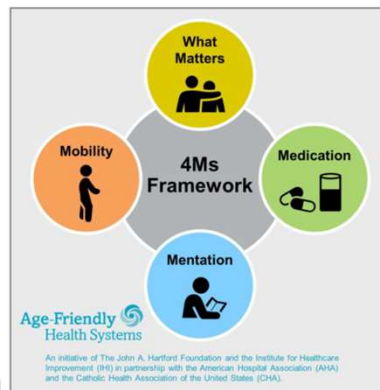
10



- Act with kindness and compassion.
- Be an active listener.
- Be a role model.
- Set high standards.
- Take responsibility.
- Embrace change.

11

Our Case..... Roger Gets better



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Act with kindness and compassion.
Be an active listener.
Set high standards.
Take responsibility.
Embrace change.
Be a role model.

12



Act with kindness and compassion.

Be an active listener.

Be a role model.

Set high standards.

Take responsibility.

Embrace change.

13

What if you don't have HELP?

- Move, Move, Move
- Stay hydrated
- Attention to nutrition (assist with ordering)
- Sleep at night without sedatives (avoid waking for vitals, medications)
- Engage in daytime (naps okay)
- Know symptoms of delirium

Act with kindness and compassion.

Be an active listener.

Be a role model.

Set high standards.

Take responsibility.

Embrace change.

14

Thank you!

For More Information:
<https://help.agscocare.org>

