



FOD 4c - Diagnosing and initiating management of patients in delirium

Part C: Initiating management

Case review with supervisor

Key Features

- This EPA focuses on the diagnosis and initial management of delirium through the use of validated delirium screening tools, and the communication of diagnosis
- This EPA does not include prevention or pharmacologic management
- The observation of this EPA is divided into three parts: diagnosis; communication; and initiating management

Use Form 1. Forms collect information on:

- Case mix: hyperactive (i.e. agitated); hypoactive
- Setting: geriatric unit; inpatient consult; pre – and/or post-operating setting; emergency room; day hospital; residential care; other
- Supervisor: geriatrician; care of elderly physician

Target

- **Collect 3 observations of achievement**
- **At least 1 of each from case mix**
- **At least 2 settings**
- **At least 2 by a geriatrician**

Milestones in Elentra

- **ME 1.3 Apply clinical and biomedical sciences to the diagnosis and/or management of delirium**
- **ME 2.2 Select and interpret appropriate investigations as they apply in the context of delirium**
- **ME 2.4 Develop and implement initial management plans for patients in delirium**
- **ME 2.4 Integrate knowledge of available community resources into the development of patient-centered care plans**
- **COM 1.6 Adapt to the unique needs of patients in delirium and to their clinical condition and circumstances**
- **COM 3.1.** Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent
- **COM 5.1.** Document information about patients and their medical conditions in a manner that enhances interprofessional care
- **L.2.1.** Apply knowledge of the resources available in the care setting when developing and implementing management plans
- **HA 1.2.** Work with patients and their families to increase opportunities to adopt healthy behaviours