

Delirium in Adults with Cancer: Screening and Assessment

Screen for delirium at each visit

Assessment using Acronym O, P, Q, R, S, T, U and V (adapted from Fraser Health)

Onset	When did it begin? Has it happened before?
Provoking / Palliating	Are there things which worsen the agitation? What makes it better? What makes it worse? How are you sleeping?
Quality	What does it feel like? Do you feel confused? Are you seeing or hearing anything unusual?
Region / Radiation	Do you know what day/month/year it is? Do you know where you are right now? Can you tell me your full name?
Severity	What is the intensity of this symptom (On a scale of 0 to 10 with 0 being none and 10 being worst possible)? Right Now? At Best? At Worst? On Average? How bothered are you by this symptom? Are there any other symptom(s) that accompany this symptom?
Treatment	What medications or treatments are you currently using? How effective are these? Do you have any side effects from the medications/treatments? What medications/treatments have you used in the past?
Understanding / Impact on You	What do you believe is causing this symptom? How is this symptom affecting you and/or your family?
Values	What is your goal for this symptom? What is your comfort goal or acceptable level for this symptom (On a scale of 0 to 10 with 0 being none and 10 being worst possible)? Are there any other views or feelings about this symptom that are important to you or your family?

Note: Where a patient is not able to complete an assessment by self reporting, then the health professional and/or the caregiver may act as a surrogate. *Physical Assessment (as appropriate for symptom), * Pertinent History (risk factors).

Causes of Delirium Acronym (adapted from Capital Health)

D	Drugs, drugs, drugs, dehydration, depression
E	Electrolyte, endocrine dysfunction (thyroid, adrenal), ETOH (alcohol) and/or drug use, abuse or withdrawal
L	Liver failure
I	Infection (urinary tract infection, pneumonia, sepsis)
R	Respiratory problems (hypoxia), retention of urine or stool (constipation)
I	Increased intracranial pressure;
U	Uremia (renal failure), under treated pain
M	Metabolic disease, metastasis to brain, medication errors/omissions, malnutrition (thiamine, folate or B12 deficiency)

Interventions for all patients, as appropriate

- The underlying etiology needs to be identified in order to intervene.
- Orientation questions alone do not provide accurate assessment.
- Delirium may interfere with the patient's ability to report other symptom experiences (e.g. pain).
- Provide explanation and reassure the family that the symptoms of delirium will fluctuate; are caused by the illness; are not within the patient's control; and the patient is not going 'insane'.
- It is important to understand that some hallucinations, nightmares, and misperceptions may reflect unresolved fears, anxiety or spiritual passage
- Include the family in decision making, emphasizing the shared goals of care; support caregivers.
- Correct reversible factors – infection, constipation, pain, withdrawal, drug toxicity.
- Review medications; consider opioid rotation to reverse opioid neurotoxicity, discontinue unnecessary drugs or prolong dosing interval for necessary drugs.
- Anticipate the need to change treatment options if agitation develops, particularly in cases where patient, family and staff safety may become threatened.
- Misinterpreting symptoms of agitation/restlessness, moaning and/or grimacing as poorly controlled pain, with subsequent administration of more opioids, can potentially aggravate the symptom and cause opioid neurotoxicity.

Delirium in Adults with Cancer: Care Map



Follow-Up and Ongoing Monitoring

If delirium remains unrelieved despite the approaches outlined above, request the assistance of a palliative care consultation team.

For full references and more information please refer to [CCO's Symptom Management Guide-to-Practice: Delirium](#) document.

Disclaimer: Care has been taken in the preparation of the information contained in this Algorithm document. Nonetheless, any person seeking to apply or consult the guidance for practice document is expected to use independent clinical judgment and skills in the context of individual clinical circumstances or seek out the supervision of a qualified specialist clinician. Cancer Care Ontario makes no representation or warranties of any kind whatsoever regarding their content or use or application and disclaims any responsibility for their application or use in any way.