

Delirium (Delirium clinical care standard)

Identifying and definitional attributes

Metadata item type: Glossary Item

Synonymous names: Acute confusional state (Delirium Clinical Care Standard)

METEOR identifier: 628579

Registration status:

- [Health](#), Standard 12/09/2016

Definition: For the purposes of the Delirium clinical care standard (ACSQHC 2015), delirium is defined as an acute change in mental status that is common among older patients in hospital (Clinical Epidemiology and Health Service Evaluation Unit 2006). It is characterised by a disturbance of consciousness, attention, cognition and perception that develops over a short period of time (usually hours to a few days) (National Institute for Health and Clinical Excellence 2010; Inouye 2014). Patients with delirium may be agitated and restless (hyperactive delirium), quiet and withdrawn (hypoactive delirium), or move between these two subtypes (mixed delirium) (Clinical Epidemiology and Health Service Evaluation Unit 2006; National Institute for Health and Clinical Excellence 2010).

The definition of delirium for the purposes of the Delirium clinical care standard (ACSQHC 2015) excludes delirium due to alcohol or drug withdrawal.

Collection and usage attributes

Guide for use:

For the purposes of the Indicator specification: delirium clinical care standard, delirium includes patients with an [Episode of care—principal diagnosis, code \(ICD-10-AM 9th edn\) ANN{.N{N}}](#) or [Episode of care—additional diagnosis, code \(ICD-10-AM 9th edn\) ANN{.N{N}}](#) of one of the following:

- F05.0 Delirium not superimposed on dementia, so described
- F05.1 Delirium superimposed on dementia
- F05.8 Other delirium (includes delirium of mixed origin)
- F05.9 Delirium, unspecified.

It excludes delirium due to alcohol or drug withdrawal. That is, where [Episode of care—principal diagnosis, code \(ICD-10-AM 9th edn\) ANN{.N{N}}](#) or [Episode of care—additional diagnosis, code \(ICD-10-AM 9th edn\) ANN{.N{N}}](#) is one of the following [1]:

- F10.4 Mental and behavioural disorders due to use of alcohol, withdrawal state with delirium (delirium tremens)
- F11.4 Mental and behavioural disorders due to use of opioids, withdrawal state with delirium
- F12.4 Mental and behavioural disorders due to use of cannabinoids, withdrawal state with delirium
- F13.4x Mental and behavioural disorders due to use of sedatives or hypnotics, withdrawal state with delirium
- F14.4 Mental and behavioural disorders due to use of cocaine, withdrawal state with delirium
- F15.4x Mental and behavioural disorders due to use of other stimulants, including caffeine, withdrawal state with delirium
- F16.4x Mental and behavioural disorders due to use of hallucinogens, withdrawal state with delirium
- F17.4 Mental and behavioural disorders due to use of tobacco, withdrawal state with delirium
- F18.4 Mental and behavioural disorders due to use of volatile solvents, withdrawal state with delirium
- F19.4 Mental and behavioural disorders due to use of multiple drug use and use of other psychoactive substances, withdrawal state with delirium.

[1] Where 'x' indicates that all fifth character codes following the three-digit rubric and fourth character are included in the definition.

Source and reference attributes

Submitting organisation: Australian Commission on Safety and Quality in Health Care

Reference documents: ACSQHC (Australian Commission on Safety and Quality in Health Care) 2015. Delirium clinical care standard. Sydney: ACSQHC.

Clinical Epidemiology and Health Service Evaluation Unit 2006. Clinical practice guidelines for the management of delirium in older people. Melbourne: Victorian Government Department of Human Services on behalf of AHMAC. Viewed 5 May 2016, [http://www.docs.health.vic.gov.au/docs/doc/A9F4D074829CD75ACA25785200120044/\\$FILE/delirium-cpg.pdf](http://www.docs.health.vic.gov.au/docs/doc/A9F4D074829CD75ACA25785200120044/$FILE/delirium-cpg.pdf).

Inouye S, Westendorp R & Saczynski J 2014. Delirium in elderly people. The Lancet 383(9920):911-22.

National Institute for Health and Clinical Excellence 2010. Delirium: diagnosis, prevention and management; Clinical guideline 103. London: NICE.

Relational attributes

Metadata items which use this glossary item: [Clinical care standard indicators: delirium](#)

- [Health](#), Standard 12/09/2016

[Delirium clinical care standard indicators: 1a-Evidence of local arrangements for cognitive screening of patients presenting to hospital with one or more key risk factors for delirium](#)

- [Health](#), Standard 12/09/2016

[Delirium clinical care standard indicators: 1b-Proportion of older patients undergoing cognitive screening within 24 hours of admission to hospital using a validated test](#)

- [Health](#), Standard 12/09/2016

[Delirium clinical care standard indicators: 2a-Evidence of training sessions undertaken by staff in the use of a validated diagnostic tool for delirium](#)

- [Health](#), Standard 12/09/2016

[Delirium clinical care standard indicators: 2b-Proportion of patients who screen positive for cognitive impairment at admission who are assessed for delirium using a validated diagnostic tool](#)

- [Health](#), Standard 12/09/2016

[Delirium clinical care standard indicators: 2c-Rate of delirium among acute admitted patients](#)

- [Health](#), Standard 12/09/2016

[Delirium clinical care standard indicators: 2d-Rate of delirium among acute admitted patients with onset during the hospital stay](#)

- [Health](#), Standard 12/09/2016

[Delirium clinical care standard indicators: 3a-Evidence of local arrangements for implementing interventions to prevent delirium for at risk patients](#)

- [Health](#), Standard 12/09/2016

[Delirium clinical care standard indicators: 4a-Proportion of patients with delirium who have a comprehensive assessment to investigate cause\(s\) of delirium](#)

- [Health](#), Standard 12/09/2016

[Delirium clinical care standard indicators: 4b-Proportion of patients with delirium who receive a set of interventions to treat the causes of delirium, based on a comprehensive assessment](#)

- [Health](#), Standard 12/09/2016

[Delirium clinical care standard indicators: 5a-Evidence of local arrangements for patients with delirium to be assessed for risk of falls and pressure injuries](#)

- [Health](#), Standard 12/09/2016

[Delirium clinical care standard indicators: 5b-Proportion of patients with delirium assessed for risk of falls and pressure injuries](#)

- [Health](#), Standard 12/09/2016

[Delirium clinical care standard indicators: 5c-Proportion of patients with delirium who have had a fall or a pressure injury during their hospital stay](#)

- [Health](#), Standard 12/09/2016

[Delirium clinical care standard indicators: 6a-Evidence of local arrangements to ensure that patients with delirium are not routinely prescribed antipsychotic medicines](#)

- [Health](#), Standard 12/09/2016

[Delirium clinical care standard indicators: 6b-Proportion of patients with delirium prescribed antipsychotic medicines in hospital](#)

- [Health](#), Standard 12/09/2016

[Delirium clinical care standard indicators: 7a-Proportion of patients with current or resolved delirium who have an individualised care plan](#)

- [Health](#), Standard 12/09/2016

[Delirium clinical care standard indicators: 7b-Proportion of older patients with current or resolved delirium who are readmitted for delirium within 28 days](#)

- [Health](#), Standard 12/09/2016