

Delirium in the Older Person: A Medical Emergency

Pre – Post Test

Name:	Title:	Job Location:	
Date:		Score: / 11	

- 1. The diagnosis of delirium is likely in a person who demonstrates:
 - a) An acute onset, a fluctuating course, normal attention, disorganized thinking, and an altered level of consciousness
 - b) An acute onset, a steady course, inattention, disorganized thinking, and an altered level of consciousness
 - c) An acute onset, a fluctuating course, inattention, disorganized thinking, and alertness
 - d) An acute onset, a fluctuating course, inattention, disorganized thinking, and an altered level of consciousness
- 2. Hallmark signs and symptoms of delirium include all of the following EXCEPT:
 - a) Disorganized thinking
 - b) Transient memory loss
 - c) Day/night reversal
 - d) Inattention
 - e) Gradual onset
 - f) Altered and fluctuating locus of control
- 3. Which of the following factors increase the risk of delirium:
 - a) Age 75 or older
 - b) Having dementia
 - c) History of urinary tract or respiratory infection
 - d) Multiple medications including over the counter
 - e) Relocation
 - f) All of the above
- 4. True or False? Delirium is a medical emergency.
- 5. Which of the following intervention(s) can help prevent delirium?
 - a) Regular sleep pattern
 - b) Physical activity
 - c) Relocate often
 - d) Restraining to prevent falls
- 6. Family members or close significant others need to be involved in the initial assessment of delirium because:
 - a) They can give you good history about the person's usual behaviours and abilities
 - b) They will require support and education about delirium
 - c) They will often assist in some of the intervention strategies
 - d) All of the above
 - e) None of the above

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- 7. The key factor in differentiating delirium from depression and dementia is:
 - a) Alteration in mood
 - b) Rapid onset of symptoms
 - c) Change of sleep pattern
 - d) Change of psychomotor activity
- 8. The diagnosis of delirium using the Confusion Assessment Method (CAM) requires the presence of the following, **EXCEPT**:
 - a) Acute onset
 - b) Fluctuating course
 - c) Inattention
 - d) Disorganized thinking and altered level of consciousness
 - e) Disorganized thinking or altered level of consciousness
- 9. Which strategy will keep the older person with delirium comfortable and oriented?
 - a) Keeping the lights on at night to prevent falls
 - b) Changing room placement periodically to remind them that they are not at home
 - c) Keeping caregiver assignments as consistent as possible
 - d) Minimizing family visits to prevent disorientation about their whereabouts
- 10. Drug toxicity or an adverse drug reaction is **most likely** when the older person:
 - a) Is taking a short course of antibiotics
 - b) Is taking 5 or more medications
 - c) Has a history of constipation
 - d) Takes supplemental thyroid hormone
- 11. Circle ALL the appropriate interventions for the person with delirium:
 - a) Make all instructions as simple as possible
 - b) Avoid eye contact because they may perceive it as a threat
 - c) Speak loudly and clearly
 - d) Correct sleep wake cycle
 - e) Encourage the person to consistently use their eyeglasses and hearing aids
 - f) Encourage the person to perform several self-care activities at the same time
 - g) Minimize noise at night and discourage napping during the day
 - h) Agree with content of delusions or hallucinations
 - i) Improve fluid intake
 - j) Establish safety surveillance

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Answers:

1.	D	Acute onset, a fluctuating course, inattention, disorganized thinking, and an altered
		level of consciousness

- 2. **E** EXCEPT gradual onset.
- 3. **F** All of the above.
- 4. TRUE
- 5. A and B Regular sleep pattern and Physical activity
- 6. **D** All of the above
- 7. **B** Rapid onset of symptoms
- 8. **D** Disorganized thinking <u>and</u> altered level of consciousness
- 9. **C** Keeping caregiver assignments as consistent as possible
- 10. **B** Is taking 5 or more medications
- 11. **A** Make all instructions as simple as possible
 - **D** Correct sleep wake cycle
 - **E** Encourage the person to consistently use their eyeglasses and hearing aids
 - **G** Minimize noise at night and discourage napping during the day
 - I Improve fluid intake
 - J Establish safety surveillance

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