# Dementia and Delirium

NICE NG97 (2018) | NICE CG103 (2023) | NICE CKS Delirium + Hypoglycaemia (2024)

## ■ CALL 999: EMERGENCY CRITERIA

- ■ Collapsed, unresponsive, or reduced consciousness / severely drowsy
- ■ Signs of stroke: facial weakness, arm drift, or speech difficulty
- ■ Suspected sepsis: acute confusion with infection features, rapid deterioration, mottled/blue/pale skin, abnormal breathing, or collapse
- ■ Hypoglycaemia: unconscious, fitting, very drowsy, unable to swallow, or not improving after carbohydrate
- ■ Acute confusion after fall/head injury: loss of consciousness, vomiting, anticoagulant use, seizure, severe headache, or new neurological signs
- ■ Immediate risk to patient or others: cannot be kept safe

Do not allow an acutely confused patient to drive or travel unaccompanied. Do not give food, drink, or oral medicines if the patient has reduced consciousness or cannot swallow safely.

## ■ SAME-DAY MEDICAL / HOSPITAL ASSESSMENT: POSSIBLE DELIRIUM

- ■ Sudden confusion starting within hours or days
- ■ Known dementia: sudden change from the patient usual baseline
- ■ Confusion plus fever, pain, dysuria, cough, vomiting, or recent fall
- ■ Confusion following a new medicine (anticholinergic, opioid, benzodiazepine)
- ■ Safeguarding concern: suspected abuse, coercion, or neglect

Most suspected delirium needs same-day hospital investigation (NICE CKS Delirium). The decision on admission belongs to the assessing clinician.

## TRACE: Triaging Cognitive Change at the Counter

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| **T** | **Timeframe** | Hours or days = delirium. Months or years = dementia. |
| **R** | **Recent changes** | New medicine, infection, fall, dehydration, or change of environment? |
| **A** | **Alertness** | Reduced consciousness, fluctuating, drowsy, or agitated? Points to delirium. |
| **C** | **Counter patterns** | Early Rx requests, dose confusion, returning for tablets already dispensed? |
| **E** | **Escalate** | 999 if acutely unwell. Same-day hospital if delirium suspected. Non-urgent GP if gradual. |

## ✓ NON-URGENT GP REFERRAL: SUSPECTED DEMENTIA

- ■ Gradual memory or word-finding difficulty over months, no acute features
- ■ No safety concern at home, no recent medicine changes as trigger
- ■ Advise patient or carer to book a GP appointment for formal assessment
- ■ Share dispensing observations with the referral (timing, dose confusion)

Do not supply OTC sedating antihistamines (promethazine, diphenhydramine, chlorphenamine) without GP guidance where cognitive decline or falls risk is suspected.

**Medicines to review (NICE NG97):** High anticholinergic burden: TCAs, bladder antimuscarinics, first-generation antihistamines, older antipsychotics. Other cognitive/falls-risk medicines: benzodiazepines, Z-drugs, opioids, gabapentinoids, corticosteroids, dose increases, duplicates, post-discharge additions. Hypoglycaemia mimic: insulin/sulfonylurea user + confusion + pallor/sweating = give fast-acting carbohydrate only if fully conscious and able to swallow safely.