# MEDICAL DELIRIUM vs. PRIMARY PSYCHIATRIC

<table>
<thead>
<tr>
<th>FEATURE</th>
<th>DELIRIUM</th>
<th>PSYCHIATRIC</th>
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<tbody>
<tr>
<td>Onset of symptoms</td>
<td>Recent (hours/days)</td>
<td>Usually chronic (weeks)</td>
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<tr>
<td>Course of symptoms</td>
<td>“Comes and goes”</td>
<td>Stays the same when present</td>
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<tr>
<td>Level of Consciousness</td>
<td>Decreased</td>
<td>Clear (they know who/what/where/when)</td>
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<tr>
<td>Hallucinations</td>
<td>Primarily visual/tactile</td>
<td>Primary auditory</td>
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<tr>
<td>Age of onset of 1st symptoms</td>
<td>Any age...more suspicious</td>
<td>Teenage years to mid-20s</td>
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**IMPORTANT POINTS:**

1) All delirium cases (and any you are unsure of) should start with medical clearance!
2) Having a psychiatric diagnosis (or being on meds) does not rule out delirium......in fact, you are more likely to become delirious.
3) Delirium is a medical emergency...........if not treated, death or significant harm is quite possible.
4) Delirium can look like psychotic symptoms.....there is no such thing as “it must be psych”.
5) Any case that involves dementia should begin with medical clearance.....they are more likely to be delirious on top of dementia and are likely precluded legally from a non-medical setting (like PCS).
6) Patients do not typically develop new psychiatric illnesses after the age of 40.
7) Any medical condition (including drugs/alcohol) can cause a delirious process.

**Common Causes of Altered Mental Status:**

- AEIOU-TIPS-V
  - A – Alcohol, Anoxia(low oxygen), Acidosis
  - E – Epilepsy with seizure activity (post-ictal), Electrolyte imbalance
  - I – Insulin (blood sugar)
  - O – Overdose (pharmacologic, toxin exposure)
  - U – Uremia (liver/kidney failure or inadequacy of organs)
  - T – Trauma, Tumor, Temperature
  - I – Intercranial hemorrhage, Infection
  - P – Psychiatric
  - S – Stroke, Syncope (passing out)
  - V – Vascular (heart attack, decreased blood flow to brain)

**SAMPLE History**

- S – Signs/Symptoms
- A – Allergies
- M – Medications
- P – Past Medical History
- L – Last Oral Intake
- E – Events (leading up to emergency/crisis)

**AVPU Scale:**

- A – Alert and Oriented
- V- Verbal
- P- Painful
- U- Unresponsive

Oriented “x4” to:
- Person (self)
- Place
- Time
- Event

Credits: Dr. Tony Thrasher – BHD Medical Director