



**COD 6A - Preventing and managing delirium**  
**Part A: Preventing delirium**

**Key Features**

- This EPA focuses on identifying patients at risk for delirium, implementing prevention strategies at individual patient and institutional levels, and managing delirium.
- This EPA applies to simple and complicated delirium. Complicated delirium includes factors that make the management of delirium more challenging and require a higher level of expertise. Examples include prolonged duration despite optimization of medical issues; lack of clear etiology of delirium; multiple competing etiologies of delirium; conflict within health care team regarding optimal management; need to collaborate with multiple other specialties involved in the case
- This EPA also includes identifying long-term outcomes, and advocacy and education for improved prevention, recognition, and management of delirium by other healthcare professionals.
- The observation of this EPA is divided into two parts: preventing delirium; and
- managing delirium

**Assessment Plan:**

**Part A: Preventing delirium.**

**Target**

- **Collect 2 observations of achievement**
- **At least 2 different settings**
- **At least 2 different assessors**

**Setting**

- inpatient consult; geriatric unit; outpatient clinic; ;geriatric oncology; Transcatheter Heart Valve Program (TAVI) clinic; residential care; emergency department;

**Assessor**

**Case discussion with geriatrician.**

**Milestones in Elentra**

- **ME 1.3 Apply a broad base and depth of knowledge in clinical and biomedical sciences to the identification, prevention and/or management of delirium.**
- **ME 2.2** Identify patients with atypical presentations and/or course of delirium
- **ME 2.4 Develop and implement multi-component prevention strategies for delirium.**
- **ME 3.1** Determine the most appropriate procedures or therapies for the purpose of assessment and/or management of delirium.
- **ME 2.4 Integrate non-pharmacologic therapies into delirium prevention.**
- **ME 5.1 Optimize the safety of patients in delirium, ensuring the avoidance of chemical and physical restraints whenever possible and using them skillfully and appropriately when necessary.**
- **ME 4.1** Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
- **COM 3.1 Convey information related to the patient’s health status, care, and needs in a timely, honest, and transparent manner.**
- **L 1.4 Engage others in the adoption and refinement of health information technology or systems for improved delirium prevention.**

- **HA 1.3 Work with the patient and family to identify opportunities for delirium prevention.**
- **HA 2.3** Contribute to a process to improve prevention, recognition, and management of delirium within a community or population.
- **S 4.1** Contribute to a scholarly investigation or the dissemination of research findings on the prevention and management of delirium
- **P 3.1 Adhere to professional and ethical codes, standards of practice, and laws governing practice**