



FOD 5A - Diagnosing and initiating management of patients in delirium
Part A: Diagnosis

<p>Key Features</p> <ul style="list-style-type: none"> • This EPA focuses on the diagnosis and initial management of delirium through the use of validated delirium screening tools, and the communication of diagnosis. • This EPA does not include prevention or pharmacologic management. • The observation of this EPA is divided into three parts: diagnosis; communication; and initiating management.
<p>Assessment Plan</p>
<p>Case presentation</p> <ul style="list-style-type: none"> • hyperactive (i.e., agitated); hypoactive; mixed
<p>Setting</p> <ul style="list-style-type: none"> • geriatric unit; inpatient consult; pre- and/or post-operative setting; emergency room; day hospital; residential care; other
<p>Assessor</p> <ul style="list-style-type: none"> • geriatrician; geriatrician pharmacist; care of elderly physician
<p>Direct or indirect observation by supervisor Collect 3 observations of achievement</p> <ul style="list-style-type: none"> - At least 2 different presentations - At least 2 settings - At least 2 by a geriatrician
<p><u>CanMEDS Milestones:</u></p> <ul style="list-style-type: none"> • ME 1.3 Apply clinical and biomedical sciences to the diagnosis and/or management of delirium • ME 1.4 Perform focused clinical assessments, including appropriate history, physical examination, medication review and investigations • ME 2.2 Identify patients who require delirium screening • ME 2.2 Select additional investigations as appropriate • ME 2.2 Synthesize patient information, incorporating caregiver and interprofessional team input, to determine a diagnosis • ME 2.2 Perform a delirium screen using validated tools