Delirium in the Hospital and Beyond

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History

Georgiou is a 54 year old man admitted with a recent fall. BAL 0.15 mg % on admission. He is confused and unable to give a history. He lives with his wife who has been concerned about his drinking. She says he drinks about 1½ to 2 bottles of wine a day and has done so for a number of years.

History II

Fifteen years ago his successful small business went bust, with the “recession we had to have.” He lost his spirit and just sits at home watching television and drinking during the day.

History III

On the day of admission, his wife and daughter had gone out. When they came home two hours later, they found him lying on the floor and they called an ambulance. He was rousable but a bit more intoxicated than usual when they found him.

Medications

- Avopro (irbesartin) 75 mg mane
- Lipitor (atorvastatin) 40 mg mane
- Avanza (mirtazapine) 15 mg nocte
- Antenex (diazepam) 5 mg bd for “anxiety”

On Examination

He has a laceration on the back of his skull, which is not deep or severe. He has spider naevi, palmar erythema and 3 cm hepatomegaly without splenomegaly or ascites. There are no bruises or peripheral oedema. There is no foetor hepaticus or flap.

On Examination

He is disoriented to time place and person, and is somewhat agitated. He feels that he is ok and wants to go home. In fact he angrily commandeers his wife to take him home. His wife bursts into tears and says she cannot cope any more. He tries to get up but falls to the floor. He has failed the walk test.

A breath blood alcohol level is 0.15 mg %.

Question

- What are the diagnostic possibilities?
- Does he need admission? If so where?
- (He is in the Depaul House area).

Management in Hospital

- Is an alcohol withdrawal scale helpful?
- How much thiamine would he need?
- What tranquillisers would you use?
- What other diagnoses would need to be excluded and how?
- How should he be nursed/Specialled?

Progress

- LFT's show GGT of 150 U/L, AST 100 U/L, ALT 70 U/L other results normal.
- Haematology normal apart from a mild thrombocytopenia and an MCV of 103 fL.
- Other tests, electrolytes, urea, creatinine, Ca, PO_4 thyroid function normal.

CT Brain

- No extra- or sub-dural haemorrhages. No focal lesions but moderate diffuse cortical atrophy with enlarged ventricles.

Progress…

- He was given 100 mg thiamine orally three times a day.
- The intern, concerned that he might become over-sedated on diazepam, ordered 5-10 mg qid. Three lots of five mg were given in the last 24 hours.
- He was also given his hypertension and cholesterol medications.

Progress…

After a torrid couple of days the patient settles down but still is not right. He is disoriented in time place and person and has defects of short term memory.

He requires to have constant nursing care and to be mechanically restrained.

Management of Subacute Confusion

- What are the likely possibilities? How would they best be investigated and then managed?

Further Progress…Get him Outa here!

It is now day 10 and the hospital administration become concerned he is overstaying his average length of stay. He is too well to be in an acute ward but he is not well enough to go home. His family anyway do not want him back. He has private health insurance.

Discharge Possibilities

Could he not go to a Drug and Alcohol Rehabilitation Centre? Could he not be forced to go there?

What would the geriatric team feel about sending him to slow stream rehabilitation? (He is 54 years old).

What other options are there?