

Delirium Interactive Case

Mrs. Anita Help is an 85-year-old woman with schizophrenia, alcohol use disorder in sustained remission, hypertension, and osteoarthritis who was admitted to the hospital for an elective hip replacement. She is post-op day #2. In the last 24 hours, she's demonstrated changes in behavior, including sleep disturbances, hallucinations, and agitation.

You are asked by the orthopedic surgery team to evaluate the patient and provide recommendations on medication management. The team asks if the patient needs to be transferred to inpatient psychiatry for treatment of schizophrenia. The floor nursing staff express frustration about the patient's frequent agitation and combativeness, stating the patient is not appropriate for the orthopedic floor.

On initial evaluation, the patient is in 2-point wrist restraints which she is trying to remove with her teeth. She frequently calls out for her son who she seems to think is in the room (but is not currently present). She is too preoccupied with the restraints to participate in the cognitive exam. On review of her medications, she has been continued on her home dose of aripiprazole. She was extubated shortly after surgery and has been receiving frequent doses of IV morphine for pain control. Labs and head imaging are unremarkable.

Questions:

1. How would you explain the differential diagnosis to the primary team?
2. What are some of this patient's predisposing and precipitating risk factors for delirium?
3. What are the different teams involved in this patient's care, and what can each team's role be in managing this patient's symptoms of delirium?