

Your Chapter in Action

July 11, 2019

Committee Spotlight

Geriatrics Committee

Prevention and Management of Delirium in the Hospital

This is the second in an ongoing series highlighting issues faced by geriatricians and their patients

by Donna Seminara, MD, MACP

Delirium, also known as metabolic encephalopathy or a change in mental status, is sudden severe confusion that occurs with physical or mental illness. Delirium is a medical emergency. Sequelae of delirium may persist for up to 6 months and it is associated with poor clinical outcomes including risk of death in the hospital, prolonged length of stay and increased need for SNF placement.

Identifying patients at risk is a cornerstone of delirium prevention. Patients who have previously experienced delirium are at risk for recurrence. For instance, patients who present for perioperative assessments with a history of hospital or post anesthesia delirium should have delirium risk addressed. Patients with all causes of dementia and those with mild cognitive impairment are also at risk. Consider also patients with alcohol, analgesic and anxiolytic withdrawal as being at risk for hospital based delirium.

Successful hospital management of patients at risk mandates close communication with hospitalists and surgical specialists about an individual's predictive risk of delirium. For elective procedures, careful medication reconciliation preoperatively can decrease risk of medication induced encephalopathies. As was emphasized by Dr. Dharmarajan in the previous Geriatric Spotlight on Deprescription, doing what I call a "Medication Debridement" is a key focus of geriatric assessments. Geriatric consultations may be helpful in situations where polypharmacy is a trigger for delirium. Predict medication needs and address potential challenges to minimize delirium from occurring. For example a patient requiring stress dose steroids or ongoing steroid treatment with a history of delirium may require a more rapid steroid taper. Furthermore, transitioning information from previous experiences of the individual can be extremely valuable for a patient's safety (ie: documented ICU psychosis or adverse behavioral reactions to specific analgesics).

<<Read the rest of the article here

Early Career Physicians Task Force

Become a Mentor with NYACP

YOUR chance to be INVOLVED! - Volunteer to mentor or become a mentee.

NYACP's Early Career Physician Taskforce is developing a regional mentorship program for all NYACP members: medical students, residents, fellows, early career, and seasoned members. The first event will be held on Saturday, October 12, 2019 during the NYACP Annual Scientific Meeting - all are welcome to participate.

Please sign up ahead of time by contacting the <u>NYACP Early Career Physicians Task Force</u> here!

Practice Management

Resources from ACP Advance:
Chronic Pain and Substance Use Disorder Management



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ACP Introduces Adult Immunization Resource Hub



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Upcoming Events

Residents & Med Students: Call for Abstracts (DEADLINE TOMORROW - July 12)



Submit Your Abstract Here | Read More

2019 NYACP Annual Scientific Meeting Registration Now Open! Friday, October 11: MOC Pre-Courses | Saturday, October 12: Annual Meeting





Co-Sponsored Events

SAVE THE DATE!
1st Annual International Geriatrics Symposium
for the Primary Care Provider
Provided by Albany Medical College in collaboration with NYACP



September 18-20, 2019 | 8.5 AMA PRA Category I Credits™ **The Conference Center** | Lake Placid, NY

More information will be available soon!

SAVE THE DATE!

Current Topics in Primary Care and Neurology: Update for the Primary Care Practitioner

Provided by Albany Medical College in collaboration with NYACP

September 20-22, 2019 | 12 AMA PRA Category I Credits™ **The Conference Center** | Lake Placid, NY

More information will be available soon!



Dietary and Lifestyle Strategies for Cardiovascular Risk Reduction

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NYU Langone Health: Alumni Hall | New York, NY

Event Brochure • Register Online



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Corrections and Community Supervision

The NYS Department of Corrections and Community Supervision's Department of Health Services operates as a Core Service to promote, restore and maintain the health of incarcerated individuals within safe facilities. There are 54 facilities located throughout the State of New York, serving approximately 50,000 inmates. Medical staff are made up of multi-interdisciplinary teams, which include Physicians, Physician Assistants, Nurse Practitioners, Nurses, Dentists, Pharmacists and other Ancillary positions.

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