

Consultation on key questions for a new SIGN guideline on the diagnosis and management of delirium

General comments:

Fellows of the College agree that this is a comprehensive set of questions with a clear focus.

The impact of reversible causes of delirium, including toxic and/or structural causes are covered within the remit but would benefit from being more clearly highlighted. It is also important to make clear guidance between the management of acute delirium, compared to care of more chronic subacute states.

Fellows noted that this proposed new SIGN guideline on delirium would be in addition to the wide ranging list of publications and recent advice on delirium, including NICE guidelinesⁱ updated in 2015; the pathways available on the Scottish Delirium Association websiteⁱⁱ and the Health Improvement Scotland documents and toolkit (2016) around *Think Delirium*ⁱⁱⁱ. Fellows commented that these existing resources provide extensive, current and well evidenced material. It was suggested that a short piece of consensus work may add value to the existing resources, particularly around advice as to the best screening tool to use in different settings; the evidence for pharmacological therapy - particularly which drugs and in which order; and follow up and repeat cognitive testing.

ⁱ NICE: Delirium: prevention, diagnosis and management: Clinical guideline [CG103]
<https://www.nice.org.uk/guidance/cg103>

ⁱⁱ Scottish Delirium Association: Delirium Management Pathways
<http://www.scottishdeliriumassociation.com/sda-delirium-management-pathways.html>

ⁱⁱⁱ Healthcare Improvement Scotland: Improving the care for older people: Delirium toolkit
http://www.healthcareimprovementscotland.org/our_work/person-centred_care/opac_improvement_programme/delirium_toolkit.aspx