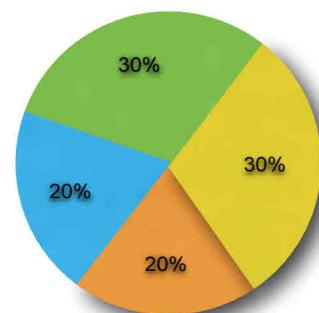


Acute Confusional State

History: This patient is confused.

Task: Take a history, perform a physical examination, form a differential diagnosis and management plan.



● examination ● communication ● clinical ● history

Marking criteria	Not Completed	Partially Completed	Completed
Washes Hands, Introduction			
Performs a rapid assessment of ABCDE			
Asks for baseline OBs			
Asks for Blood Sugar and Temperature			
Treats life threatening elements when found (hypoxia, low BM)			
Assess patient for head injury			
Takes a history of events leading to attendance			
Asks about timing and duration of confusion			
Takes a thorough past medical history			
Takes a thorough Drug history (including alcohol, narcotics, opiates, benzodiazepines and drugs with anticholinergic activity)			
If unable to obtain history, then expresses need to contact General Practitioner/get hospital notes			
Performs a review of systems			
Examines the following as appropriate: Central nervous system, Peripheral nervous system, Cardiovascular system, Respiratory system, Abdomen, Mental state including cognition			
Able to form a differential diagnosis			
Orders investigations as appropriate: ABG for carboxyhaemoglobin and pO ₂ , FBC, U&E, LFT, Calcium, Blood cultures, urinalysis, B12 and TFT in the elderly, drug toxin screen, CT head			
Institutes Treatment as appropriate Oxygen, Dextrose, Thiamine, Sepsis Pathway, drug antidotes, etc..			
Communicates with patient in clear and concise manner			
Overall			

Acute Confusional State

Level 1 Understanding (basic sciences)

What is the difference between delirium and dementia?

Delirium is a sudden or acute (hours to days) disturbance in cognition and a decreased level of consciousness. It is a medical emergency and is treatable. It is also common in patients with dementia.

Dementia is progressive deterioration of cognition with a clear consciousness. It is generally irreversible.

Level 2 Understanding (applied sciences)

What are the components of the Glasgow Coma Scale?

Glasgow Coma Scale		
Eye Opening	spontaneously	4
	to speech	3
	to pain	2
	none	1
Verbal Response	orientated	5
	confused	4
	inappropriate	3
	incomprehensible	2
	none	1
Motor Response	obeys commands	6
	localises to pain	5
	withdraws from pain	4
	flexion to pain	3
	extension to pain	2
	none	1

Level 3 Understanding (advanced sciences/management)

What are the components of the Abbreviated Mental Test Score?

Abbreviated Mental Test Score
<ol style="list-style-type: none"> 1. How old are you? 2. What time is it? (nearest hour) 3. An address for recall at end of test - to be repeated by the patient, e.g. 42 West Terrace 4. What year is it? 5. What is the name of this place? 6. Recognition of two persons - for example, doctor, nurse, home help etc 7. What is your Date of birth 8. When was the Second World War? 9. How is the present prime minister? 10. Count backwards from 20 to 1
Score 0 or 1 for each, A score of less than 7 or 8 suggests cognitive impairment.