

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Scope for guideline update (starting 2022)

Delirium: prevention, diagnosis and management

NICE is updating its guideline on [delirium: prevention, diagnosis and management \(CG103\)](#). The guideline was originally published in July 2010 and last updated in March 2019. It was developed as set out in the [original scope](#).

New evidence about diagnostic tests for delirium suggests that recommendations on diagnosis (specialist clinical assessment) may need updating. Full details are set out in the [2020 exceptional surveillance review decision](#).

The update will be developed using the methods and processes in [developing NICE guidelines: the manual](#).

1 Who the guideline update covers

The current guideline covers adults (18 years and older) in hospital or long-term residential care settings, except people:

- receiving end-of-life care (defined as being within the last few days of life)
- with intoxication and/or withdrawing from drugs or alcohol, and people with delirium associated with these states.

The groups covered by the guideline will remain unchanged.

Equality considerations

[The equality impact assessment](#) (EIA) for the original guideline lists the equality issues that were identified during its development and how they have been addressed. Relevant to this update, it noted that there was a potential for inequalities in the diagnosis of delirium in acute, critical, and long-term residential care for people with learning disability, linguistic or communication problems. The committee also

identified the potential for inequalities for people with existing dementia and severe or enduring mental health conditions because their delirium might be attributed to a worsening of their existing condition. The committee will take this into account when developing new recommendations or updating existing recommendations.

A new [EIA](#) has been produced which is specific to this update.

2 Activities, services, or aspects of care covered by the guideline update

We will look at the evidence and consider making new recommendations or updating existing recommendations on:

- Diagnosis (specialist clinical assessment).

For all other areas of the guideline:

- There will be no evidence review.
- We will retain the existing recommendations but we may revise them to ensure consistency.

Area in the guideline	What NICE plans to do
1.1 Risk factor assessment	No evidence review: retain recommendations from existing guideline
1.2 Indicators of delirium: at presentation	No evidence review: retain recommendations from existing guideline
1.3 Interventions to prevent delirium	No evidence review: retain recommendations from existing guideline
1.4 Indicators of delirium: daily observations	No evidence review: recommendations may be revised if necessary as a result of changes in recommendations for diagnosis (1.5).
1.5 Diagnosis (specialist clinical assessment)	Review evidence: update existing recommendations as needed
1.6 Treating delirium	No evidence review: retain recommendations from existing guideline
1.7 Information and support	No evidence review: retain recommendations from existing guideline

3 Draft review question

We have identified the following draft question:

What is the diagnostic accuracy of practical diagnostic tests compared with the reference standard, to identify delirium in people in hospital and long-term residential care settings?

Draft PICO table for the review question

Population	<p>Adults (18 years and older) in:</p> <ul style="list-style-type: none"> • hospital, including surgical, medical, ICU, and accident and emergency departments • long-term residential care settings <p>Exclusion:</p> <ul style="list-style-type: none"> • People receiving end-of-life care (within the last few days of life) • People with intoxication and/or withdrawing from drugs or alcohol, and people with delirium associated with these states.
Index test	<p>Index tests, including the people operating them, subdivided by setting:</p> <ol style="list-style-type: none"> a. 4AT b. Confusion Assessment Method Instrument (CAM) c. 3D CAM d. Delirium Observation Screening Scale e. Single Question to Identify Delirium (SQID) f. Recognizing acute delirium as part of your routine (RADAR) g. Intensive Care Delirium Screening Checklist (ICD-SC) h. CAM-ICU i. Brief CAM (B-CAM) j. Ultra Brief CAM (UB2-CAM) k. NuDESC
Reference standard	<p>DSM-IV, DSM-5 or ICD-10, ICD-11; carried out by a trained specialist</p>
Outcomes	<p>Primary outcomes</p> <ul style="list-style-type: none"> • Sensitivity/ specificity • Likelihood ratios <p>Secondary outcomes</p> <ul style="list-style-type: none"> • ROC

	<ul style="list-style-type: none">• Measures relating to ease of use• Positive and negative predictive values if these are reported by systematic reviews.
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4 Economic aspects

We will take economic aspects into account when making recommendations. We will review the published economic evidence using an NHS and personal social services perspective, as appropriate.

5 NICE guidance and quality standards that may be affected by this guideline update

- [Dementia: assessment, management and support for people living with dementia and their carers](#) (2018) NICE guideline NG97
- [Delirium in adults](#) (2014) NICE quality standard 63

6 Further information

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

The guideline is expected to be published in January 2023.

You can follow the [progress of the guideline update](#).

Our website has information about [how NICE guidelines are developed](#).

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