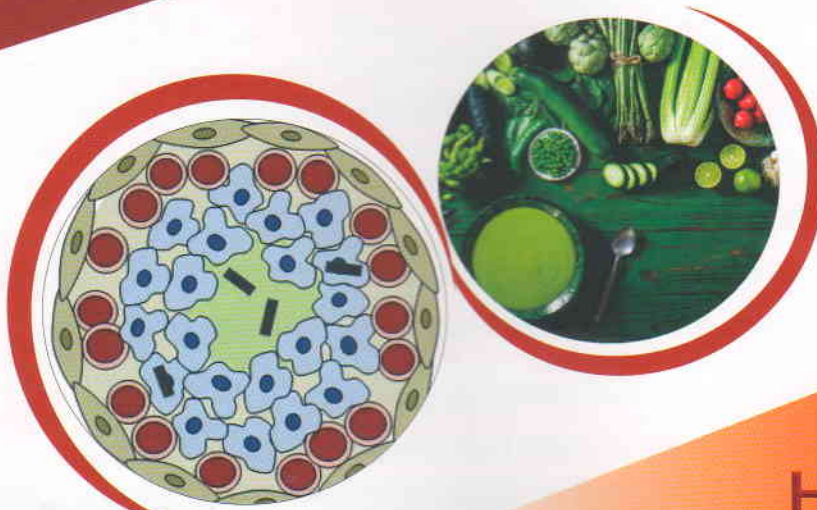
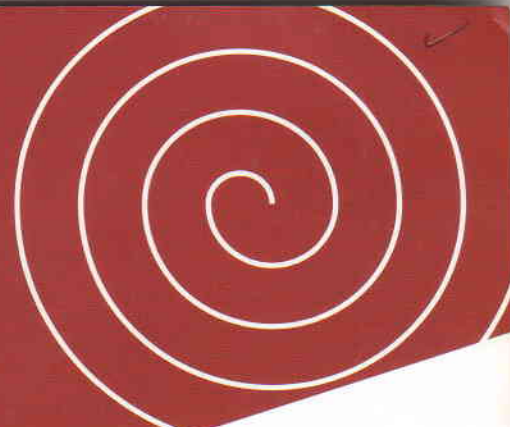






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HIGHLIGHTS

- A Case of Hyponatremia in An Elderly Patient 
- Immunomodulator Therapy In Life Threatening Skin Disease 
- A Rare Atypical Presentation of Tuberculosis in Elderly Male 
- Treatment of Osteoporosis: An Update 



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PRACTICAL TIPS

Prevention of Delirium in Elderly

Anand P.Ambali , M.Abrar UI Huq.

Delirium is an acute preventable impairment in cognition and consciousness. Following are the non-Pharmacological measures to prevent Delirium in home or hospital.

Do's

Assess for pain, withdrawal symptoms,
Hypoxia, blood counts and electrolytes.
Trial of oral Paracetamol supplementation
Good communication daily

Preferable bed near window
Silent cardiac monitors



Good Hydration
Nutritious food



Early mobilization from bed
Early shift form ICU to general ward



Same caregiver or family member to be with them.
Allow to have bath daily if conditions are suitable.

Orient them daily regarding day, time, place
person, and members present.
Wall clock and Calendar in room



Allow family member to meet,
read newspaper and listen to
songs, news and watch serials
on mobile.
Reassurance



Early removal of Catheters,
Ryle's tube, ICD Tube, and Lines
Allow to Use Spectacles,
Hearing aids and Dentures



Look for constipation or
Impacted stools and relieve by
Enema



Keep asking what are their needs they need?
And try to fulfil them
Allow prayers in room
Provide homemade food.

Don't's

1. Aplrazolam / Diazepam
2. Tramadol / Opiods
3. Anticholinergic.

Schedule drug dosage in night hours
(11PM to 06AM) unless emergency

Use physical restraints.
Transfer to different rooms frequently.
Isolate in ICU

Change nursing staff or doctors, schedule of BP
monitor and timing of drugs daily.

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