

## Confusion - new onset

If any of the following RED FLAG presentations:

- Sepsis
- Hypoxia
- Hypoglycaemia
- Head injury / intracranial bleed / CVA (especially if on warfarin)
- Alcohol withdrawal
- Drug overdose / intoxication (e.g. opiates)
- Chest pain

Alert senior  
Doctor

Obtain collateral history from crew/family including a drug history. Is this ALL acute or does the patient have pre-existing dementia?

- 1) Fully undress, apply a gown and wrist band
- 2) Record vital signs: BP, HR, RR, SpO<sub>2</sub>, Temp, GCS, pupils, BM  
Commence Observation Chart and Early Warning Score - follow ED Escalation Plan
- 3) If signs of severe sepsis discuss with Senior Doctor - give antibiotics early and consider transfer to resus
- 4) Perform ECG and ensure it is reviewed. Consider - Could this be an MI?
- 5) If SOB, SpO<sub>2</sub> <94%, productive cough - ask doctor to examine in IAU and arrange CXR as needed
- 6) Urinalysis (+ MSU if positive for nitrites and leucocytes)
- 7) Cannulate and complete VIPS
- 8) Take bloods: FBC, UE, CRP, Calcium  
If signs of sepsis: do VBG, add Blood Cultures

*Any tasks NOT completed within IAU should be handed over verbally to the team and placed on NURSE ORDERS*