

Confusion in the Acutely Unwell

Sepsis

Consider UTI, pneumonia, cellulitis, line infections

Suggested by: pyrexia, signs of shock (hypotension, tachycardia), signs of focal infection

Investigate: FBC, UE, LFT, urine dipstick, blood cultures, VBG, CXR

Metabolic disturbance

Hyponatraemia and its many causes, hypoglycaemia, uraemia, liver failure and hepatic encephalopathy

Suggested by: asterixis, jaundice, history consistent with hyponatraemia (volume overload/sodium loss)

Investigate: UE/VBG, LFT, BM

Stroke & Head injury

Raised ICP—due to bleed/SOL, ischaemic or haemorrhagic stroke

Suggested by: history of head trauma, change in pupillary reactions, focal neurology

Investigate: CT head

Drugs

Consider opiates, recreational drugs, anaesthetics, benzodiazepines

Suggested by: drugs have been prescribed, known IVDU, for opiates dilated pupils, low resp rate

Investigate: paracetamol levels (just in case), ECG, CK, ABG

Give specific antidotes—e.g. naloxone, support ABC whilst drug is metabolised

Alcohol withdrawal

Consider if history of alcohol excess with 10-72 hours since last drink, tachycardia, hypotension, tremor, hallucinations, seizures

Give chlordiazepoxide, Pabrinex IV

Post-ictal states

Suggested by: history of epilepsy/history consistent with seizure/conditions predisposing to seizure

Investigate: look for obvious causes of seizure like hypoglycaemia/metabolic disturbance, other investigation is more long term