

A Challenging Delirium Case: Lost in Language or Etiologies

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INTRODUCTION

An estimated healthcare cost of \$38 to \$152 billion is attributed to delirium and its complications each year. Non-English speaking patients are 2.6 times more likely to be restrained and 1.5 times more likely to be prescribed antipsychotics. This case is unique in that the language spoken by the patient, Kisi (a regional language of West Africa) was not available through our translation service, which limited our communication with the patient leading to her delirium and complicated hospital course.

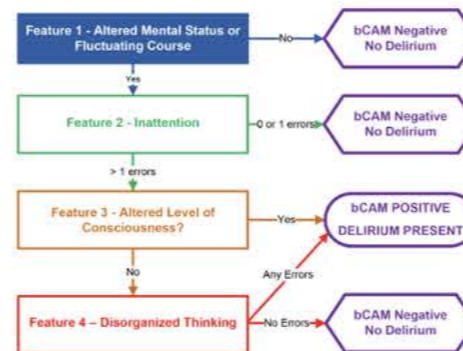
CASE SUMMARY

A 75-year-old Kisi speaking female presented to the emergency room for an evaluation of chest pain. Along with chest pain, the patient had acute bilateral LE stage 2 ulcers with gangrene left hallux, UTI and a recent Covid infection. Patient had just moved from a rural town in Kenya three weeks ago and was confirmed fully oriented to person, place, and time by family members. On the fifth day of admission, family members indicated that the patient did not appear to be at her baseline and was defecating in bed and skipping meals. We did extensive workup including, complete metabolic panel, electrocardiogram, arterial blood gas, thyroid stimulating hormone, serum drug levels, blood cultures, ammonia level, and chest radiograph, which indicated normal findings. Despite judicious use of Haldol, Ativan, and soft mechanical restraints, her symptoms were unchanged. Through trial and error, we were able to conclude that the patient's symptoms improved with home cooked meals and by having a family member present at bedside. Although the etiology of the patient's delirium was clear cut, the solution was not.

4Ms Framework of an Age-Friendly Health System



bCAM Calculator



DISCUSSION

Successful management of this patient's clinical presentation to get her back to baseline involved:

- Coordination among medical doctors, social workers, and nurses
- Daily visitation from various Kisi speaking family members for familial stimulation
- Daily home cooked meals
- Decorating the walls of her room with family photos
- Recreation of a home away from home

Although this case does not challenge the prevailing wisdom in the management of delirium (early mobility, appropriate pain management, reducing poly-pharmacy and environmental stimuli), this case certainly gives the medical team a pause in the future when communication with the patient is the main obstacle. It is a reminder to allow the body to heal and limit unnecessary interventions when cultural, language and social barriers are present.

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