Deprivation of Liberty:
- Part of the Mental Capacity Act 2005.
- Designed to protect people who do not have capacity from have restrictions imposed on them that deprive them of their liberty or freedom.
- E.g. using locks or key pads to stop them going to different areas of the building, physically stopping, the person having to stay somewhere against their wishes, wheelchair straps.
- Should not use deprivation of liberty if:
  o Mental Health Act is more appropriate
  o D of L only covers care homes and hospitals – court of protection covers other settings
  o If there is dispute as to where the patient should stay – court of protection covers this.
- When should be consider D of L:
  o If a person challenges the restrictions placed on them
  o If there are significant restrictions to a person’s contact with family or friends or the outside world

Court of Protection:
- Under MHA, court has the power to:
  o Make decisions about welfare/property/financial affairs of people who lack capacity
  o Make declarations about a person’s capacity, if the matter cannot be resolved informally
  o Make decisions in relation to serious medical treatment cases e.g. withdrawing or withholding treatment
  o Appoint a Deputy who can make decisions on behalf of a person who lacks capacity – in relation to welfare/property/finances.
  o Make decisions about LPA or Enduring power of attorney – whether the power is valid, the scope of the powers and the removal of powers.
## Causes of Delirium: ICU DELIRIUMSS

Most commonly caused by infections, medications, or organ failure. There is usually more than one underlying factor that are combining to cause the delirium.

- Iatrogenic exposure
- Cognitive impairment e.g. pre-existing dementia, MCI, depression
- Use of restraints or catheters
- **Drugs**
  - Sedatives e.g. benzodiazepines, opiates, anticholinergics
  - Smoking or alcohol – abrupt cessation can cause delirium
- Elderly – patients >65yo should receive greater attention
- Laboratory abnormalities
  - Hyponatraemia
  - Azotemia (high levels of urea, creatinine)
  - Hypocalcaemia
  - Metabolic acidois
- Infection
- Respiratory e.g. respiratory failure, COPD, ARDS, PE
- Intracranial e.g. haemorrhage, stroke, tumour, hyper/hypotension
- Urinary/faecal retention
- Myocardial e.g. MI, acute heart failure, arrhythmia
- Sleep deprivation
- Sensory deprivation – poor vision or poor hearing

<table>
<thead>
<tr>
<th>Patient Group</th>
<th>Common Causes</th>
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| Older patient in the ED | - Acute infection e.g. UTI, LRTI  
- Drugs – adverse effects  
- Electrolyte disorder  
- Stroke |
| Younger patient in the ED | - Alcohol - intoxication  
- Drugs – poisoning with psychoactive drug  
- Primary neurological disorder e.g. encephalitis |
| Patient with alcohol dependence or alcoholic liver disease | - Alcohol – intoxication or withdrawal  
- Liver failure  
- Acute infection e.g. SBP, pneumonia |
| Patient with cancer | - Brain or meningeal mets  
- Electrolyte disorders e.g. hypercalcaemia, hyponatraemia  
- Drugs – adverse effects of medications e.g. opioid toxicity  
- Paraneoplastic syndrome/effect |
| Older patient after surgery | - Acute infection  
- Pain  
- Drugs – adverse effects  
- Urinary retention  
- Constipation – faecal impaction |