

Confusion

An 89-year-old woman was admitted to hospital with new-onset confusion. Her daughter had noticed that she had become increasingly forgetful over the past week and now was no longer orientated to time and place. Her medical history was significant for hypertension, for which she took hydrochlorothiazide. She was normally independent in her activities.

- **Classify causes of acute confusional state?**

On examination

Pulse is 100 bp 115/70, JVP not raised

Dry mucous membranes

Rest of exam unremarkable.

Sodium	114	135–145 mmol/L
Potassium	3.8	3.5–5.0 mmol/L
Urea	40	upto 40mg/dl
Creatinine	0.98	0.60–1.10 mg/dl

1. **What is the main metabolic abnormality? what are possible precipitating factors?**
2. **classify other causes of this metabolic abnormality and their main differentiating features?**
3. **how you will manage this patient?**

The patient was given 4 L of 0.9% saline over the next 24 hours. The following morning, she became more confused, drowsy and dysarthric. When a neurological examination was performed, she had reduced power throughout all muscle groups and there was increased tone and brisk reflexes in the lower limbs. Her blood tests showed a sodium level of 138 mmol/L.

- **Why has the patient deteriorated?**