

**DELIRIUM PROTOCOL****ACUTE CARE FOR ELTERS (ACE)**

**NURSING-BASED INTERVENTIONS TO
PREVENT DELIRIUM**

FACTOR	INTERVENTIONS
Sleep	Maintain 4-6 hours of uninterrupted sleep each night. If the patient complains of insomnia consider the following: <ul style="list-style-type: none"> - Decrease the environmental noise at night - Provide a drink of warm milk - Provide a back rubbing for 15 minutes - If the above failed then consider using a hypnotic drug.
Orientation	Orient patient about the date, place and reason for hospitalization Keep a clock and calendar inside the patient's room Keep light on from 7am (sunrise) to 7pm (sundown)
Environment	Encourage patient's family to bring personal items Encourage patient's family to bring hearing aid and glasses Encourage low stimulating family visits
Activity	Evaluate the appropriateness of restrictive activity order
Tethers	Evaluate the necessity of using <ul style="list-style-type: none"> - Foley catheter, - Restraints, - IV line and - Monitors
Pain	Identify and manage adequately
Constipation	Identify and manage adequately

**DELIRIUM PROTOCOL****ACUTE CARE FOR ELTERS (ACE)****MANAGING AGITATION-INDUCED DELIRIUM**

ASSESSMENT	INTERVENTION
<ul style="list-style-type: none"> - Vital signs (Pulse, BP, T, RR, and Pulse-oximetry) - Physical examination to diagnose and treat infectious process or other acute medical conditions (Pneumonia, pressure ulcers, MI, CVA...) - Urinalysis - Cr, Na, K, Ca, Glucose - CBC with differential - Review old and new anticholinergic medication (discontinue if benefit does not outweigh harms) - Review old and new benzodiazepines (discontinue if benefit does not outweigh harms) - Review the need for Foley catheter, IV lines, and other tethers (discontinue if benefit does not outweigh harms) 	<ul style="list-style-type: none"> • Consider professional sitter. • Assess the impact of agitation on pt safety and d/c Foley and other tethers if possible • Consider Trazodone 25 mg po q 6 hr PRN • If h/o ETOH consider Lorazepam 0.25- 0.5 mg PO/IM/IV q 4-6 hr PRN • If safety became an issue, sitter failed to ameliorate agitation, and reversing underlying medical condition is in process, then consider using Haloperidol 0.25 mg PO/IM/IV q 2-4 hr PRN for maximum dose of 2 mg per day then re-evaluate every 24 hrs and make sure to discontinue haloperidol prior to discharge.