IU GERIATRICS

DELIRIUM PROTOCOL

ACUTE CARE FOR ELDERS (ACE)

PHYSICIAN-BASED INTERVENTIONS TO PREVENT DELIRIUM

FACTOR	INTERVENTION
Cognitive Impairment	Continue / start cholinesterase inhibitors if patient has a possible or probable Alzheimer disease Avoid, discontinue, or substitute all anticholinergic medications
Anticholinergics	Avoid, discontinue, or substitute all anticholinergic medications
Benzodiazepines	Avoid or assess the need for these drugs then taper off
Pain	Maintain pain level of ≤ 3/10: Scheduled acetaminophen then scheduled narcotic if necessary Avoid mepridine or codeine
Constipation	Scheduled Sorbitol or stimulant (if narcotics are used for pain control)
Insomnia	Low dose trazodone (25 mg po qhs) or mitrazepine (7.5 mg po qhs)
Mobility	Eliminate Foley catheter and physical restraints and order early mobilization if appropriate
High risk for alcohol withdrawal	Consider scheduled short acting benzodiazepine
Dehydration	Maintain BUN /Crt < 20/1 & Maintain normal level Na

INDIANA UNIVERSITY CENTER FOR AGING RESEARCH
Malaz Boustani, MD, MPH

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MANAGING AGITATION-INDUCED DELIRIUM

ASSESSMENT	INTERVENTION
- 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)	• 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.

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Malaz Boustani, MD, MPH
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