**NURSING-BASED INTERVENTIONS TO PREVENT DELIRIUM**

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<th>FACTOR</th>
<th>INTERVENTIONS</th>
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| Sleep  | Maintain 4-6 hours of uninterrupted sleep each night.  
  If the patient complains of insomnia consider the following:  
  - 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  
  - Foley catheter,  
  - Restraints,  
  - IV line and  
  - Monitors |
| Pain | Identify and manage adequately |
| Constipation | Identify and manage adequately |

**MANAGING AGITATION-INDUCED DELIRIUM**

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<th>ASSESSMENT</th>
<th>INTERVENTION</th>
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| - 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. |