



ACTIVITY

EARLY AMBULATION

- PT/OT Consult
- Out-of-Bed to Chair
- Proactive Line Removal (Foley/NGT/Leads)

COGNITIVE STIMULATION

- Basic:**
 - Introductory Script
 - good (morning/evening/afternoon),
 - my name is (your name),
 - you are in (unit and hospital name) for treatment of (illness) and
 - today is (day and date),
 - I am here to (your visit purpose).
- Medium**
 - Mandala
- Advanced**
 - Puzzles (Crossword/Sudoku)
 - Board/Card Games

COMFORT

SENSORY CORRECTION/COMMUNICATION

- Hearing Aid
- Glasses
- Interpreter Services/Communication Board to Overcome Language Barrier
- Temperature and Bedding Adjustment

FEEDING/ELIMINATION

- Nutrition Consult
- Ensure Dentures/Dental Comfort
- Reassess NPO/Dietary Restrictions Daily
- Assist with Feeding During Meal Times
- Record Food Intake
- Encourage Fluid Intake Unless Restricted
- Every 2 Hour Toileting (Except Quiet Hours)
- Bladder Scan if No Urine In 8-Hour Period

ENVIRONMENT

SLEEP HYGIENE

- Daytime
- Exposure to Natural Daylight
 - Avoid Caffeinated Drinks After 2PM
- Nighttime
- Quiet Hours (10PM - 6AM)*
- Turn Off Lights and Media
 - Use Eye Shades
 - Minimize Noise
 - No Non-Urgent Tests/Meds
 - Night Time Vent Settings

FAMILIAR STIMULUS

- Clock, Updated White Board Every Shift
- Family Presence if Possible
- Family Photos
- Personal Items from Home
- Personalized Music

LOW DOSE ANTIPSYCHOTIC FOR AGITATION/PSYCHOSIS*

GENERIC NAME	USUAL DOSE RANGE (MG/DAY)	ROUTE	CAUTIONS TO BE OBSERVED		
			EPS SYMPTOMS	QTc PROLONGATION	ORTHOSTATIC HYPOTENSION
HALOPERIDOL	0.25 - 4	PO/IM/IV	+++	++ (MORE WITH IV USE)	+
QUETIAPINE	0.25 - 4	PO	+/-	+++	+++
RISPERIDONE	0.125 - 2	PO/ODT	++	+	++

- Avoid/Minimize Use of Benzodiazepines/Anticholinergics/Opiates
- Use Acetaminophen PO/IV for Pain if Feasible
- Use Melatonin for Sleep Phase Regulation
- Judicious Use of Low Dose Antipsychotics for Agitation/Psychosis*

- IF DELIRIUM PERSISTS, REQUEST PSYCHIATRIC CONSULTATION -