

Delirium Order Sets



For all patients at risk for or experiencing delirium / acute encephalopathy unrelated to alcohol withdrawal.

Consult pharmacist for any patient with parkinsonism, Lewy body dementia or QTC prolongation.

TO BE USED BY



Nonpharmacological Interventions



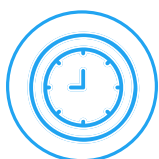
Activity

- ✓ Mobilize to full potential: ambulate 3x/day ; bed/chair exercise 3x/day x 10 min
- ✓ Up in chair for meals



Eliminations

- ✓ Discontinue indwelling urinary catheter (per protocol)
- ✓ Scan bladder post void x1 and straight catheterize if >300 ml residual
- ✓ Bowel regimen
- ✓ Digital rectal exam for fecal impaction
- ✓ Scheduled toileting individualized to patient needs



Orientation

- ✓ Orient patient to the day, time, location, and circumstance at each encounter
- ✓ Provide visual orientation cues (clock, calendar, updated whiteboard)



Communication

- ✓ Hearing aid/amplifier
- ✓ Eyeglasses
- ✓ Dentures
- ✓ Picture board
- ✓ Interpreter



Comfort

- ✓ Proper room temperature
- ✓ Massage (back, feet) BID and prn
- ✓ Personalized music
- ✓ Meditation
- ✓ Clergy visit



Consistency of Routine

- ✓ Familiar items from home
- ✓ Family presence/involvement in care
- ✓ Consistent nursing staff
- ✓ Avoid unnecessary room changes



Sleep/Rest

- ✓ Shades up and lights on during the day
- ✓ Dim lights and shades down at night with bathroom light on
- ✓ Limit daytime sleeping
- ✓ Consolidate care during nighttime sleeping hours to minimize awakenings
- ✓ Eye mask at night
- ✓ Earplugs at night
- ✓ Avoid excess noise



Nutrition/Hydration

- ✓ Assist with meals
- ✓ Offer fluids every 2 hours while awake
- ✓ Offer liquid nutritional supplements during medication administration
- ✓ Monitor intake and output every 8 hours
- ✓ Dentures secured as appropriate
- ✓ Confirm need for any NPO order > 24 hours
- ✓ Bolus IV fluids if IV dislodgement is a threat



Cognitive Stimulation/Socialization

- ✓ Volunteer visits
 - ✓ Personalized activities (individualized vs guided) to fit the patient's abilities and interests
 - ✓ Pet therapy
 - ✓ Art therapy
 - ✓ Music therapy
 - ✓ Integrative medicine
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Safety

- ✓ Hourly intentional rounding
- ✓ Fall risk precautions
- ✓ Low bed
- ✓ Room close to nursing station
- ✓ Reminders (self-release Velcro belt, call before you fall)
- ✓ Video monitoring
- ✓ One-to-one supervision
- ✓ Apparatus disguiser (arm sleeves or long sleeve shirts to conceal IV tubing, busy apron)



Laboratory

Basic work-up

- ✓ Comprehensive metabolic panel
- ✓ Complete blood count
- ✓ Urinalysis

Additional tests to consider based upon individualized symptoms or suspected etiologies.

- ✓ Cardiac enzymes: troponin, creatine kinase, creatine kinase MB
- ✓ Erythrocyte sedimentation rate and C-reactive protein
- ✓ Blood cultures
- ✓ Urine culture
- ✓ Wound culture
- ✓ Sputum culture
- ✓ Thyroid stimulating hormone and free T4
- ✓ Vitamin B12 and folate
- ✓ Arterial blood gas
- ✓ Toxicology panel (includes levels of prescribed and non-prescribed substances)
- ✓ Rapid plasma reagin
- ✓ HIV test
- ✓ Ammonia
- ✓ Cerebral spinal fluid studies

Imaging/Diagnostic Studies

Basic work-up

- ✓ Chest X-ray
- ✓ Electrocardiogram

Additional tests to consider based upon individualized symptoms or suspected etiologies.

- ✓ CT brain
- ✓ MRI brain
- ✓ EEG
- ✓ Abdominal X-ray (“KUB”)

Pharmacy

Review all medications and taper/discontinue potentially inappropriate deliriogenic meds as appropriate (anticholinergics, antispasmodics, benzodiazepines, sedative/hypnotics)

For discomfort, consider:

- ✓ Acetaminophen 650 mg PO every 8 hours while awake for comfort (except in liver failure)

For bowel management, consider:

- ✓ Docusate sodium 100 mg PO bid
- ✓ Bisacodyl suppository 10 mg rectally if no BM x 3 days

In cases of severe agitation that is distressing to the patient and interferes with care, consider one of the following scheduled regimens:

- ✓ Quetiapine 12.5 mg PO every 8 hours x 24 hours (hold for lethargy, dysphagia, hypotension). Provider may titrate up if ineffective in relieving severe restlessness
- ✓ Haloperidol 0.25 mg IM or IV every 4 hours x 24 hours (hold for lethargy, dysphagia, hypotension). Provider may titrate up if ineffective in relieving severe restlessness
- ✓ Olanzapine 2.5 mg PO every 12 hours x 24 hours (hold for lethargy, dysphagia, hypotension)
- ✓ Risperidone orally disintegrating tablet 0.5 mg every 12 hours x 24 hours (hold for lethargy, dysphagia, hypotension)
- ✓ 12-lead EKG daily to monitor QTC interval when receiving scheduled antipsychotics for > 24 hours. Notify provider if QTC greater than 500 ms or 20% greater than baseline.

Patients in ICU settings may require more assertive medication dosing to achieve a calm state. The goal is to use the lowest dose possible for the shortest amount of time. Be aware of new-onset hypoactive delirium related to oversedation.

Consults

- ✓ Pharmacy (for overall medication review or for assistance with any patient with Parkinsonism, Lewy Body Dementia or QTC prolongation requiring antipsychotics)
- ✓ Physical therapy
- ✓ Occupational therapy
- ✓ Speech therapy
- ✓ Geriatrics (for patients age 65+ with delirium not improving after 24 hours)
- ✓ Psychiatry (for patients with a significant pre-existing mental health disorder or patients < age 65 with delirium not improving after 24 hours)
- ✓ Palliative care
- ✓ Integrated medicine
- ✓ Nutrition



FOR MORE INFORMATION VISIT
[American Delirium Society](#)