Interventions for Delirium

1. **Orientation**
   - Reorient patient; utilize calendars & clocks
   - Allow familiar objects from patient’s home in the room
   - Allow TV during day with daily news
   - Bath patient during the day
   - Use patient’s eye glasses/hearing aids

2. **Environment**
   - Lights off at night, on during day
   - Control excess noise at night
   - Mobilize patient early and often
   - Allow non verbal music

3. **Adequate Analgesia**
   - Assess and Document Pain utilizing the appropriate scale; notify MD for inadequate pain control

4. **Decrease Sedation**
   - Reassess sedation targets; **Goal** – Cooperative, oriented and tranquil and/or responding to commands.
   - Daily interruptions of sedation and awakening

5. **Drugs that may Exacerbate Delirium**
   - Consider discontinuation or dose reduction
   - Benzodiazepines – Diazepam (Valium)
     - Clonazepam (Klonopin)
     - Lorazepam (Ativan)
     - Midazolam (Versed)
     - Temazepam (Restoril)
   - Opioids - morphine, hydromorphone, meperidine, hydrocodone (Lortab), oxycodone (Percocet), propoxyphene (Darvocet)
   - Propofol (Diprivan)
   - Diphenhydramine (Benadryl)
   - Famotidine (Pepcid)
   - Promethazine (Phenergan)

6. **Consider Evaluation of the Following:**
   - Infection, Hypoxia, Fluid & Electrolyte Imbalances, Metabolic Disturbance, Neurological Disturbances, Hypo/Hyperthermia
   - CMP
   - TSH
   - Other:
     - CBC w/diff
     - LFTs
     - Urinalysis
     - Blood culture
     - Ammonia level
     - Blood culture

Management of Delirium begins with Recognizing and Treating the underlying causes.

Episodes of acute delirium/severe agitation may be managed with minimal use of physical or chemical restraint. See page 2

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MD Signature: [Signature]
Date: [Date]
Time: [Time]

RN Signature: [Signature]
Date: [Date]
Time: [Time]
7. Medications for Delirium ± Agitation

If any of the below medications are selected:

- Document baseline QTc
- Monitor QTc interval with change of caregiver
- Hold Medication and Notify MD if QTc > 500 msec or an increase of 30 msec from baseline
- Monitor for Extrapyramidal Syndrome (EPS) and Neuroleptic Malignant Syndrome and Notify MD
- Notify MD if > 20 mg haloperidol required/24 hours

Haloperidol is the preferred medication. If unable to take PO or IV therapy, or QTc prolonged by haloperidol, olanzapine (Zyprexa) may be used.

**Acute Symptom Management**

- [ ] Haloperidol ________ mg IV q 30 min prn delirium or agitation *(suggested dose 2 - 5 mg)*
- [ ] Olanzapine (Zyprexa) ________ mg orally disintegrating tablet placed in mouth, may repeat in 4 hours x2 if needed *(suggested dose 5 - 10 mg)*

**Maintenance Therapy**

- [ ] Haloperidol ________ mg PO or IV q6h *(suggested dose 0.5 - 5 mg)* PRN
- [ ] Olanzapine (Zyprexa) ________ mg orally disintegrating tablet placed in mouth daily PRN *(suggested dose 5 mg initially, up to 10 mg may be required)*

8. Misc Orders

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EXTRAPYRAMIDAL SYNDROME

- **Dystonia:** SEVERE MUSCLE SPASM—
  - Severe, painful, intermittent, and involuntary muscle spasm of the face, tongue, neck, trunk, or extremities
  - May involve neck twisting (*torticollis*), upward gaze (*oculogyric crisis*), opisthotonus (*lateral eye deviations*), tongue protrusion
  - Laryngeal spasm, possible stridor which may compromise airway → **life threatening**

- **Akathisia:**
  - Objective signs: Motor restlessness including pacing, shifting, shuffling, tapping feet. Patient is unable to stay still
  - Subjective: Patient states they are tense and need to keep in constant motion

- **Tardive dyskinesia:**
  - Lip smacking, rhythmic tongue movements, chewing motions. These may interfere with ability to speak, chew, swallow
  - Unusual postural hyperextension such as pelvic thrusting, rocking, swaying

NEUROLEPTIC MALIGNANT SYNDROME SYMPTOMS

- Muscle rigidity: hypertonia, cogwheeling, “lead pipe” rigidity
- Hyperthermia (38.6° to 42.3°, usually < 40°)
- Labile blood pressure: hypertension or postural hypotension
- Tachycardia
- Autonomic symptoms/dysregulation: diaphoresis, sialorrhea (excessive saliva), skin pallor, urinary incontinence
- Agitation, catatonia, fluctuating consciousness, obtundation

*NOT PART OF THE MEDICAL RECORD*