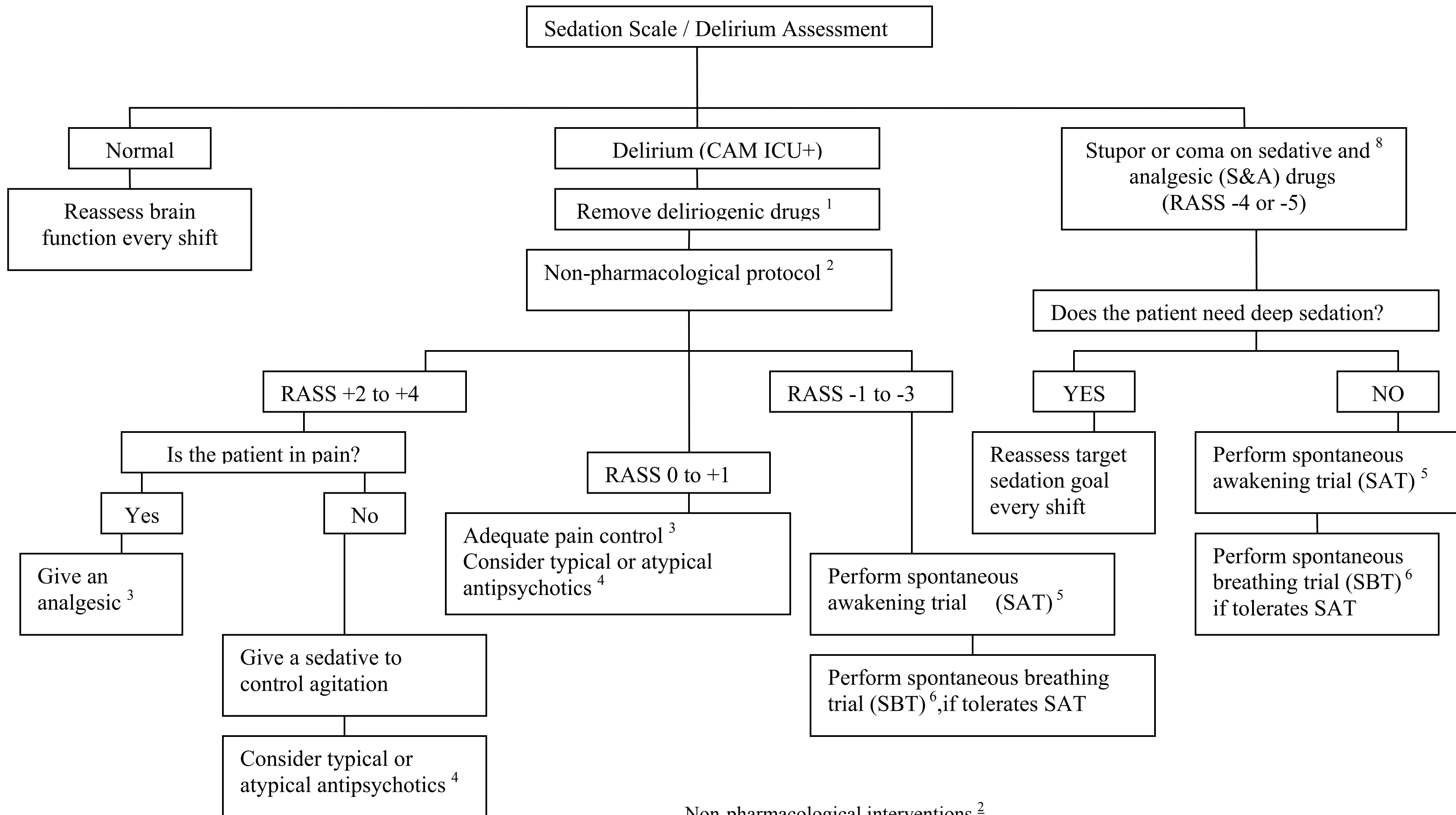
DELIRIUM PROTOCOL



1. Remove deliriogenic medications – Substitute meds such as benzodiazepines, anticholinergic medications (metochlorpromide, H2 blockers, promethazine, diphenhydramine), steroids etc
2. Non pharmacological interventions – see table
3. Analgesia – Adequate pain control may decrease delirium. Consider intermittent morphine if feasible.
4. Atypical or typical antipsychotics – may consider 1-2 mg haloperidol as starting doses in elderly. Usual maximum dose is 20 mg/day of haloperidol. Monitor EKG
5. Spontaneous Awakening Trial (SAT) – Stop sedation or decrease infusion by ½, especially benzodiazepines, till RASS 0 to –2, as tolerated.
6. Spontaneous Breathing Trial (SBT) – CPAP/PS trial if on <50% and ≤ 8 PEEP
7. S&A – Sedative and analgesics drugs – commonly benzodiazepines, propofol, fentanyl, or morphine

Non-pharmacological interventions [2]

Orientation

Provide visual and hearing aids
Encourage communication and orientation to day/time/location by nurses and family
Have familiar objects from patient's home in the room
Attempt consistency in nursing staff
Allow television during day with daily news
Non-verbal music

Environment

Sleep hygiene: Lights off at night, on during the day. Consider sleep aids (zolpidem, mirtazapine)
Control excess noise (staff, equipment, visitors) at night
Ambulate or mobilize patients

Clinical parameters

Maintain systolic blood pressure > 90 mm Hg
Maintain saturations >90%
Treat underlying metabolic derangements and infections
Discontinue any unnecessary and potentially deliriogenic medications