

DELIRIUM

I. Definition

Disordered mentation and behavior (ICU psychosis). Elderly are more susceptible. Acute onset of confusion and an altered level of consciousness, an organic mental disorder that is usually reversible.

II. Subjective Data

- A. Abnormalities of perception (Illusion, hallucinations)
- B. Disordered thinking (loosening of associations)
- C. Abnormal thought content (paranoid delusions)
- D. Mood disturbances (depression or excitation)
- E. Disorganized behavior (picking at bed sheets or IV tubing)
- F. Disturbances of sleep/wake cycle

III. Objective Data

- a. May be accompanied by other CNS derangement
 - 1. Asterixis
 - 2. Tremor
 - 3. Dysphagia
 - 4. Slurred or aphasic speech
 - 5. Trouble following commands
 - 6. Abnormal cortical and deep tendon reflexes

IV. Assessment

- a. Assess for organic & drug related disturbances (WWHHHHIMP)
 - 1. Withdraw from sedatives-hypnotics or other drugs
 - 2. Wernicke's encephalopathy
 - 3. Hypertensive crisis
 - 4. Hypoxia
 - 5. Hypoglycemia
 - 6. Hypoperfusion of the brain
 - 7. Intracranial bleeding
 - 8. Meningitis/Encephalopathy
 - 9. Poisoning

V. Plan

- A. The Nurse Practitioner may order and perform the following:
 - 1. Reverse the underlying causes & prevent potentially irreversible brain failure.
 - 2. Ease psychic pain.
 - 3. Control abnormal behavior that is disruptive & potentially dangerous both to patient & staff.
 - 4. For non-specific Delirium – Neuroleptics
 - a. Haldol

- b. Look for Extrapyrarnidal symptoms (akathisia, acute dystonia, parkinsonism)
- c. Monitor combined therapy with beta-blockers – possible hypotension & heart block
- d. With use of IV Haldol – monitor QT interval, stop if QT increases > 25% of baseline
- e. Consider addition of anticholinergic agent (benztropine)

B. Protocol for use of Haloperidol

Intensity of Agitation (Allow 15-20 mins. before next dose.)	Dose
Mild	5.0 mg
Moderate	5.0 – 10.0 mg
Severe	10 or more

1. If agitation persists, double dose every 20 mins. until agitation subsides.
2. If patient is calming, repeat dose at next dosing interval.
3. Adjust dose & interval to patient's clinical course.
4. Regular, not prn, dosing is advised.