Interior Health

DELIRIUM GERIATRIC ACUTE CARE

Weight (kg)

Bulleted orders are initiated by default, unless crossed out and initialed by the MRP. Boxed orders (☐) require MRP check mark (☑) to be initiated.

1. ALLERGIES: SEE ALLERGY/ADR RECORD

2. FOLLOW DELIRIUM CLINICAL PRACTICE STANDARD AND PROCEDURE

- Note: this PPO applies to both hypoactive and hyperactive delirium

3. ACTIVITY

- Mobilize, monitor skin integrity
- Sit up in chair for meals; tray within reach; open food containers, monitor fluid intake; monitor bowel movements
- Support dressing in own clothes
- Support day/night cycle; ensure wearing dentures, visual and hearing aids
- Memory prompts: calendar, clocks, photos, sign on the bathroom door; involve family and friends
- Cue for reorientation: date, place, time, reason for hospital admission
- Avoid room and bed changes

4. LABORATORY

- If not done in past 24 hours: CBC, Creat, Lytes, Alb, Mg, Ca, ALT, GGT, Bili, BUN, Glucose, PO_4, and Ammonia
- If not done in previous month: TSH, B12, HIV, and syphilis

☐ Urine C & S via in-and-out catheter

Delay antibiotic treatment in suspected UTIs unless signs of sepsis are present. Hydrate for 24 hours prior to treating UTIs with antibiotics.

☐ Urine R & M
☐ Urine drug screen
☐ Blood Culture

5. DIAGNOSTICS

- Post void residual (PVR) via ultrasound bladder scanner; if PVR greater than 300 mL notify MRP

☐ CXR (Indication: delirium)
☐ CT Head (Indication: delirium)
☐ ECG (Indication: delirium)

6. HYDRATION

- Maintain oral fluid intake of minimum 1,000 mL over 24 hours (use caution in cardiac and renal patients)

☐ IV fluid _____ at _____ mL/hr
OR
☐ Subcutaneous Infusion _____ at _____ mL/hr

- ONLY use normal saline or ½ normal saline (**NO dextrose, potassium or glucose to be added**)
- MAX rate: 75 mL/hr (Recommend for Frail Elderly: 50 mL/hr)

Date (dd/mm/yyyy)	Time	MRP Signature	Printed Name or College ID#
/ /			

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829560 Oct 24-16

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7. MEDICATIONS

- Review all medications as potential contributors to delirium
- Discontinue dimenhyDRINATE
- Complete site specific bowel protocol (regular protocol or renal protocol if eGFR less than 30 mL/min)

For nausea:

☐ **ondansetron 4 mg PO/IV Q8H PRN × 3 days,** then reassess

For pain:

☐ **acetaminophen _____ mg PO QID (max 4,000 mg/24 hours, from all sources)** ****OR****

☐ **acetaminophen 650 mg PR QID**

For severe agitation or psychosis, especially when the safety of a patient and / or staff is at risk:

- Antipsychotic medications have been associated with an increased risk of stroke, myocardial infarction and death when used to treat behavioral and psychiatric symptoms of dementia.
- Avoid use of haloperidol in patients with underlying Parkinson's disease or Lewy Body Dementia.
- Avoid use of QUEtiapine in patients with prolonged QT.
- Obtain consent from substitute decision maker when possible.
- Discontinue any antipsychotic medications upon discharge.

For persistent, severe agitation or psychosis: **CHOOSE ONE of the following**

☐ **haloperidol** **0.5 mg PO BID × 3 days,** then MRP to reassess
****PLUS**** **0.25 to 0.5 mg PO Q4H PRN x 3 days,** then reassess (maximum 5 mg/24 hrs from all sources)

☐ **QUEtiapine** **12.5 mg PO BID × 3 days,** then MRP to reassess
****PLUS**** **12.5 to 25 mg PO Q4H PRN × 3 days,** then reassess (maximum 150 mg/24 hrs from all sources)

☐ **loxapine** **2.5 mg PO BID × 3 days,** then MRP to reassess
****PLUS**** **2.5 to 5 mg PO Q4H PRN × 3 days,** then reassess (maximum 25 mg/24 hrs from all sources)

☐ **risperiDONE** **0.25 mg PO BID × 3 days,** then MRP to reassess
****PLUS**** **0.25 mg PO Q4H PRN × 3 days,** then reassess (max 2 mg/24 hrs from all sources)

☐ **OLANZapine** **1.25 mg PO DAILY × 3 days,** then MRP to reassess
****PLUS**** **1.25 to 2.5 mg PO Q4H PRN × 3 days,** then reassess (max 10 mg/24 hrs from all sources)

For persistent, severe agitation or psychosis in patients with underlying Lewy Body syndrome or Parkinson's

☐ **QUEtiapine** **6.25 mg PO BID × 3 days,** then MRP to reassess
****PLUS**** **6.25 to 12.5 mg PO Q4H PRN × 3 days,** then reassess (maximum 75 mg/24 hrs from all sources)

For severe agitation when an oral agent cannot be used (do NOT use for Lewy Body Syndrome or Parkinson's)

☐ **haloperidol** **0.25 mg IM/SC Q1H PRN x 3 days,** then MRP to reassess (maximum 5 mg/24 hrs from all sources)

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