Reassess patient regularly

Start prevention steps (requires an interdisciplinary approach) for:
  • Disorientation
  • Dehydration
  • Immobilization
  • Pain
  • Vision and hearing impairment
  • Sleep deprivation
  • Inappropriate medications
  • Tethers
  • Other symptoms

Identify and start treatment of underlying problems
  • Check vital signs, temperature, blood glucose, etc, and perform clinical examination
  • After a fall, check for symptoms of intracranial bleeding
  • Check for pain, infection, dehydration, bleeding, withdrawal, urinary retention, constipation, falls, cardiac or pulmonary problems, electrolyte abnormalities

Start nonpharmacological treatment (requires an interdisciplinary approach) for:
  • Disorientation, dehydration, immobilization, pain, vision and hearing impairment, sleep deprivation, inappropriate medications, tethers, hallucinations, constipation

Assess using Confusion Assessment Method (CAM) or other validated instrument

Is the patient acutely confused?

I am not sure

Delirium is suggested

Delirium is NOT suggested

Is the patient at risk for delirium?

No

Yes

Score ≥ 5 (high risk)
Score < 5 (low risk)

Is the patient improving?

No

Yes

Check for another underlying problem
  Is the patient’s safety endangered or are there distressing/psychotic symptoms?

Consider prescribing a delirium medication (not FDA-approved)
  Haloperidol, risperidone, quetiapine, olanzapine

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Notes (for local protocols, dosages, etc)

References