

How can we prevent Delirium?

Inouye, et al. N Engl J Med. 1999 Mar 4;340(9):669-76

Orientation Protocol (1-3 times/day)

- communication boards
- wall calendar

Therapeutic Activities Protocol (3 times/day)

- cognitively stimulating activities (discussions, reminiscence, word games)

Sleep Enhancement Protocol

- warm drinks, back massage
- relaxation tapes, music
- comfort strategies
- noise reduction strategies
- scheduling care to allow sleep

Early Mobilization Protocol

- ambulation or range-of-motion exercises (3 times/day)
- encouragement to be out of bed
- minimal use of immobilizing equipment (catheters, restraints)

Vision Protocol

- visual aids (glasses, magnifier)
- adaptive equipment (fluorescent tape on callbell, large-print books)
- adequate lighting

Hearing Protocol

- earwax removal
- hearing aid
- portable amplifying devices
- special communication techniques

Dehydration Protocol

- encouragement of oral intake of fluids

Other interventions include:

- correcting electrolyte imbalance and severe anemia
- minimizing use of drugs known to affect mental status
- family visits and family involvement
- adequate nutrition

How can we manage Delirium?

Nonpharmacological Interventions

- Ensure that all interventions for the prevention of delirium have been initiated.
- To resolve delirium, the underlying cause must be identified and treated where possible as pharmacological interventions are treating only the symptoms of delirium.

Plus

- Ensure the safety of self, others, and the patient.
- Facilitate closer observation by placing patient in a room closer to nurses' station.
- Investigate the causes. Consider the common triggers listed on reverse.
- Provide consistent staffing, preferably primary nursing.
- Allow flexible visiting hours for the family in limited numbers.
- Facilitate communication by using simple and clear instructions, using calm reassurance, and avoid arguing with patient about perceptions.

Pharmacological Interventions

- Pharmacological interventions should be used only when the patient poses a danger to self or others, or when symptoms cause significant suffering.
- The older delirious patient is vulnerable to side effects of antipsychotic medications so dosing should be conservative. In general, the lowest effective dose is optimal.
- Medications should have dose restrictions and be re-evaluated on an ongoing basis.

Evaluation of Interventions

Patients are improving when they have the ability to maintain and shift attention and have a normal level of consciousness.

Test of attention span: able to recite 5 numbers forward and 4 backwards, or days of the week/months of the year backwards



Refer to the Delirium Recognition, Prevention, and Management Guidelines on your unit for further details. Contact your Geriatric or Psychiatric Consultation Team.

(September 2003) rev. July 2004