DELIRIUM PROTOCOL

Sedation Scale / Delirium Assessment

Non-delirious (CAM-ICU negative)
Reassess brain function every shift
Treat pain and anxiety

Delirious (CAM-ICU positive)
Consider differential dx e.g. Sepsis, CHF, metabolic disturbances
Remove delirioegenic drugs ¹
Non-pharmacological protocol ²

RASS +2 to +4
Is the patient in pain?
Yes
Give analgesic ³
No
Give adequate sedative for safety then minimize
Consider typical or atypical antipsychotics ⁴

RASS -1 to -3
RASS 0 to +1
Assure adequate pain control ³
Consider typical or atypical antipsychotics ⁴

Reassess target sedation goal every shift

Stupor or coma while on sedative and analgesic drugs ⁷
(RASS -4 or -5)
Does the patient require deep sedation?
YES
Perform SAT ⁵
NO
If tolerates SAT, perform SBT ⁶
If tolerates SAT, perform SBT ⁶

1. Consider stopping or substituting for deliriogenic medications such as benzodiazepines, anticholinergic medications (metochlorpromide, H2 blockers, promethazine, diphenhydramine), steroids etc
2. See non pharmacological protocol – at right
3. Analgesia – Adequate pain control may decrease delirium. Consider intermittent narcotics if feasible. Asses with objective tool.
4. Typical or atypical antipsychotics- While tapering or discontinuing sedatives, consider haloperidol 2 to 5 mg IV initially (0.5-2 mg in elderly) and then q 6 hours. Guideline for max haloperidol dose is 20 mg/day due to ~60% D₂-receptor saturation. May also consider using any of the atypicals (e.g. olanzapine, quetiapine, risperidone, ziprasdone, or abilifide). Discontinue if high fever, QTc prolongation, or drug-induced rigidity.
5. Spontaneous Awakening Trial (SAT) – Stop sedation or decrease infusion (especially benzodiazepines) to awaken patient as tolerated.
6. Spontaneous Breathing Trial (SBT) – CPAP trial if on ≤50% and ≤ 8 PEEP and Sats 90%
7. Sedatives and analgesics may include benzodiazepines, propofol, dexmedetomidine, fentanyl, or morphine

Non-pharmacological protocol ²
Orientation
Provide visual and hearing aids
Encourage communication and reorient patient repetitively
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 day. Sleep aids (zolpidem, mirtazapine)?
Control excess noise (staff, equipment, visitors) at night
Ambulate or mobilize patient early and often
Clinical parameters
Maintain systolic blood pressure > 90 mm Hg
Maintain oxygen saturations >90%
Treat underlying metabolic derangements and infections

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www.ICUdelirium.org