### Hypoactive Delirium

**Evaluate** possible causes of delirium ("BRAIN MAPS").

**Use** the Pediatric Road Map to guide discussion for goals during clinical rounds.
1. Where is my patient now? → Sedation scales, delirium monitoring.
2. How did they get there? → Seriously evaluate for over-sedation.
3. Where are they going? → Consider benefit of sedation as now risk high.
4. How do we get them there? → Consider titration of sedation.

**Institute** preventative measures for delirium if appropriate.
- Normalize sleep wake cycle if possible.
- Create/maintain a stable routine of patient care and periods of rest.

**Obtain** psychiatric or pharmacy consultation.
- Consider atypical antipsychotics such as risperidone to treat delirium symptoms such as apathy, withdrawal, and sleep wake cycle disturbances.
- Consider aggressive titration of highly deliriogenic drugs (benzodiazepines).
- Consider transition to less deliriogenic drugs (dexmedetomidine).

### Hyperactive Delirium

**Mild to Moderate Agitation:** (RASS +1 to +2) or (SBS +1)

**Evaluate** possible causes of delirium ("BRAIN MAPS").

**Use** the Pediatric Road Map to guide discussion for goals during clinical rounds.
- Consider sources of patient’s agitation.
- Aggressively re-evaluate adequacy of analgesia and adjust if needed.

**Institute** preventative measures for delirium if appropriate.
- Normalize sleep wake cycle if possible.
- Create/maintain a stable routine of patient care and periods of rest.

**Obtain** psychiatric or pharmacy consultation.
- Consider antipsychotics to improve periods of agitation and symptoms of delirium such as inconsolability, unawareness of surroundings, etc.
- Consider role of withdrawal from sedatives or opioids.
- Consider medical therapy to improve sleep-wake cycle.

**Critically Elevated Level of Agitation:** (RASS +3, +4) or (SBS +2, +3)

**Ensure** adequate analgesia immediately.

**Ensure** patient safety with acute sedative or antipsychotic administration such as haloperidol.

**Obtain** psychiatric or pharmacy consultation.
- Transition to antipsychotics and anxiolytics for directed treatment of anxiety and agitation in the setting of delirium, rather than deliriogenic sedatives used for general “sedation.”