Avoid use of all 1st Generation Antihistamines with the Delirium Prevention Order Set. The Delirium Treatment Order Set is also available for use.

### General

- **Vital Signs for Delirium Prevention**
  - Vital signs: Routine, Every 4 hours
  - Pulse oximetry: PRN, With Vitals.
  - Orthostatic blood pressure: On admission.

- **Notify Physician for Delirium Prevention**
  - Notify physician (specify): Routine, Until discontinued starting Today at 1008 Until Specified
  - Notify physician (specify): Notify MD if no bowel movement in 48 hours or available bowel regimen.
  - Notify physician (specify): Routine, Until discontinued starting Today at 1008 Until Specified
  - Notify physician (specify): If patient unable to maintain adequate intake.
  - Notify physician (specify): Routine, Until discontinued starting Today at 1008 Until Specified
  - Notify physician (specify): Notify MD if if new positive CAM-ICU score (new onset delirium).

### Activity for Delirium Prevention

- **Assist Patient**
  - Until discontinued starting Today at 1008 Until Specified
  - With Eyeglasses, Hearing Aids and Dentures.

- **Rooming In**
  - Routine, Until discontinued starting Today at 1008 Until Specified
  - Allow family, caregiver, or companion to spend night with patient.

- **Orient Patient**
  - Routine, Until discontinued starting Today at 1008 Until Specified
  - Reorientation of patient at each encounter.

- **Orient Patient**
  - Routine, Until discontinued starting Today at 1008 Until Specified
  - Date and clock visible to patient. Large face clock with correct time; current calendar indicating correct date.

- **Family Education (Specify)**
  - Routine, Once First occurrence Today at 1008
  - Educate family and/or caregivers about cognitive stimulation: (e.g., discuss current events, reminiscence, word games TID)

- **Family Education (Specify)**
  - Routine, Once First occurrence Today at 1008
  - Educate family and/or caregivers about delirium signs and symptoms.

- **Misc nursing order (specify)**
  - Routine, Continuous starting Today at 1008 Until Specified
  - Keep bed at lowest level.

- **Misc nursing order (specify)**
  - Add-On, Continuous starting Today at 1008 Until Specified
  - Schedule toileting: BSO or accompany patient to toilet q 2-3 hrs during the day and every 4 hours at night.

- **Nursing communication**
  - Routine, Until discontinued starting Today at 1008 Until Specified
  - Assure usual assistive devices are hand to support ambulation – e.g. walkers, canes, etc.

- **Up in chair**
  - Routine, 3 times daily
  - First occurrence Today at 1300 Until Specified
  - For Meals: Yes
  - Up in chair for all meals. 3 times daily as tolerated.
- **Encourage fluids**: Routine, until discontinued starting today at 1000 until specified. If patient is not on NPO status, encourage adequate oral fluid intake. Notify MD if unable to maintain adequate oral intake (< 1000 mL/24 h) to ensure adequate hydration.

- **Assist w/ Feeding Patient**: Until discontinued starting today at 1000 until specified. Food Assist: Assist as needed. Offer feeding assistance and encouragement during meals.

- **Sleep Enhancement**: Routine, until discontinued starting today at 1000 until specified. Consolidate visits (Vital Signs, nursing assessments, medications) to the fewest possible on the night shift.

- **Sleep Enhancement**: Routine, until discontinued starting today at 1000 until specified. Minimize room transfers within unit and off unit.

- **Sleep Enhancement**: Routine, until discontinued starting today at 1000 until specified. Prevent interruptions during 0200 - 0400 and 1400 - 1600.

- **Offer non-pharmacologic sleep protocol at bedtime (avoid medications)**: Routine, until discontinued starting today at 1000 until specified. Warm milk or non-caffinated tea if diet permits. Relaxation tape or music. Neck, hand or foot massage. Warm blanket. Offer ear plugs, eye mask.

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**Order Sets**

**Nursing Assessment for Delirium Prevention**

- **Assess**: Routine, daily first occurrence tomorrow at 0600 until specified. Assess for the continuing need for lines, tubes and restraints.

- **Sedation Assessment**: Routine, every 4 hours first occurrence today at 1200 until specified. RASS score.

- **CAM-ICU Delirium Assessment**: Routine, every shift first occurrence today at 1000 until specified. Document CAM-ICU score every shift and PRN change in level of consciousness or behavior.

- **Intake and Output**: Routine, every shift first occurrence today at 1000 until specified.

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**Nursing Interventions for Delirium Prevention**

- **Ambulate patient**: 3 times daily first occurrence today at 1300 until specified. Ambulation directions: 50 feet or more (to reduce risk of VTE). If unable to walk, active ROM TD.

- **Oral care**: Routine, every shift first occurrence today at 1000 until specified. Before eating and q hs/nighttime.

- **Bowel Care**: Routine, until discontinued starting today at 1000 until specified. Institute bowel program. Notify MD if no bowel movement in 48 hours on available bowel regimen.
UAHN IP Urinary Retention Management for Delirium Prevention

- DC Foley
  - Routine, Once First occurrence Tomorrow at 0000
  - DC Foley now.
- Intake and Output
  - Routine, Every shift First occurrence Today at 1000 Until Specified
  - Measure Output with each void.
- Bladder Scan
  - Routine, Every 4 hours First occurrence Today at 1200 Until Specified
  - Assess post void residual with bladder scan in patients after Foley removal if they are uncomfortable with the urge to void, or if the patient has not voided or is only voiding small incomplete amounts 4 hours after Foley removal, 4 hours after surgery or 4 hours after admission.
- Straight Cath
  - Routine, PRN starting Today at 1007 Until Specified
  - Straight catheterization if 1) PVR is greater than or equal to 400 ml and the amount voided is less than 1/3 the PVR or 2) the patient is symptomatic during urination and the PVR is greater than 200.
- Notify service
  - Routine, Until discontinued starting Today at 1008 Until Specified
  - Notify house officer if first and second straight catheterization after Foley catheter removal

Diet and Nutrition for Delirium Prevention

- Dietary Nutrition Supplements Ensure Complete - vanilla; with meals
  - Select Supplement: Ensure Complete - vanilla
  - Supplement frequency: with meals
  - If patient eats less than 50% of meal, offer supplement TID between meals

IV Fluids

- IV for Delirium Prevention
  - Saline lock IV
  - 10PM to 5AM (reduce falls and noise from infusion pumps)

Diagnostic Tests

- Diagnostic Test for Delirium Prevention
  - ECG 12 Lead - To monitor QTc
  - ECG prior to Haldol dosing.

Consults

- Consults for Delirium Prevention
  - Inpatient consult to Nutrition Services
  - PT eval and treat
  - OT eval and treat
  - Speech-Swallow, Cognitive, Language Eval and Treat
  - Inpatient consult to Pharmacy - Pharmacy to review patient meds? Yes, Check for drug interactions? Yes
  - Inpatient consult to Internal Medicine
  - Inpatient consult to Family Practice (SC only)
  - Inpatient consult to Geriatric Medicine (UC only)
  - Inpatient consult to Psychiatry
  - Inpatient consult to Social Work

Additional SmartSet Orders

- Click the Add Order button to add an order in this section
Draft Delirium Treatment Order Set

Supported by:

Arizona Geriatric Education Center
Artsen Foundation Geriatrics
University of Arizona Medical Center
Arizona Center on Aging

Please consider ordering the Delirium Prevention order set before ordering this Delirium Treatment order set.

Alert: If patient has CAM ICU score indicating acute delirium, please consider evaluation for potentially reversible causes of delirium. Common causes include but are not limited to the following:

- Acute neurological disorders
- Acute cardiovascular events (e.g., MI)
- Fecal impaction
- Immobilization (catheters, restraints)
- Infection, including sepsis
- Urinary retention
- Metabolic derangements
- Pain - untreated or uncontrolled
- Sensory impairment (hearing, vision)
- Sleep deprivation
- ETOH and substance abuse history
- Medication side effects
- Medication Overdose

General Purpose Medications

- Haloperidol
- Do not use Halodol for ETOH withdrawal
- Do not use Halodol for Parkinson's patients
- ECG 12 Lead - prior to medication
  - Routine, Once First occurrence Today at 0927
  - ECG before administering. Consider alternate medication if QT > 436 ms or QTc > 470 ms
- ECG 12 Lead - for all patients on haloperidol
  - Routine, Daily First occurrence Tomorrow at 0600 until Specified
  - ECG within 24 hours of initial dose and daily while N haloperidol still being administered to rule out QTc prolongation. Discontinue N haloperidol if QTc is > 500 ms or > 25% over baseline.
- Telemetry ECG instruction
  - Routine, Until discontinued starting Today at 0927 until Specified
  - For all patients receiving > 4mg N haloperidol (HALDOL) in 24 hr.
- Haloperidol lactate (HALDOL) injection - for moderate hyperactive delirium
  - 0.5 mg

- Quetiapine (Seroquel)
  - Quetiapine (SEROquel) tablet
    - 125 mg, Oral, Every 12 hours, for 3 days, Maximum 3 days
  - Quetiapine (SEROquel) tablet
    - 125 mg, Oral, Once PRN, moderate to severe delirium, May repeat 12.5 mg dose once 60 minutes after first dose, if need for severe delirium
### Labs

- **CBC, differential and Platelet Count**
  - Strongly recommended, if not already performed within past hours

- **Comprehensive Metabolic Panel**
  - Strongly recommended, if not already performed within past hours

- **Magnesium Level**
  - For 2 occurrences. Strongly recommended, if not already performed within past hours

- **Urine analysis with Microscopy, Culture if indicated**
  - Strongly recommended, if not already performed within past hours

- **Arterial Blood Gas/Clinometry**
  - Consider the following if clinically indicated.

- **Venous Blood Gas/Clinometry**
  - Consider the following if clinically indicated.

- **Troponin I**
  - Consider the following if clinically indicated.

- **Drugs of Abuse Screen, Urine**
  - Consider the following if clinically indicated.

- **Sedimentation rate, manual**
  - Consider if the above are inconclusive, but only if clinically indicated and not performed previously.

- **Thyroid Stimulating Hormone, Reflux FT4**
  - Consider if the above are inconclusive, but only if clinically indicated and not performed previously.

- **Ethanol Level**
  - Routine

### Imaging

- **Imaging for Delirium Treatment**
  - **XR chest 1 view**
    - Strongly recommended, if not already performed within past hours

### Diagnostic Tests

- **Diagnostic Tests for Delirium Treatment**
  - **ECG 12 Lead**
    - Strongly recommended, if not already performed.

### Consults

- **Consults for Delirium Treatment**
  - **Inpatient consult to Geriatric Medicine (UC only)**
  - **Inpatient consult to Neurology**
  - **Inpatient consult to Family Practice (SC only)**
  - **Inpatient consult to Pharmacy**
  - **Inpatient consult to Adult Psychiatry**

### Additional SmartSet Orders

Click the Add Order button to add an order in this section.