

Delirium in Older Adult

APPENDIX II

Action Taken

Date: _____

Time: _____

Definition of Delirium

Delirium is a disturbance of consciousness (reduced ability to focus, sustain, or shift attention), a change in cognition (memory deficit, disorientation, language disturbance) or the development of a perceptual disturbance not better accounted for by a pre-existing, established, or evolving dementia. The disturbance develops over a short period of time (hours to days) and tends to fluctuate during the course of the day. There is evidence from the history, physical, or laboratory findings that the disturbance is caused by the direct physiological consequence of a general medical condition.

1. **Establish the diagnosis of delirium (see definition above).**
2. **Review the patient's current medications and consider drug toxicity or drug withdrawal. For alcohol withdrawal use the CIWA protocol.**

Alcohol Withdrawal Protocol

3. **Investigate for a general medical cause of delirium.**

Check the appropriate investigations indicated from the list below:

- CBC differential electrolytes BUN Cr Ca Mg glucose TSH
 glucometer checks troponin INR PTT urinalysis C&S
 in & out catheter PRN oxygen saturation monitoring RT assessment
 arterial blood gases ECG chest x-ray CT scan head
 other: _____

4. **Review the following and order as medically indicated.**

If sedation is required choose one of the following:

- LOXAPINE 2.5MG PO/IM/SC at 1600H and 5MG at 2000H daily x 3 days then reassess.
 LOXAPINE 2.5-5MG PO/IM/SC up to QID PRN x 3 days then reassess.
 LOXAPINE _____
 RISPERIDONE 0.25-1MG PO daily x 3 days then reassess.
 RISPERIDONE _____
 LORAZEPAM 0.5MG PO/SL/IM at 1600H and 1MG at 2000H daily x 3 days then reassess.
 LORAZEPAM 0.5-1MG PO/IM/SC QID PRN daily x 3 days then reassess.
 LORAZEPAM _____
 OLANZAPINE 2.5-5MG PO BID PRN.
 OLANZAPINE _____

If analgesia is required (Avoid MEPERIDINE. Regular dosing is preferable):

- ACETAMINOPHEN _____ MG PO QID (regular dose) } maximum daily dose
 ACETAMINOPHEN _____ MG PO Q4H PRN } 4G daily
 MORPHINE _____

5. **Additional orders:** _____

6. **Specialty consult if required:**

- geriatric nurse specialist
 geriatrician
 geriatric psychiatrist

Physician's Signature &
Code: _____

PHA-		Pharmacy Approval:	White Copy - Chart Yellow Copy - Pharmacy
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