



Spreading Knowledge – Improving Outcomes

Delirium Prevention





Modifying Risk Factors



Orientation protocols



Cognitive stimulation



Facilitation of physiologic sleep



Early mobilization



Visual and hearing aids



Medication choice



Pain management



Avoiding and treating medical complications





Orientation Protocols



Clock



Calendar



Windows with outside views



Verbal reorientation





Cognitive Stimulation



Regular family visits



Decrease sensory stimulations



Familiar TV shows



Quran recitation or music therapy







Facilitation of Physiologic Sleep



Avoid administration of medications and medical procedures



Reduce nighttime noise



Use ear plugs



Darken the room at night





Early Mobilization



Physical therapy



Occupational therapy



Mobilization program

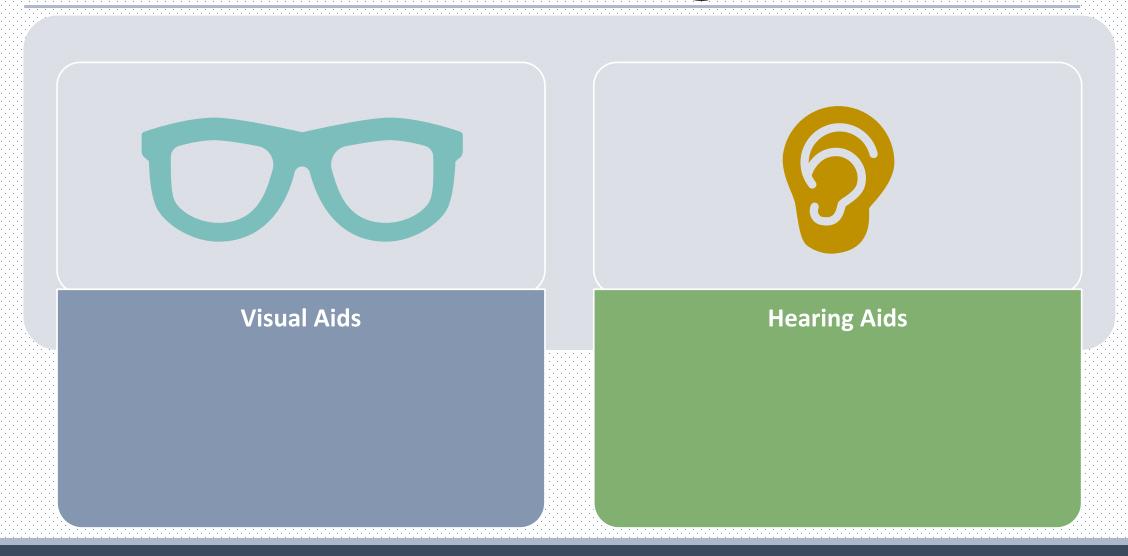


Minimize the use of physical restraints





Visual & Hearing Aids







Medication Review

Avoid medications that contribute to delirium: Benzodiazepines, opioids (meperidine in particular)

Use the least amount od sedatives and analgesics for the shortest time

Involve pharmacist





Optimize Medical Care

Tubes & lines

Hydration & nutrition

Oxygenation and infection monitoring and treatment

Pain management

Bowel and bladder care





Medications to Prevent Delirium

Cholinesterase inhibitors (eg, rivastigmine, donepezil)	
Antipsychotic agents	
Dexmedetomidine	
Gabapentin	
Melatonin	

SLEEP WAKE CYCLE



- Promote wakefulness during the day (i.e. natural light, open blinds)
- Optimize sleep at night (i.e. nonpharmacological interventions, minimize noise, cluster cares, limit caffeine, sleep hygiene)

TUBES, LINES, & RESTRAINT REMOVAL



- Discontinue catheter, IV, CVC, etc. as soon as possible
- Minimize &/or avoid restraint use
- · Camouflage tubes & lines

OXYGENATION



- Encourage lung expansion (i.e. deep breathing & coughing, mobility, etc.)
- Recognize signs & symptoms of hypoxia
- Complete spontaneous breathing & awakening trials as appropriate

PAIN MANAGEMENT



- Ensure adequate pain control
- Use nonopioids like acetaminophen
- · Use nonpharmacological methods (i.e. heat or cold, etc.)

Prevent & Manage: A Guide for Nurses



DRUG REVIEW



- Involve pharmacist
- Avoid medications that contribute to delirium
- · Use least amount of sedation for shortest duration

ENVIRONMENT: THERAPEUTIC & ENGAGING



- · Appropriate stimulation, avoid overstimulation
- Create calm (i.e. reassurance, soothing music, limit TV)
- Minimize room clutter & remove extra equipment
- . Use Therapeutic Activity (i.e. playing cards, adult coloring

LOVED ONES & FAMILIAR OBJECTS



- · Encourage family presence, 1-2 visitors at a time
- Allow family participation in care
 - · Provide familiar items from home (i.e. pictures, blanket,

INTAKE: HYDRATION & NUTRITION



- Provide 3 meals a day, use nutritional supplements
- Limit NPO & liquid diets
 - Provide assistance with feeding & meal set up
 - Assess swallow safety & use aspiration precautions PRN

REORIENTATION & ROUTINE



- Reorient using Who?, What?, Where?, When?, Why?, & Ho
- · Use clocks & calendars
- · Schedule activities, meals, & bedtime
- · Provide consistency (i.e. caregiver continuity, limit room

INCLUDE BOWEL & BLADDER CARE



- Prevent/manage constipation (i.e. regular BM, adequate
- Assess for urinary retention; use intermittent catheteriz
- · Use a toileting schedule

USE GLASSES, HEARING AIDS, & DENTURES



- Avoid sensory deprivation
- Use glasses & hearing aids
- Support communication needs (i.e. translator, iPad, pass
- Ensure dentures are available & fit

MOBILITY: EARLY & PROGRESSIVE



- Evaluate readiness & tolerance each shift
- Progress to ambulation, chair for all meals
- · Partner with therapies
- Maintain safety (i.e. fall risk precautions, gait belt, walke

STOP DELIRIUM