

Delirium Management



Agitation: Expression of bio-psycho-social-spiritual distress. Think about what underlying factors may be contributing to their agitation and try to resolve them.

General Principles:

- Reorient but do not continue to insist/challenge if the patient remains confused. Distract or redirect
- Use calm, clear language with simple phrasing, calm body language and assume a non-dominant demeanor.
- Avoid attempts to assert authority, these are rarely beneficial when the patient is angry/yelling.
- Allow time to decompress.
- Restraints and antipsychotics can worsen agitation and delirium and should only be used when there is a danger to self or others.

Use Your Resources:

- Family members
- Charge nurse
- On-call providers
- Geri-Psych team
- Social work
- PT/OT
- Spiritual/chaplain services
- Volunteer services: can visit with the patient during the day and engage in social interaction as well as some activities and pet therapy if available

Biologic	Psychologic	Social	Spiritual
<ul style="list-style-type: none"> • Control pain • Consider medication side effect, infection, hypoglycemia, intoxication, withdrawal, hypoxia or hypercapnia as source: Check vitals, BG and discuss with provider to address • Apply hearing aids, glasses • Promote adequate nutrition and hydration with reminders, if NPO, evaluate if this is still necessary. • Ensure daytime activity, avoid napping for more than 30 minutes during the day, expose to sunlight/bright light as much as possible, and position near a window or out to a courtyard if possible. • Provide frequent opportunity for toileting during day • Prevent/treat constipation • Monitor for urinary retention: bladder scan if no void >6-8hrs • Promote sleep • Dim lights, minimize intervention/interruption at night • Avoid vital signs from 2200-0600 in stable patients if appropriate • Calming music • Turn TV off at night • Herbal tea, avoid caffeine in the afternoon 	<ul style="list-style-type: none"> • Identify and alleviate stress points • Limit tethering devices: IVs, foley, tele leads, pulse ox if able • Allow for choices • Allow for mobility as able • Music! • Art: color mandala, color by numbers • Simple card or board game • Fidget toys • Physical activity: folding towels, stress ball, toss, walking • Relaxation techniques: deep breathing, progressive relaxation, lavender lotion • Re-orient and give information about the schedule/"what's next" 	<ul style="list-style-type: none"> • Encourage family and friends to visit often, FaceTime or call as able • Have some familiar items from home: photos, blankets • Engage with the patient: ask them about their past, likes etc. share about yourself as you are comfortable and is appropriate • Pet therapy • Volunteer services may assist 	<ul style="list-style-type: none"> • Ask the patient to share their life story, discuss family, and faith/spirituality • Spiritual/ chaplain services consult • Spiritual music/books • Can their spiritual/faith leader or community members come visit them in the hospital

