# VANDERBILT 😽 UNIVERSITY

#### MEDICAL CENTER

**Guideline:** Delirium Management Guidelines Revised Date: September 2022

Review Date: September 2024

# **Content Experts**

Trauma PMG Reviewed by and adapted to Burn by: Anne Wagner, MD

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#### I. Monitoring and Treatment

The confusion assessment method for the ICU (CAM-ICU) should be monitored each shift and reported to the team during rounds.

- a. CAM-ICU should NOT be reported as unable to assess unless RASS < -3
- b. Consider RASS and CAM-ICU status when choosing treatment options
  - i. Hypoactive delirium CAM positive and RASS 0 to -3
    - Non-pharmacological management
    - Minimize sedating medications
  - ii. Hyperactive or mixed hyper/hypoactive delirium CAM positive and RASS -3 to +4
    - See algorithm
- c. Goal RASS should be specified on **ALL** patients
- d. If CAM positive, consider differential diagnosis (hypoxia, sepsis, CHF, over-sedation, deliriogenic medications)

## II. Non-pharmacologic Management

- Orient patient (provide visual/hearing aids, re-orient, encourage communication, encourage proper sleep hygiene, provide cognitively stimulating activities during the day)
- **Environment** (Mobilize patients early and often, provide familiar objects in patient's room, minimize noise at night, and remove unnecessary lines/drains)
- **Adjunctive** (perform SATs daily, provide adequate pain management, correct dehydration, and electrolyte disturbances)

#### **III.** Deliriogenic Medications

- Benzodiazepines
- Anticholinergics (diphenhydramine, glycopyrrolate, metoclopramide, H2 blockers, TCAs, cyclobenzaprine)
- Steroids
- Pain medications (if pain is not cause of agitation/delirium)
  - Decrease opioid dose
  - o Utilize multimodal pain regimen

#### **IV. Special Considerations**

- Traumatic Brain Injury
  - Avoid large doses of haloperidol in traumatic brain injury patients.
  - Consider early use of propranolol 10-20mg q8-6h (max 360 mg/day) for agitation related to neurologic storming.
  - Consider starting depakote/valproic acid 500 mg q8h (titrate up as needed) for agitation related to TBI
    - Obtain baseline LFTs (use with caution in patients with liver disease) and weekly LFTs while on therapy
    - Only obtain valproate level if concerned for toxicity
    - Max dose is 60 mg/kg/day
- Geriatric population
  - o Reduced antipsychotic (50%) doses should be initially used in patients > 65 years old
  - Avoid haloperidol doses >5mg or quetiapine doses >100mg in patients > 65 years old

#### V. Appendix A

-Reassess analgesia

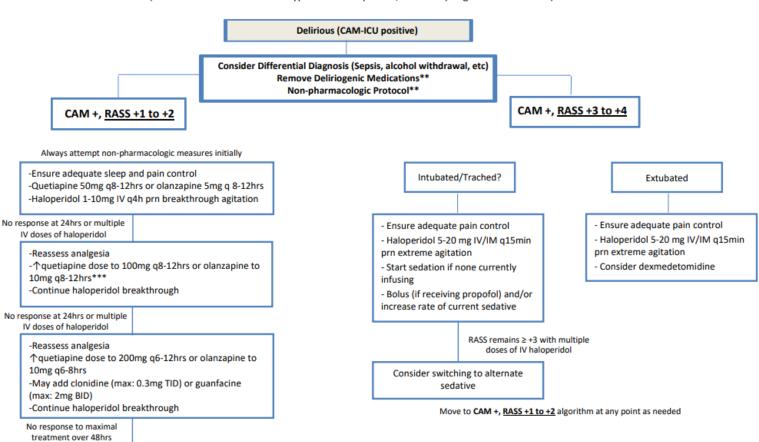
multiple daytime antipsychotics)

-Change atypical antipsychotic agents (DO NOT combine

Move to CAM +, RASS +3 to +4 algorithm at any point as needed

#### Hyperactive Delirium

(includes mixed delirium with hyperactive component, ex: attempting to wean sedation)



<sup>\*\*\*</sup>Maximize 1 agent PRIOR to altering delirium/agitation regimen.

<sup>\*\*\*</sup>If refractory to all above measures, may trial Geodon (max: 40mg BID) (and/or depakote in patients with TBI). If unsuccessful, consult psychiatry for additional recommendations.

<sup>\*\*\*</sup>Consider QTc monitoring if receiving multiple QT-prolonging medications. Modify QT-prolonging medications if QTcF > 500.

#### VI. References

- 1. Devlin J, Skrobik Y, Gélinas C, et al. Guidelines for the Prevention and Management of Pain, Agitation/Sedation, Delirium, Immobility, and Sleep Disruption in Adult Patients in the ICU. *Crit Care Med.* 2018; 46:825-873.
- 2. Girard T, Exline M, Carson S, et al. Haloperidol and Ziprasidone for Treatment of Delirium in Critical Illness. *N Engl J Med*. 2018;379(26):2506-2516.
- 3. Hughes CG, Mailloux PT, Devlin JW, et al. Dexmedetomidine or propofol for sedation in mechanically ventilated adults with sepsis. *NEJM*. 2021; 384:1424-1436.
- 4. Marra A, Wesley E, Pandharipande P, et al. The ABCDEF Bundle in Critical Care. *Crit Care Clin*. 2017; 33(2):225- 243.
- Plantier D, Luauté J; SOFMER group. Drugs for behavior disorders after traumatic brain injury: Systematic review and expert consensus leading to French recommendations for good practice. *Ann Phys Rehabil Med*. 2016 Feb;59(1):42-57. doi: 10.1016/j.rehab.2015.10.003.

#### **CAM ICU Assessment**

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Jill Streams, MD
Abby Luffman, MSN, APN, AGACNP-BC
Leanne Atchison, PharmD
Jennifer Beavers, PharmD, BCPS