Reassess patient regularly

Start prevention steps (requires an interdisciplinary approach) for:

- Disorientation
- Dehydration
- Immobilization
- Pain
- Vision and hearing impairment
- Sleep deprivation
- Inappropriate medications
- Tethers
- Other symptoms

1. Identify and start treatment of underlying problems
   - Check vital signs, temperature, blood glucose, etc, and perform clinical examination
   - After a fall, check for symptoms of intracranial bleeding
   - Check for pain, infection, dehydration, bleeding, withdrawal, urinary retention, constipation, falls, cardiac or pulmonary problems, electrolyte abnormalities

2. Start nonpharmacological treatment (requires an interdisciplinary approach) for:
   - Disorientation, dehydration, immobilization, pain, vision and hearing impairment, sleep deprivation, inappropriate medications, tethers, hallucinations, constipation

Assess using Confusion Assessment Method (CAM) or other validated instrument

Yes

No

Check for another underlying problem

Is the patient improving?

Yes

No

Check for another underlying problem

Is the patient’s safety endangered or are there distressing/psychotic symptoms?

Yes

No

Consider prescribing a delirium medication (not FDA-approved)

Haloperidol, risperidone, quetiapine, olanzapine

Yes

No

Notes (for local protocols, dosages, etc)

References
