Alberta Health Services

Form Title **Delirium Investigation and Management Orders**

Form Number **frm-21014bond**

Alberta Health Services

Last Name	
First Name	
PHN#	MRN#
Birthdate *(dd-Mon-yyyy)*	Physician

Delirium Investigation and Management Orders

Select orders by replacing a (✓) in the associated box

For more information, see Clinical Knowledge Topic ***Delirium, Senior - Inpatient***
http://insite.albertahealthservices.ca/klink/14163.asp

Delirium non-pharmacological interventions

see also Delirium Prevention Order Set

In patients with dementia or delirium who have concerning behaviours consider behaviour mapping.

☐ Clinical Communication: Complete Behaviour Mapping Tool

*****Best practice and AHS policy is to avoid physical restraints as they increase the risk of morbidity and mortality. Restraints should NEVER be ordered PRN (see Restraint as a Last Resort policy). Consider close supervision/ 1:1 staff ratio for safety instead.*

☐ Monitor patient with 1 to 1 nursing to patient ratio

Routine Laboratory Investigations

Hematology

☑ Complete Blood Count (CBC)

Chemistry

☑ Electrolytes (Na, K, Cl, CO2)

☑ Creatinine and eGFR

☑ Glucose Random

☑ Urea

☑ Calcium

☐ Phosphate

☐ Magnesium

☐ ALT

☐ Alkaline Phosphatase (ALP)

☐ Bilirubin TOTAL

☑ Albumin (include for calcium correction, not a valid nutritional marker)

☑ Thyroid Stimulating Hormone (TSH) *(omit if normal result in the last 12 months unless clinical suspicion of abnormality)*

☐ Urinalysis *(absence of microscopic pyuria excludes infection; only order if 1 or more symptoms/signs of potential infection in addition to delirium)*

☑ Vitamin B12 LEVEL *(omit if normal result in the last 12 months unless clinical suspicion of change in status)*

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Non- Routine Laboratory Investigations (Based on Clinical Suspicion)

Hematology

☐ INR

Chemistry

☐ Troponin
☐ Repeat Troponin(s) _____ time(s) every _____ hours
☐ BNP
☐ CRP

Microbiology

☐ Urine Bacterial Culture *(**NOTE: infection unlikely in the absence of pyuria**)*
☐ Blood cultures x 2, one from central line if present
☐ Syphilis serology
☐ Sputum Bacterial Culture
☐ Wound culture, site: _____
☐ Cerebrospinal fluid from lumbar puncture *(for clinical suspicion of meningitis, perform after CT Head)*
  ☐ CSF Glucose
  ☐ CSF Protein
  ☐ CSF Bacterial culture
  ☐ CSF Infection Panel (Viral)
  ☐ HSV serology
  ☐ Mycobacteria (AFB) Smear and Culture
  ☐ CSF Syphillis Serology
  ☐ Other: _____
  ☐ Clinical Communication: Save _____ mls of CSF for future testing

Toxicology

☐ Digoxin LEVEL specify random or trough; consider pharmacy consult
☐ Lithium (Li) LEVEL specify random, peak or trough; consider pharmacy consult
☐ Phenytoin LEVEL specify random, peak or trough; consider pharmacy consult
☐ Valproate LEVEL specify random, peak or trough; consider pharmacy consult
☐ Other: _____ LEVEL (consult laboratory as to availability)

Other Labs

☐ _____
☐ _____
☐ _____

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Non-Routine Diagnostic Imaging (based on clinical suspicion)

- ☐ Electrocardiogram- 12 lead
- ☐ GR Chest, 2 Projections (Chest X-Ray PA and Lateral)
- ☐ GR Chest, 1 Projection Portable (Chest X-Ray Portable)
- ☐ GR abdomen, 3 projections (Abdominal X-Ray 3 views)
- ☐ GR abdomen, flat plate (Abdominal X-Ray 1 view)
- ☐ CT Head unenhanced: Indication _____ *(consider enhanced only in appropriate clinical circumstances e.g. ruling out small metastases and [near-]normal renal function)*
- ☐ Other _____

Medications

*** BEFORE adding new medications to treat behaviour, review medication reconciliation, watch for recent changes, potential withdrawal and remove potential culprit medications***

***Benzodiazepines should only be used when delirium is attributed to alcohol or benzodiazepine withdrawal or the patient used chronically; follow local practice for alcohol withdrawal management (e.g. CIWA protocol).*

Antipsychotics

**** Antipsychotics are associated with increased risk of mortality and should be reserved for patients with severe and dangerous agitation and/or behaviours; minimize use by reassessing need frequently and stopping as soon as possible. Avoid parenteral antipsychotics, particularly IV formulations; instead use liquid, rapid-disintegrating forms or suggest mix with food/beverage; low does IM haloperidol or olanzapine can be used as last resort***

Due to the risk of adverse reactions choose only **one** antipsychotic:

Choose one (if applicable) →

- ☐ risperidone 0.125-0.25 mg PO BID PRN for severe distressing psychosis or aggression with significant risk of harm to self or other NOT responsive to non-pharmacologic interventions times 48 hours then reassess. *(caution in patients with renal failure)*
- ☐ olanzapine 2.5 mg PO daily PRN for severe distressing psychosis or aggression with significant risk of harm to self or other NOT responsive to non-pharmacologic interventions times 48 hours then reassess.
- ☐ quetiapine 6.25-12.5 mg PO QHS PRN for severe distressing psychosis or aggression with significant risk of harm to self or other NOT responsive to non-pharmacologic interventions times 48 hours then reassess. *(recommended for patients with pre-existing Parkinson Disease, Lewy Body Dementia or parkinsonism)*
- ☐ haloperidol 0.25-0.5 mg PO every 8 hours PRN for severe distressing psychosis or aggression with significant risk of harm to self or other NOT responsive to non-pharmacologic interventions times 48 hours then reassess. *(avoid in patients with Parkinson Disease or Lewy Body Dementia)*

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Medications Continued

Antipsychotic Medication Monitoring

- ☐ Electrocardiogram- 12 lead prior to administration of antipsychotic medications to assess for QT prolongation if not already performed during admission. Notify physician/nurse practitioner when ECG complete.
- ☐ Electrocardiogram - 12 lead after _____ days of antipsychotic medications to assess for QT prolongation. Notify physician/nurse practitioner when ECG complete.
- ☐ Document response to each dose of antipsychotic and monitor for adverse effects (e.g. CNS depression/ sedation, anticholinergic effects, dizziness, postural hypotension, parkinsonism/extra-pyramidal symptoms, falls).
- ☐ Postural vitals (supine to standing or if not possible then supine to sit/legs dangling) every morning times 3 days

Other Medications

- ☐ _____
- ☐ _____
- ☐ _____

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