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All orders must be reviewed, completed and signed by the prescriber before they will be implemented. To delete an order that does not have a 'check box' preceding it the order must be stroked out and initialed. For orders where check boxes are provided, the prescriber indicates with a check mark \( \square \) to confirm the order; if left blank, the order will not be activated.

<table>
<thead>
<tr>
<th>Page No.</th>
<th>Allergies: [ ] NO [ ] YES (specify reaction):</th>
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<table>
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<tr>
<th>Delirium Management</th>
<th>Transcribed</th>
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<tbody>
<tr>
<td>Date:</td>
<td>Time:</td>
</tr>
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</table>

**MD Instructions:** This order set applies to patients 65 years or older who have a positive CAM (Confusion Assessment Method)

**Diet (Please check all that apply):**
- [ ] NPO
- [ ] Thickened fluids and pureed food
- [ ] Other ______________________________________
- [ ] Encourage fluids to maximum of __________________

**Activity:**
- [ ] Initiate Fall Risk Assessment Profile
- [ ] As tolerated
- [ ] Up in chair
- [ ] Weight bearing __________________________
- [ ] Other:

**Monitoring:**
- [ ] HR, BP, RR, temperature, \( O_2 \) saturation and pain q___h and prn
- [ ] Constant care required: [ ] 1:1 or [ ] High Observation (observation by staff member of one or more patients co-horted in the same room)

**Diagnostics: Laboratory**
- [ ] CBC, electrolytes, urea, creatinine, random glucose, Ca, Phos, Mg, ALT, AST, ALP, Total Bilirubin, Total Protein, Albumin x1
- [ ] Drug Levels (if applicable): [ ] Digoxin [ ] phenytoin [ ] carbamazepine [ ] valproic acid
- [ ] Urine toxicology to be ordered only at the time of admission
- [ ] Troponin x 1
- [ ] Urinalysis and Microscopy
- [ ] Other laboratory tests (specify): __________________________

**Cultures & Sensitivities:**
- [ ] Blood cultures x 2, one set to be taken from central line if present
- [ ] Urine C&S
- [ ] Sputum C&S
- [ ] Other: __________________________

If not completed in the last 6 weeks:
- [ ] B12
- [ ] TSH
- [ ] RBC Folate

**Diagnostics: Imaging**
- [ ] ECG
- [ ] Chest x-ray: Indication: __________________________
- [ ] PA and lateral
- [ ] Portable
- [ ] CT head: Indication: __________________________
- [ ] MRI head: Indication: __________________________

**Physician consults:**
- [ ] Geriatric Internal Consultation Team (ICT)
- [ ] General Medicine
- [ ] Geriatric Psychiatry / Psychiatry
- [ ] Pain Service
- [ ] Neurology
- [ ] Other: specify __________________________

Print Name: __________________________ Signature: __________________________ MD __________________________

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### Delirium Management

**Interdisciplinary team assessments:**
- Pharmacy Consult: Assessment and Recommendations
  Details: for polypharmacy and drug interactions
- Speech-Language Pathology Consult: Assessment and Recommendations
  Details: rule out dysphagia and/or speech disorder
- Clinical Nutrition Consult: Assessment and Implement Recommendations
- Occupational Therapy Consult: Assessment and Implement Recommendations
  Details: for ADL/Cognitive Assessment/ Environmental modification
- Physiotherapy Consult: Assessment and Implement Recommendations
  Details: _____________________
- Social Work Consult: Assessment and Recommendations

**Non-pharmacological management:**
- Avoid restraint use whenever possible.
- Implement Non-Pharmacological Prevention/Management of Delirium protocol (insert link to protocol)
- Oxygen: \( \square \) L/min by nasal prongs or \( \square \) % by face mask;
  Titrated oxygen to keep \( spO_2 \) greater than 90% or \( 88-92\% \) (MD instruction: caution if \( CO_2 \) retention)

**Bladder management:**
- Discontinue foley catheter
- Assess post void residual volume
  - If residual volume is greater than \( ____ \) mL, then
  - intermittent catheterization \( q ____ \) h
  - indwelling catheter to straight drainage.

**Medications:**

**MD Instructions:** If alcohol use suspected, follow Clinical Institute Withdrawal Assessment (CIWA protocol) – for patients located in the Emergency Department and 14CC only. For patients outside these locations, MD must specify benzodiazepine dosing and monitoring.

**If alcohol use suspected:**
- Follow Clinical Institute Withdrawal Assessment (CIWA) protocol (link to order set)
- Other (specify benzodiazepines dosing and monitoring):

**Analgesia:**
- Acetaminophen 500 mg po q6h for pain (max dose of acetaminophen from all sources must not exceed 4 g per 24 h) or
- Acetaminophen 1000 mg po q6h for pain (max dose of acetaminophen from all sources must not exceed 4 g per 24 h)

Print Name: ___________________ Signature: ___________________ MD ________

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### Patient ID

### PRE-PRINTED ORDERS DELIRIUM MANAGEMENT

Allergies: ☐ NO ☐ YES (specify reaction):

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<tr>
<td>Opioids: (Select ONE of the following, IF patient reports pain or likely has pain that manifests as delirium)</td>
<td></td>
</tr>
<tr>
<td>MD Instructions: Consider lower opioid doses for very elderly patients, opioid naïve patients, patients with low body weight, renal/liver impairment and severe co-morbidities – starting IV dose in these patients is usually within range of morphine 0.05 – 0.1 mg/kg/dose or hydromorphone 0.0075 – 0.015 mg/kg/dose. Although these patients are commonly started with a lower dose or lower potency medication, an increase in dose should not be withheld if the patient continues to have unrelieved pain. If delirium worsens after receiving the prescribed opioid, reassess dose and/or type of opioid selected and consider alternative non-opioid treatments.</td>
<td></td>
</tr>
<tr>
<td>☐ Morphine 5 mg po q4h PRN or Morphine 2.5 mg subcut or IV q4h PRN for pain. If delirium worsens after dose, hold and notify MD. Refer to Opioid Monitoring protocol.</td>
<td></td>
</tr>
<tr>
<td>or ☐ Morphine 10 mg po q4h PRN or Morphine 5 mg subcut or IV q4h PRN for pain. If delirium worsens after dose, hold and notify MD. Refer to Opioid Monitoring protocol.</td>
<td></td>
</tr>
<tr>
<td>or ☐ HYDROmorphine 1 mg po q4h PRN or HYDROmorphine 0.4 mg subcut or IV q4h PRN for pain. If delirium worsens after dose, hold and notify MD. Refer to Opioid Monitoring protocol.</td>
<td></td>
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<td>or ☐ HYDROmorphine 2 mg po q4h PRN or HYDROmorphine 0.8 mg subcut or IV q4h PRN for pain. If delirium worsens after dose, hold and notify MD. Refer to Opioid Monitoring protocol.</td>
<td></td>
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<tr>
<td>or ☐ Other: ☐ Other analgesia- MD to complete Pain Management PRN Orders order set</td>
<td></td>
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### Medication management of agitated behaviours related to delirium:

☑ For hypoactive delirium (lethargy, somnolence) / non-disturbing hallucinations, use environmental strategies and reassurance only.

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<td>• Treatment of hypoactive delirium with psychotropic medications is NOT recommended.</td>
</tr>
<tr>
<td>• Benzodiazepines are reserved for delirium caused by alcohol or sedative/hypnotics. As benzodiazepines can exacerbate delirium, their use in other forms of delirium should generally be avoided.</td>
</tr>
<tr>
<td>• Antipsychotics are associated with an increased risk of mortality when used in elderly patients with dementia. Use with caution. Reassess q24h. Document ALL behaviours requiring neuroleptic treatment and the effect of that treatment.</td>
</tr>
<tr>
<td>• Treatment beyond 24 hours requires a comprehensive assessment of underlying cause of delirium and long-term safety considerations. See Intranet “Guidelines for the Use of Chemical Restraints”</td>
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For severe agitation ONLY (posing a safety/health risk to self and/or others) in addition to environmental strategies and reassurance: (choose ONE treatment option only)

Option 1: Avoid haloperidol if patient has parkinsonian symptoms.
☐ Haloperidol 0.5 mg IM/po bid. Reassess in 24 hours.
or
☐ Haloperidol 1 mg IM/po bid. Reassess in 24 hours.
☐ Haloperidol 0.5 mg IM/po q2h PRN for severe agitation (posing a safety/health risk to self and/or others), total daily dose from all sources not to exceed 3 mg/24 hours. Reassess in 24 hours.

Option 2:
☐ Risperidone 0.25 mg po qhs. Reassess in 24 hours.
☐ Risperidone 0.25 mg po q___h PRN for severe agitation (posing a safety/health risk to self and/or others), total daily dose from all sources not to exceed 1 mg/24 hours. Reassess in 24 hours.

Option 3: Preferred alternative if parkinsonian symptoms are present
☐ Quetiapine 12.5 mg po qhs. Reassess in 24 hours.
☐ Quetiapine 12.5 mg po q___h PRN for severe agitation (posing a safety/health risk to self and/or others), total daily dose from all sources not to exceed 50 mg/24 hours. Reassess in 24 hours.

Option 4:
☐ Olanzapine 2.5 po qhs. Reassess in 24 hours.
☐ Olanzapine 2.5 mg q___h PRN for severe agitation (posing a safety/health risk to self and/or others), total daily dose from all sources not to exceed 7.5 mg/24 hours. Reassess in 24 hours.

Bowel management:
☐ Sennosides 8.6 mg/tab (Senokot) 2 tablets po qhs PRN, for constipation, if no bowel movement for 2 days.
☐ Bisacodyl suppository 10 mg PR, PRN, for constipation, if no results by AM after receiving Senokot.