

Delirium Prevention Strategies

This document was developed by a [panel of delirium topic experts](#) and is intended as a guidance resource only.

Objective	Strategies
Evaluate delirium risk and precipitating factors	<p>Check for the following, using this mnemonic device, MIND SPACES:</p> <ul style="list-style-type: none"> • M-Medications : Polypharmacy, deliriogenic medications and/or anti-cholinergic burden, medication weaning/withdrawal • I-Infection and advanced illness • N-Number of co-occurring conditions/comorbidities (e.g. hypertension, heart failure, COPD, OSA) • D-Substance or alcohol use disorders (including withdrawal) • S-Surgery and/or invasive procedures • P-Pain (uncontrolled), perfusion problems • A-Age- young children and older adults are most at risk, BUT may occur at any age • C-Cognitive impairment and/or dementia • E-Emotional or mental illness (e.g. depression, anxiety) • S-Sleep disturbances and altered patterns
<p>Assess for delirium with a validated instrument*</p> <p><i>*(Multiple screening tools are available, many of whose links are provided on ANA's Delirium Resources webpage)</i></p>	<ul style="list-style-type: none"> • Assess upon admission, every shift and with any change • Determine baseline • Consistently administer all elements of a validated instrument for accurate results. Do not modify!
Assess and treat abnormal diagnostic findings as appropriate	<p>Monitor, as appropriate:</p> <ul style="list-style-type: none"> • Serum chemistries (e.g. electrolytes, BUN, creatinine, BUN/creatinine ratio, liver and thyroid, ammonia, lactic acid) • UA, CBC, ABGs, cultures, drug levels (e.g. digoxin, phenytoin), and CXR • Change in vital signs including pulse oximetry
Prevent nosocomial infection	<ul style="list-style-type: none"> • Practice infection control precautions, including excellent hand hygiene • Avoid and remove unnecessary invasive lines, tubes and drains • Provide regular oral care paying special attention to patients who are NPO or have tube feedings • Maintain a seated position/elevate head of bed (60°) or encourage OOB to chair during meals to prevent aspiration • Utilize CLABSI, CAUTI, and VAE checklists
Appropriate medication management	<ul style="list-style-type: none"> • Ensure appropriate medications • Perform a medication reconciliation • Monitor mood altering medication effects

	<ul style="list-style-type: none"> • Use lowest effective dose • Avoid sudden discontinuation of psychoactive medications • For those on continuous sedation, achieve the appropriate sedation target using a standardized sedation scale • Evaluate number and type of medications • Eliminate all non-essential medications • Identify inappropriate medications that can be eliminated or substituted (e.g. Beers' Criteria for Potentially Inappropriate Medication Use in Older Adults OR consult with pharmacist for an updated list)
<p>Maintain cognition</p> <p>Orientation</p> <p>Sensory stimulation</p>	<ul style="list-style-type: none"> • Introduce self and role • Use calm, short, concise instructions and explanations • Use patient's name • Address weather outside and time of day when intervening • Continually reorient • Encourage family pictures and familiar objects in room • Validate feelings and perceptions • Encourage family visits and calls • Engage in respectful and developmentally-appropriate communication (e.g. avoid elder speak) • White boards that include personalization and prompts for patient care needs and sensory deficits including family input • Provide morning newspaper • Supply current calendar and clock in room • Maintain normal schedules and routines • Provide adequate and appropriate lighting • Encourage family and friends to visit regularly • Use clean and properly working glasses, hearing aids, amplification devices, and magnifying glasses • Keep window blinds open during the day and closed during night hours • Provide personalized age-appropriate television and radio options • Engage in meaningful conversation to stimulate memory and logic (e.g. children, ages, job) • Offer and use activity boxes: word games, deck of cards, magazines, music, checkers, sorting, crossword puzzles, picture books, coloring pictures and crayons/pencils • Offer mirror if appropriate • Consider consult with OT, recreational therapy, pet therapy, Child Life therapy • Provide a sitter (family if able or trained volunteer) to facilitate

	orientation, engagement and safety measures
Adequate pain control	<ul style="list-style-type: none"> • Use appropriate pain assessment tool for ongoing pain assessment • Document and treat pain every 2-3 hours, then reassess pain • Individualize a pain management plan consisting of pharmacological and non-pharmacological measures
Early, aggressive, progressive mobility	<ul style="list-style-type: none"> • Avoid restraints • Mobilize 2-4 times per day progressing from: <ol style="list-style-type: none"> a.) passive ROM b.) active ROM c.) muscle strengthening d.) sitting balanced at the edge of bed e.) standing f.) transferring g.) walking with assistance h.) independent walking in increasing distances • Encourage use of prescribed assistive devices • Encourage self-care activity independence • Provide adequate footwear • Consider consult for PT\OT • If family is willing and able, encourage them to walk with the patient when appropriate
Adequate oxygen saturation	<ul style="list-style-type: none"> • Assess for hypoxia via pulse oximetry • Perform spontaneous breathing trial (SBT) if mechanically ventilated (if appropriate) • Encourage evidence-based sedation cessation and weaning protocols for ventilated patients • Deliver oxygen at appropriate rate of flow as necessary
Adequate nutrition and hydration	<ul style="list-style-type: none"> • Offer oral fluids often • Administer parenteral fluids as necessary • Perform ongoing nutrition and hydration assessments • Assess ability to order food and feed self • Monitor weight • Consider a dietary consultation • Provide companionship during meals • Supply dentures for meals • Assess for proper fitting dentures • Feed patient as necessary
Prevent and manage constipation	<ul style="list-style-type: none"> • Increase hydration • Ensure regular toileting • Provide adequate dietary fiber intake • Administer pharmacological treatment as appropriate • Monitor urinary output • Check for bowel impaction
Sleep promotion	<ul style="list-style-type: none"> • Assess sleep history

	<ul style="list-style-type: none"> • Consider medical causes of sleep disturbance • Enforce designated sleep period • Dim overhead lighting • Reduce noise to minimum ~levels during sleep hours • Turn off computer, TV, radio, smart phone, and all other electronics for at least one hour prior to sleep time • Evaluate and limit hypnotic use • Evaluate daytime napping • Re-evaluate frequency of vital signs overnight • Delay morning bloodwork/testing to a later time if appropriate • Use non-pharmacologic measures: <ul style="list-style-type: none"> a. Relaxing music b. Behavioral/relaxation techniques(e.g. guided imagery, Reiki) c. Massage (back, hand/foot) d. Limit caffeine in late day e. Provide warm non-caffeine drink f. Toilet before bedtime g. Cluster activities as much as possible h. Sleep masks and ear plugs i. Sleep kit (lotion, fragrances, warmth)
<p>Ongoing and extensive education</p> <p>Staff</p> <p>Providers</p> <p>Family members, patients, informal care-givers</p>	<ul style="list-style-type: none"> • Provide and require during orientation & annual updates • Interprofessional learning (e.g. simulations) • Partner with educational institutions • Provide and require during orientation & annual updates • Provide comprehensive delirium resources at preoperative clinic through treatment and follow-ups
<p>Large-scale Implementation</p>	<p>Strategies</p>
<p>Unit Level</p>	<ul style="list-style-type: none"> • Develop or obtain relevant checklists • Recruit champions • Maintain quality assurance
<p>System Level</p>	<ul style="list-style-type: none"> • Obtain stakeholder/administrator support • Identify a champion in leadership at the executive level • Develop and participate in a quality committee • Encourage national designations and certifications to increase expertise and quality outcomes