

## **SICU DELIRIUM GUIDELINES**

1. Screen for delirium in ICU patients every shift using the combined RASS and CAM-ICU monitoring tools<sup>1,2</sup>
  - a. High risk if history of one of the following risk factors (treat underlying cause):<sup>1</sup>
    - i. Alcohol abuse
    - ii. Baseline dementia or cognitive impairment
    - iii. Hypertension
    - iv. Sepsis/septic shock
    - v. Mechanical ventilation
    - vi. Parenteral sedation or opioids
  - b. If RASS -4 to -5, assess the need for deep sedation; titrate to a RASS  $\leq$  -3 if appropriate and re-assess delirium status
  - c. RASS  $\leq$  -3; Assess the patient for delirium using the CAM-ICU tool
2. In patients requiring sedation, who are at high risk for acquiring delirium, avoid the use of benzodiazepines (lorazepam, midazolam, diazepam); consider sedation with propofol or dexmedetomidine (Precedex<sup>TM</sup>)<sup>1</sup>
3. Nonpharmacologic treatment<sup>3,4</sup>
  - a. Mobilize/ambulate the patient early
  - b. Lights off at night, on during the day
  - c. Control excess noise
  - d. Minimize sleep interruptions/promote normalization of sleep cycle
4. Check QTc; if QTc  $\leq$  450 msec start quetiapine (Seroquel <sup>TM</sup>) 25 mg BID; titrate daily by 50 mg/day (max 400 mg/day) if delirium assessment remains positive; consider adding haloperidol (Haldol<sup>TM</sup>) 2mg PO/IV q2h PRN if agitation persists despite treatment with quetiapine<sup>5</sup>
5. Monitor QTc weekly in patients started on quetiapine and/or haloperidol
6. Taper scheduled Seroquel once patient is stable
  - a. Taper by 50 mg/day until off

### References:

1. Barr, J et al. Clinical Practice Guidelines for the Management of Pain, Agitation, and Delirium in Adult Patients in the Intensive Care Unit. Crit Care Med 2013 Jan;41(1):263-306.
2. Luetz A et al. Different Assessment Tools for Intensive Care Unit Delirium: Which Score to Use? Crit Care Med 2010;38(2):409-418.
3. Schweickert WD, Pohlman MC, Pohlman AS, et al: Early physical and occupational therapy in mechanically ventilated, critically ill patients: A randomised controlled trial. Lancet 2009; 373:1874–1882.
4. Needham DM, Korupolu R, Zanni JM, Pradhan P, Colantuoni E, Palmer JB, Brower RG, Fan E: Early physical medicine and rehabilitation for patients with acute respiratory failure: A quality improvement project. Arch Phys Med Rehabil 2010; 91:53
5. Devlin et al. Efficacy and safety of quetiapine in critically ill patients with delirium: A prospective, multicenter, randomized, double-blind, placebo-controlled pilot study. Crit Care Med 2010;38(2):419-427.

