# Delirium Prevention Strategies

This document was developed by a panel of delirium topic experts and is intended as a guidance resource only.

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<th>Objective</th>
<th>Strategies</th>
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| Evaluate delirium risk and precipitating factors | Check for the following, using this mnemonic device, **MIND SPACES**:  
- **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 |
| Assess for delirium with a validated instrument* | • 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! |
| *(Multiple screening tools are available, many of whose links are provided on ANA’s Delirium Resources webpage)* | |
| Assess and treat abnormal diagnostic findings as appropriate | Monitor, as appropriate:  
- 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 | • 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 | • Ensure appropriate medications  
• Perform a medication reconciliation  
• Monitor mood altering medication effects |
| Maintain cognition | • 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) |
| Orientation        | • 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) |
| Sensory stimulation| • 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 memory and communication. |
| Adequate pain control | • 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 | • Avoid restraints  
• Mobilize 2-4 times per day progressing from:  
  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 | • 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 | • 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  
• Increase hydration  
• Ensure regular toileting  
• Provide adequate dietary fiber intake  
• Administer pharmacological treatment as appropriate  
• Monitor urinary output  
• Check for bowel impaction |
| Prevent and manage constipation |  |
| Sleep promotion | • Assess sleep history |
### Ongoing and extensive education

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<th><strong>Staff</strong></th>
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<td>• Provide and require during orientation &amp; annual updates</td>
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<td>• Interprofessional learning (e.g. simulations)</td>
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<td>• Partner with educational institutions</td>
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<th><strong>Family members, patients, informal care-givers</strong></th>
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<td>• Provide comprehensive delirium resources at preoperative clinic through treatment and follow-ups</td>
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### Large-scale Implementation

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<th><strong>Strategies</strong></th>
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<td><strong>Unit Level</strong></td>
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<td>• Develop or obtain relevant checklists</td>
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<td>• Recruit champions</td>
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<td>• Maintain quality assurance</td>
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<th><strong>System Level</strong></th>
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<td>• Obtain stakeholder/administrator support</td>
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<td>• Identify a champion in leadership at the executive level</td>
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<td>• Develop and participate in a quality committee</td>
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<td>• Encourage national designations and certifications to increase expertise and quality outcomes</td>
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