

## Delirium Elderly Initial Management [678]

This order set is intended for the safe diagnosis and treatment of ELDERLY patients with NEWLY suspected delirium. This order set is not intended for dementia workup and may not include all needed for extensive delirium workup and ongoing management. Antipsychotics are recommended for agitation symptoms ONLY. Please always consider possible alcohol/ benzodiazepine withdrawal. Orders for management of alcohol withdrawal are not included here.

Please choose orders which are appropriate for your patients.

### General

#### Precautions

<input checked="" type="checkbox"/> Aspiration precautions	Details
<input checked="" type="checkbox"/> Fall precautions	Increased observation level needed: High risk for Falls
<input type="checkbox"/> Latex precautions	Details
<input type="checkbox"/> Seizure precautions	Increased observation level needed:

### Nursing

#### Activity

<input checked="" type="checkbox"/> Activity - out of bed; up in chair with assistance	Routine, 2 times daily Specify: Out of bed,Up in chair,Up with assistance Additional modifier:
<input checked="" type="checkbox"/> Ambulate with assistance	Routine, 3 times daily Specify: with assistance As tolerated

#### Nursing

<input type="checkbox"/> Sitter at bedside	Routine, Continuous Telesitter/sitter for patient safety if needed.
<input type="checkbox"/> Abdominal binder	Routine, Once Waking hours only? Nurse to schedule? Special Instructions: If PEG in place to avoid removal.
<input checked="" type="checkbox"/> Bladder scan	STAT, Once If post-void residual (PVR) greater than 300 mL, call provider.
<input checked="" type="checkbox"/> Camouflage/cover IV saline lock when possible to avoid removal.	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> Oral care	Routine, 2 times daily Clean mouth and teeth at least twice daily.
<input checked="" type="checkbox"/> Please obtain hearing amplifier if patient does not have hearing aids and is hard of hearing	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> Have patient wear hearing aids and eyeglasses.	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> Re-orient patient frequently to time, place, and environment and situation.	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> Keep lights on in day and curtains open for sunlight to promote normal sleep-wake cycles.	Routine, Until discontinued, Starting S
<input type="checkbox"/> Pulse oximetry check	Routine, Daily Current FIO2 or Room Air:
<input type="checkbox"/> Assess for fecal impaction	Routine, Once Assess: for fecal impaction if no bowel movement in 2 days. Notify provider.
<input type="checkbox"/> Straight cath	Routine, Once For 1 Occurrences If needed to obtain urine for urinalysis or urine culture.

<input type="checkbox"/> Patient education - delirium, antipsychotic medications	Routine, Once Patient/Family: Family Education for: Other (specify) Specify: Antipsychotic medications Please give caregivers information on delirium via Methodist Patient Education channel, delirium brochures, or <a href="http://www.icudelirium.org">www.icudelirium.org</a> .
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<input type="checkbox"/> Telemetry	<b>"And" Linked Panel</b>
<input type="checkbox"/> Telemetry monitoring	Routine, Continuous For 5 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
<input type="checkbox"/> Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94

## Medications

### Pain

Please address pain as a source of agitation before starting antipsychotics. Consider scheduled pain medications if pain source is present and patient unable to reliably ask for pain medications.

<input type="checkbox"/> PRN Pain Medications	
<input type="checkbox"/> Mild Pain (Pain Score 1-3) (Single Response)	
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
<input type="checkbox"/> acetaminophen liquid - oral or feeding tube	<b>"Or" Linked Panel</b>
<input type="checkbox"/> acetaminophen (TYLENOL) liquid	650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
<input type="checkbox"/> acetaminophen (TYLENOL) liquid	650 mg, feeding tube, every 6 hours PRN, mild pain (score 1-3)
<input type="checkbox"/> Moderate Pain (Pain Score 4-6) (Single Response)	
<input type="checkbox"/> traMADoL (ULTRAM) tablet	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6) Allowance for Patient Preference:
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Allowance for Patient Preference:
<input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) solution - oral or feeding tube	<b>"Or" Linked Panel</b>
<input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Allowance for Patient Preference:
<input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, feeding tube, every 6 hours PRN, moderate pain (score 4-6) Allowance for Patient Preference:
<input type="checkbox"/> oxyCODONE (ROXICODONE) immediate release tablet	2.5 mg, oral, every 6 hours PRN, moderate pain (score 4-6) Allowance for Patient Preference:
<input type="checkbox"/> If NPO, Cautious use if CrCl < 30 ml/min or AKI - morPHINE injection	1 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6) Allowance for Patient Preference:
<input type="checkbox"/> If NPO, Preferred if CrCl < 30 ml/min or AKI - hydromorPHONE (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
<input type="checkbox"/> Severe Pain (Pain Score 7-10) (Single Response)	
<input type="checkbox"/> traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, severe pain (score 7-10) Allowance for Patient Preference:
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) Allowance for Patient Preference:
<input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) solution - oral or feeding tube	<b>"Or" Linked Panel</b>

<input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	15 mL, oral, every 6 hours PRN, severe pain (score 7-10) Allowance for Patient Preference:
<input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	15 mL, feeding tube, every 6 hours PRN, severe pain (score 7-10) Allowance for Patient Preference:
<input type="checkbox"/> oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, severe pain (score 7-10) Allowance for Patient Preference:
<input type="checkbox"/> If NPO, Cautious use if CrCl < 30 ml/min or AKI - morphine injection	2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10) Hold for sedation. Allowance for Patient Preference:
<input type="checkbox"/> If NPO, Preferred if CrCl < 30 ml/min or AKI - hydromorPHONE (DILAUDID) injection	0.25 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
<input type="checkbox"/> Scheduled Pain Medications	
<input type="checkbox"/> Topical Analgesia (Single Response)	
<input type="checkbox"/> lidocaine 4 % topical patch	1 patch, transdermal, Administer over: 12 Hours, every 24 hours Apply to affected area over 12 hours daily.
<input type="checkbox"/> diclofenac (FLECTOR) 1.3 % topical patch	1 patch, transdermal, Administer over: 12 Hours, every 12 hours Apply to affected area over 12 hours twice daily.
<input type="checkbox"/> Mild Pain (Single Response)	
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours
<input type="checkbox"/> acetaminophen liquid - oral or feeding tube	<b>"Or" Linked Panel</b>
<input type="checkbox"/> acetaminophen (TYLENOL) liquid	650 mg, oral, every 6 hours
<input type="checkbox"/> acetaminophen (TYLENOL) liquid	650 mg, feeding tube, every 6 hours
<input type="checkbox"/> Moderate Pain (Single Response)	
<input type="checkbox"/> traMADoL (ULTRAM) tablet	25 mg, oral, every 6 hours Hold for sedation. Allowance for Patient Preference:
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	0.5 tablet, oral, every 6 hours Hold for sedation. Allowance for Patient Preference:
<input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) solution - oral or feeding tube	<b>"Or" Linked Panel</b>
<input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	5 mL, oral, every 6 hours Hold for sedation. Allowance for Patient Preference:
<input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	5 mL, feeding tube, every 6 hours Hold for sedation. Allowance for Patient Preference:
<input type="checkbox"/> Caution if CrCl < 30 ml/min - morPHINE injection	1 mg, intravenous, every 4 hours Hold for sedation. Allowance for Patient Preference:
<input type="checkbox"/> If NPO, preferred if CrCl < 30 ml/min - hydromorPHONE (DILAUDID) injection	0.2 mg, intravenous, every 4 hours Hold for sedation.
<input type="checkbox"/> Severe Pain (Single Response)	
<input type="checkbox"/> oxyCODONE (ROXICODONE) immediate release tablet	2.5 mg, oral, every 6 hours Hold for sedation. Allowance for Patient Preference:
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours Hold for sedation. Allowance for Patient Preference:
<input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) solution - oral or feeding tube	<b>"Or" Linked Panel</b>
<input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours Hold for sedation. Allowance for Patient Preference:
<input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, feeding tube, every 6 hours Hold for sedation. Allowance for Patient Preference:
<input type="checkbox"/> If NPO, Avoid if CrCl < 30 ml/min - morPHINE injection	2 mg, intravenous, every 4 hours Hold for sedation. Allowance for Patient Preference:
<input type="checkbox"/> If NPO, Preferred if CrCl < 30 ml/min - hydromorPHONE (DILAUDID) injection	0.25 mg, intravenous, every 4 hours Hold for sedation.

## Insomnia (Single Response)

<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
<input type="checkbox"/> traZODone (DESYREL) tablet - AVOID IF CARDIAC CONDUCTION ABNORMALITIES	25 mg, oral, nightly PRN, sleep Avoid if cardiac conduction abnormalities Indication:
<input type="checkbox"/> doxepin (SINEquan) 10 mg/mL solution	3 mg, oral, nightly PRN, sleep Do not administer within 3 hours of a meal. Indication: Indication:

## Agitation

Warning: Low-dose haloperidol and atypical antipsychotics are typically recommended for management of agitated delirium in hospitalized elders. Benzodiazepines should be reserved for patients with concerns of alcohol or benzodiazepine withdrawal or those who cannot tolerate antipsychotics. Benzodiazepines typically increase confusion and delirium in elderly patients.

FDA Warning: Higher mortality risk in elderly patients with dementia receiving antipsychotics. FDA notes higher risk for heart attack, stroke, and pneumonia for elderly patients with dementia who received antipsychotics. Thus, medications should be used only briefly for agitation or psychotic symptoms and tapered off as soon as symptoms improve. Caution with use of antipsychotics in patients with QTc greater than or equal to 0.47 seconds.

<input type="checkbox"/> PRN Dosing - QUetiapine (SEROquel) tablet	12.5 mg, oral, every 8 hours PRN, agitation Indication: Other Specify: agitation
<input type="checkbox"/> Nightly maintenance - QUetiapine (SEROquel) tablet	25 mg, oral, nightly Maintenance dosing if frequent agitation at night. Indication: Other Specify: agitation
<input type="checkbox"/> Consider use if elevated QT interval > 450 msec - ARIPiprazole (ABILIFY) tablet	5 mg, oral, daily PRN, agitation Indication: Other Specify: agitation
<input type="checkbox"/> If CrCl 30 and above - risperiDONE oral tablet or sublingual disintegrating tablet (Single Response)	
<input type="checkbox"/> risperiDONE (RisperDAL) tablet	0.25 mg, oral, every 6 hours PRN, agitation Indication: Other Specify: agitation
<input type="checkbox"/> risperiDONE (RisperDAL M-TABS) disintegrating tablet	0.25 mg, sublingual, every 6 hours PRN, agitation Indication: Other Specify: agitation
<input type="checkbox"/> If CrCl LESS than 30 - risperiDONE oral tablet or sublingual disintegrating tablet (Single Response)	
<input type="checkbox"/> risperiDONE (RisperDAL) tablet	0.25 mg, oral, every 12 hours PRN, agitation Indication: Other Specify: agitation
<input type="checkbox"/> risperiDONE (RisperDAL M-TABS) disintegrating tablet	0.25 mg, sublingual, every 12 hours PRN, agitation Indication: Other Specify: agitation
<input type="checkbox"/> haloperidol (HALDOL) intraMUSCULAR	
<input type="checkbox"/> haloperidol lactate (HALDOL) injection	0.5 mg, intramuscular, every 30 min PRN, agitation, severe Administer every 30 minutes until patient is calm up to maximum of 2 mg (or 4 doses) PER DAY. Indication: Other Specify: severe agitation
<input type="checkbox"/> haloperidol lactate (HALDOL) injection	0.5 mg, intramuscular, every 6 hours PRN, agitation Administer if patient unable or refusing to take oral medications. Indication: Other Specify: agitation

## Bowel Regimen

Please add scheduled laxatives if giving any opioids PRN or scheduled

<input type="checkbox"/>	sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, nightly
<input type="checkbox"/>	polyethylene glycol (MIRALAX) packet 17 gram	17 g, oral, daily

## Labs

### Labs Today

<input type="checkbox"/>	Bedside glucose	STAT, Once For 1 Occurrences Notify provider if less than 70 mg/dL or greater than 250 mg/dL.
<input type="checkbox"/>	CBC and differential	Once
<input type="checkbox"/>	Ammonia	Once
<input type="checkbox"/>	Basic metabolic panel	Once
<input type="checkbox"/>	Blood gas, arterial	Once
<input type="checkbox"/>	NT-proBNP	Once
<input type="checkbox"/>	Comprehensive metabolic panel	Once
<input type="checkbox"/>	Digoxin level	Once
<input type="checkbox"/>	FK506 Tacrolimus level, random	Once
<input type="checkbox"/>	Lactic acid level - ONE TIME ORDER ONLY	Once
<input type="checkbox"/>	Lithium level	Once
<input type="checkbox"/>	Magnesium	Once
<input type="checkbox"/>	Phenytoin level, total	Once
<input type="checkbox"/>	Troponin T	Once
<input type="checkbox"/>	Urinalysis with microscopic	Once
<input type="checkbox"/>	Toxicology screen, urine	Once

### Microbiology

<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:
<input type="checkbox"/>	Sputum culture	Once, Sputum
<input type="checkbox"/>	Blood culture x 2	<b>"And" Linked Panel</b>
<input type="checkbox"/>	Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
<input type="checkbox"/>	Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

## Cardiology

### Cardiology

<input type="checkbox"/>	ECG 12 lead	Routine, Once Clinical Indications: Other: Other: Arrhythmia Interpreting Physician:
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## Imaging

### CT

<input type="checkbox"/>	CT Head Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Only if new focal neurologic findings or suspicion of neurologic event/head trauma
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### X-Ray

<input type="checkbox"/>	Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1
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## Respiratory

### Respiratory Therapy

<input type="checkbox"/> Oxygen therapy	Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: 91 Indications for O2 therapy:
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## Consults

For Physician Consult orders use sidebar

### Ancillary Consults

<input type="checkbox"/> Pharmacy consult to complete review of medications on confused patients	STAT, Until discontinued, Starting S
<input type="checkbox"/> Consult to Case Management for Confusion in Hospital, Assistance w Discharge Planning Needs	Consult Reason: Other specify Specify: Confusion in Hospital, Assistance w Discharge Planning Needs
<input type="checkbox"/> Consult to Social Work for Confusion in Hospital, Assistance w Discharge Planning Needs	Reason for Consult: Other Specify Specify: Confusion in Hospital, Assistance w Discharge Planning Needs
<input type="checkbox"/> Consult PT Eval and Treat	Special Instructions: Weight Bearing Status: Confusion in hospital, gait and mobility safety, increased daytime activity
<input type="checkbox"/> Consult OT Eval and Teat	Special Instructions: Weight Bearing Status: Confusion in hospital, assessment and assistance with ADLs, increased daytime activity.
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for SLP? Evaluate and treat for confusion in hospital, assess swallow function. Evaluate and treat for confusion in hospital, assess swallow function.