Part 2: Pain and Symptom Management

Delirium Management

Effective Date: February 22, 2017

Key Recommendations

- Look for and treat reversible causes of delirium.
- Utilize neuroleptics first line for pharmacological treatment.

Definition

Delirium is a state of mental confusion that develops quickly, usually fluctuates in intensity, and results in reduced awareness of and responsiveness to the environment. It may manifest as disorientation, incoherence, and memory disturbance.

Assessment

1. Delirium may be hypoactive, hyperactive or mixed.
2. Look for underlying reversible cause (refer to Fraser Health Authority, Hospice Palliative Care Symptom Guidelines - Delirium/Restlessness at [www.fraserhealth.ca/media/07FHSymptomGuidelinesDelirium.pdf](http://www.fraserhealth.ca/media/07FHSymptomGuidelinesDelirium.pdf))
3. Ascertain stage of illness and whether delirium is likely to be reversible, or terminal and irreversible.
4. Review advanced care plan and discuss goals of care with substitute decision maker.
5. Refer patient/family to Home and Community Care (see Associated Document: Resource Guide for Practitioners) or timely access to caregiver support and access to respite and/or hospice care.

Management

1. Treat reversible causes if consistent with goals of care.
3. Avoid use of antipsychotics in patients diagnosed with Parkinson's disease or Lewy Body Dementia.
Delirium Management Algorithm

Hyperlinks indicate additional information available in guideline sections above:
A = Assessment
M = Management

Assessment (A1-3)
- Level of consciousness
- Presence of hallucinations
- Fluctuation of mental confusion

Diagnosis

Delirium*

Non-Pharmacological Interventions
- Environment
- Lighting
- Safety

Assess and treat all reversible causes (M1)
- Full physical exam
- History
- Medication review
- Investigations as appropriate

Pharmacological Treatments

Hyperactive (agitated) patient
Antipsychotic (M3)
- Start with least sedating and work upwards until agitation controlled
  - haloperidol
  - risperidone
  - loxapine
  - olanzapine
  - quetiapine
  - methotrimeprazine
- AVOID benzodiazepines
- Reassess frequently

Delirium not reversible
Palliative sedation therapy
- Reassess frequently

Hypoactive (obtunded) patient
- AVOID sedatives
- Haloperidol: minimum effective dose to control hallucinations

Hyperactive (agitated) patient and compromised patient or staff safety
Sedate with benzodiazepine (M2) temporarily in addition to:
- antipsychotic treatment AND
- Palliative Care Consult

Depression*
Treat as appropriate
Refer to Palliative Care Part 2 – Depression Management Algorithm

Dementia*
Treat as appropriate
Refer to BC Guidelines.ca – Cognitive Impairment – Recognition, Diagnosis and Management in Primary Care

*For clinical features of dementia, depression and delirium, refer to BC Guidelines.ca – Cognitive Impairment – Recognition, Diagnosis and Management in Primary Care

Assess and treat all reversible causes (M1)

Palliative Care Consult
Contact local specialist or call hotline: 1-877-711-5757

Delirium not reversible
Palliative sedation therapy
- Reassess frequently

BCGuidelines.ca: Palliative Care for the Patient with Incurable Cancer or Advanced Disease
Resources

References

Abbreviations
- IM: intramuscular
- IV: intravenous
- PO: by mouth
- SC: subcutaneous

Appendices
Appendix A – Medications Used in Palliative Care for Delirium and Terminal Agitation

Associated Document
- BCguidelines.ca – Palliative Care: Resource Guide for Practitioners

For additional guidance on delirium, see also the BC Inter-professional Palliative Symptom Management Guidelines produced by the BC Centre for Palliative Care, available at: www.bc-cpc.ca/cpc/symptom-management-guidelines/
Appendix A: Medications Used in Palliative Care for Delirium and Terminal Agitation

Tailor dose to each patient; those who are elderly, cachectic, debilitated or with renal or hepatic dysfunction may require reduced dosages; consult most current product monograph for this information: [http://www.hc-sc.gc.ca/dhp-mps/prodpharma/databasdon/index-eng.php](http://www.hc-sc.gc.ca/dhp-mps/prodpharma/databasdon/index-eng.php)

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Trade Name</th>
<th>Available Dosage Forms</th>
<th>Standard Adult Dose</th>
<th>Drug Plan Coverage</th>
<th>Approx. cost per 30 days</th>
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<tr>
<td><strong>ANTIPSYCHOTICS</strong></td>
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<tr>
<td>quetiapine</td>
<td>Seroquel®, G</td>
<td>Tabs: 25, 100, 200, 300 mg</td>
<td>12.5 to 50 mg PO daily to twice daily</td>
<td>No</td>
<td>Yes, LCA</td>
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<tr>
<td>loxapine</td>
<td>G</td>
<td>Tabs: 2.5, 5, 10, 25, 50 mg, Inj: 50 mg per mL</td>
<td>2.5 to 10 mg PO/SC daily to twice daily</td>
<td>Yes, LCA</td>
<td>Yes, LCA</td>
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<td>risperidone</td>
<td>Risperdal®, G</td>
<td>Tabs: 0.25, 0.5, 1, 2, 3, 4 mg</td>
<td>0.5 to 2 mg PO daily to twice daily</td>
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<td>Yes</td>
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<tr>
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<td>Risperdal M-tab®, G</td>
<td>ODT: 0.5, 1, 2, 3, 4 mg</td>
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<td>Yes</td>
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<td>olanzapine</td>
<td>Zyprexa®, G</td>
<td>Tabs: 2.5, 5, 7.5, 10, 15, 20 mg</td>
<td>2.5 to 10 mg PO daily to twice daily</td>
<td>No</td>
<td>Special Authority, LCA</td>
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<tr>
<td></td>
<td>Zyprexa Zydis®, G</td>
<td>ODT: 5, 10, 15, 20 mg</td>
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<td>No</td>
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<td>Haloperidol</td>
<td>G</td>
<td>Tabs: 0.5, 1, 2, 5, 10 mg</td>
<td>Mild restlessness: 0.5 to 1.5 mg PO tid</td>
<td>Yes, LCA</td>
<td>Yes, LCA</td>
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<td>Inj: 5 mg per mL</td>
<td>Delirium and agitation: 0.5 to 5 mg PO q8h to q4h</td>
<td>Yes, LCA</td>
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<td>Mild restlessness: 0.25 to 0.75 mg SC tid</td>
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<td>Delirium and agitation: 0.5 to 5 mg SC q8h to q4h</td>
<td>Yes, LCA</td>
<td>Yes, LCA</td>
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<td>methotrimeprazine</td>
<td>G</td>
<td>Tabs: 2, 5, 25, 50 mg</td>
<td>Delirium: 10 to 50 mg SCI q30min until relief then 10 to 50 mg PO/SCI q8h to q4h</td>
<td>Yes, LCA</td>
<td>Yes, LCA</td>
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<td>Nozinar*</td>
<td>Inj: 25 mg per mL</td>
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<td>Yes</td>
<td>Yes</td>
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<td><strong>OTHER</strong></td>
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<td>phenobarbital</td>
<td>G</td>
<td>Inj: 30 mg per mL, 120 mg per mL</td>
<td>Epilepsy/terminal agitation: 60 mg SCI bid up to 120 mg tid</td>
<td>Yes</td>
<td>Yes</td>
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</tbody>
</table>

Abbreviations: G generics, Inj injection, LCA subject to Low Cost Alternative Program; ODT oral disintegrating tablets; PO by mouth; SC subcutaneous; tabs tablets

* Refer to guideline and/or algorithm for recommended order of use.
* PharmaCare coverage as of October 2016 (subject to revision). Obtain current coverage, eligibility, and coverage information from the online BC PharmaCare Formulary Search page at [pharmacareformularysearch.gov.bc.ca](http://pharmacareformularysearch.gov.bc.ca)
* Cost as of October 2016 and does not include retail markups or pharmacy fees. Generic and brand name cost separated as indicated by (G).
* This indication (i.e., delirium) used in practice, but not approved for marketing by Health Canada
* This route of administration used in practice, but not approved for marketing by Health Canada.