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**

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

**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**

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

**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

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

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

**Delirium not reversible**
- Palliative sedation therapy
  - Reassess frequently

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

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