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

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

Diagnosis

Depression*

Delirium*

Dementia*

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

Non-Pharmacological Interventions
- Environment
- Lighting
- Safety

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

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

Pharmacological Treatments

Hypoactive (obtunded) patient

Hyperactive (agitated) patient

Hyperactive (agitated) patient and compromised patient or staff safety

- **AVOID sedatives**
- **Haloperidol:** minimum effective dose to control hallucinations

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

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