

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

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Diagnosis: _____

Allergies with reaction type: _____

Delirium Medical Management

Version 2 4/29/2019

Activity

- Out of Bed to Chair three times a day before meals and as tolerated
- Ambulate With Assistance three times a day as tolerated
- Out of Bed with Assistance

Nursing Orders

- 1:1 Observation at all Times
- Vital Signs Not Per Unit Standard every 4 hours and as needed
- Vital Signs Per Unit Standard
- 8 Hour Uninterrupted Sleep (no vital signs for 8 hours at night for uninterrupted sleep period)
- Intake and Output Per Unit Standard
- Discontinue Foley Catheter
- Straight Catheter
- Initiate straight catheter/BVI Protocol
- Encourage Fluids
- Assess Neurological Status every 4 hours and as needed
- Delirium Reminders
 - Reorient Patient to Day/Night (Keep Lights on and Blinds Open During the Day, Keep Room Dimly Lit and Control Noise at Night)
 - Update White Board in Room With Today's Date, Name of Hospital, Location Within the Hospital, and Names of Care Team Members Every Shift
 - Avoid Staff and Room Changes When Able
 - Encourage Family Members to Bring in Photographs and Familiar Items from Home, to Visit Frequently, and Stay Overnight if Possible
 - Verbally Reorient and Reassure Patient Throughout the Day
 - Turn Off TV, Play Soothing Music, and Speak Calmly and Softly
 - Provide Glasses and Hearing Aid if Applicable
 - Limit use of Physical Restraints
- Swallow Screening prior to PO intake
- No Oral intake until swallow screening
- IF Pass Swallow screening D/C aspiration precautions
- IF Post Void Residual BVI >300ml, THEN Notify Provider
- Bladder Volume Index every 6 hours
- IF NO Bowel Movements With Medications After 48 Hours, THEN Notify Provider
- Hold All Bowel Medications for Loose Stools
- After First Dose of Haldol IF NO ECG Within Past 24 Hours Order ECG
- IF QT Prolonged on ECG, Before Giving Haldol, THEN Notify Provider

Respiratory

- Pulse Oximetry Continuous
- O2 Delivery RT/RN to Determine, Titrate to Keep O2 Greater Than or Range 90-95%
- Blood Gas Study (RT)

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Diet

- NPO Diet
- Advanced Diet as Tolerated Goal Diet: Regular (Heart Healthy, or Controlled Carbohydrate if patient is diabetic).
Advance diet only if passes the swallow screening or after ST swallow evaluation.

IV/Line Insert and/or Maintain

- Peripheral IV Insert/Maintain
- Saline Lock Adult with saline flush twice a day

IV Fluids-Maintenance Specific Fluids

Sodium Chloride 0.9% IV

- 300 milliliters bolus every 6 hours
(use instead of continuous IV fluid infusion when able to reduce tethers)
- _____ milliliters/hour

Convenience Medications

Medications

Constipation

bisacodyl (DULCOLAX) suppository

- 10 milligrams rectally once daily, if no bowel movement for 48 hours, as needed for constipation

sennosides 8.6mg (SENOKOT)

- 2 tablets by mouth once a day at bedtime, if no bowel movement for 24 hours, as needed for constipation

Sleep

melatonin

- 3 milligrams by mouth once a day at bedtime as needed for sleeplessness
- 6 milligrams by mouth once a day at bedtime as needed for sleeplessness

trazodone (DESYREL)

- 25 milligrams by mouth once a day at bedtime, as needed for sleeplessness (Use if no sleep with melatonin)

Analgesics: Non-opioids

acetaminophen (TYLENOL)

- 650 milligrams by mouth every 6 hours as needed for moderate pain, max 4,000 milligrams/day
- 1000 milligrams by mouth every 6 hours as needed for moderate pain, max 4,000 milligrams/day

tramadol (ULTRAM)

- 50 milligrams by mouth every 4 hours as needed for moderate-severe pain
- 100 milligrams by mouth every 4 hours as needed for severe pain

gabapentin (NEURONTIN)

- 300 milligrams by mouth once a day at bedtime as needed for pain

Analgesics: Opioids (Select one of the following if patient reports pain uncontrolled with non-opioids, and/or if pain is likely cause of delirium. Use lower doses for elderly, opioid naïve, low body weight, renal/liver impairment, and severe co-morbidities)

Low Dose

morphine

- 5 milligrams liquid by mouth every 4 hours, as needed for severe pain (If delirium worsens after dose, hold and notify provider)
- 2 milligrams intravenously every 4 hours, as needed for severe pain (Use if unable to take oral analgesics. Wait 4 hours after oral morphine dose before giving IV dose. If delirium worsens after dose, hold and notify provider)

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hydromorphone (DILAUDID)

- 1 milligram by mouth every 4 hours, as needed for severe pain (If delirium worsens after dose, hold and notify provider)
- 0.4 milligram intravenously every 4 hours, as needed for severe pain (Use if unable to take oral analgesics. Wait 4 hours after oral hydromorphone dose before giving IV dose. If delirium worsens after dose, hold and notify provider)

High Dose

morphine

- 10 milligrams liquid by mouth every 4 hours, as needed for severe pain (If delirium worsens after dose, hold and notify provider)
- 4 milligrams intravenously every 4 hours, as needed for severe pain (Use if unable to take oral analgesics. Wait 4 hours after oral morphine dose before giving IV dose. If delirium worsens after dose, hold and notify provider)

hydromorphone (DILAUDID)

- 2 milligrams by mouth every 4 hours, as needed for severe pain (If delirium worsens after dose, hold and notify provider)
- 0.8 milligram intravenously every 4 hours, as needed for severe pain (Use if unable to take oral analgesics. Wait 4 hours after oral hydromorphone dose before giving IV dose. If delirium worsens after dose, hold and notify provider)

Miscellaneous: Avoid Haloperidol in patients with parkinsonian signs. After the first dose of Haloperidol if no ECG done within the past 24 hours. Avoid in patients with QT prolongation on ECG. Limit dose on patients who are not on telemetry.

haloperidol (HALDOL)

- 0.5 milligram by mouth twice a day
- 0.5 milligram intramuscular twice a day
- 1 milligram by mouth twice a day
- 1 milligram intramuscular twice a day
- 0.5 milligram intramuscular every 2 hours, as needed for severe agitation. Total daily dose from all sources not to exceed 3 milligrams/24 hours on patients not on telemetry

risperidone (RISPERDAL)

- 0.25 milligram by mouth once a day, at bedtime
- 0.25 milligram by mouth every 6 hours, as needed for severe agitation. Total daily dose from all sources not to exceed 3 milligrams/24 hours

quetiapine (SEROQUEL)

- 25 milligrams by mouth once a day, at bedtime
- 25 milligrams by mouth every 12 hours, as needed for severe agitation. Total daily dose from all sources not to exceed 50 milligrams/24 hours

olanzapine (ZYPREXA)

- 2.5 milligrams by mouth once a day, at bedtime
- 2.5 milligrams by mouth every 8 hours, as needed for severe agitation. Total daily dose from all sources not to exceed 20 milligrams/24 hours

Bronchodilators

albuterol 2.5mg/3ml (0.083%) solution for nebulization (VENTOLIN)

- 2.5 milligrams/3 milliliters by nebulizer every 4 hours, as needed for shortness of breath

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Laboratory

- CBC/AUTO DIFF
- COMPREHENSIVE METABOLIC PANEL
- MAGNESIUM LEVEL, PLASMA
- PHOSPHORUS LEVEL, PLASMA
- TROPONIN I
- NT pro-BNP
- AMMONIA, PLASMA
- LACTIC ACID, PLASMA
- TSH W/FT4 REFLEX IF INDICATED
- VITAMIN B12 LEVEL
- FOLATE LEVEL
- DIGOXIN LEVEL
- DILANTIN (PHENYTOIN) LEVEL
- CARBAMAZEPINE (TEGRETOL) LEVEL
- VALPROIC ACID LEVEL
- UA W/MICROSCOPY, CULT IF INDIC
- URINE DRUG SCREEN
- RESPIRATORY VIRAL PANEL BY PCR
- CULTURE, SPUTUM AND GRAM STAIN

Radiology and Diagnostic Tests

- ECG
- XR Chest Single AP View Only
- XR Chest PA and Lateral
- XR Abdomen 1 View
- CT Head without Contrast
- MRI Brain wo + w Contrast
- EEG (Electroencephalogram)

Consult Provider

- Consult Physiatrist

Consult Department

- PT Physical Therapy Eval & Treat
- OT Occupational Therapy Eval & Treat
- ST Speech Therapy Eval & Treat
- Consult Transitional Plan/Care Coordinator

Provider Signature: _____ Date: _____ Time: _____