

ICU ORDERS FOR DELIRIUM

Date: _____

Time: _____

1) To treat agitation due to delirium

Physician to rule out agitation due to: withdrawal from alcohol, sedatives, analgesics or nicotine; or other reversible causes e.g. suboptimal ventilator settings or metabolic disturbances.

For delirium that is not associated with alcohol or other withdrawal states:

- Discontinue opioids and benzodiazepines if possible.
- Reassure and re-orientate patient to environment.

Haloperidol 2.5 mg to 10 mg IV q 20 to 30 mins prn as per protocol to maximum 120 mg in 24 hrs **OR**

Methotrimeprazine 5 mg to 25 mg IV q 20 to 30 mins prn as per protocol

Monitoring

- Document VICS score pre and post intervention.
- Document QTc prior to each haloperidol dose and call MD if greater than 25% increase from baseline.
- After 24 hours MD to write fixed daily dose (50% of prior 24 hr total effective dose divided q6h).

2) For sleep at night

Methotrimeprazine _____mg IV/NG at 2200h

Methotrimeprazine _____mg IV/NG at 2400h prn

Physician Signature
ICUDEL

Printed Name/PIC
Rev. Sep -05