

## Delirium Elderly Initial Management [678]

This order set is intended for the safe diagnosis and treatment of ELDERLY patients with NEWLY suspected delirium. This order set is not intended for dementia workup and may not include all needed for extensive delirium workup and ongoing management. Antipsychotics are recommended for agitation symptoms ONLY. Please always consider possible alcohol/benzodiazepine withdrawal. Orders for management of alcohol withdrawal are not included here.

### General

#### Precautions

<input type="checkbox"/> Aspiration precautions	Details
<input type="checkbox"/> Fall precautions	Increased observation level needed: High risk for Falls
<input type="checkbox"/> Latex precautions	Details
<input type="checkbox"/> Seizure precautions	Increased observation level needed:

### Nursing

#### Activity

<input type="checkbox"/> Activity - out of bed; up in chair with assistance	Routine, 2 times daily Specify: Out of bed, Up in chair, Up with assistance Additional modifier:
<input type="checkbox"/> Ambulate with assistance	Routine, 3 times daily Specify: with assistance As tolerated

#### Nursing

<input type="checkbox"/> Sitter at bedside	Routine, Continuous For patient safety if needed.
<input type="checkbox"/> Abdominal binder	Routine, Once Waking hours only? Nurse to schedule? Special Instructions: If PEG in place to avoid removal.
<input type="checkbox"/> Bladder scan	STAT, Once If post-void residual (PVR) greater than 300 mL, call provider.
<input type="checkbox"/> Camouflage/cover IV saline lock when possible to avoid removal.	Routine, Until discontinued, Starting S
<input type="checkbox"/> Have patient wear hearing aids and eyeglasses.	Routine, Until discontinued, Starting S
<input type="checkbox"/> Re-orient patient frequently to time, place, and environment and situation.	Routine, Until discontinued, Starting S
<input type="checkbox"/> Keep lights on in day and curtains open for sunlight to promote normal sleep-wake cycles.	Routine, Until discontinued, Starting S
<input type="checkbox"/> Pulse oximetry check	Routine, Daily Current FIO2 or Room Air:
<input type="checkbox"/> Assess for fecal impaction	Routine, Once Assess: for fecal impaction if no bowel movement in 2 days. Notify provider.
<input type="checkbox"/> Straight cath	Routine, Once For 1 Occurrences If needed to obtain urine for urinalysis or urine culture.
<input type="checkbox"/> Patient education - delirium, antipsychotic medications	Routine, Once Patient/Family: Family Education for: Other (specify) Specify: Antipsychotic medications Please give caregivers information on delirium via Methodist Patient Education channel, delirium brochures, or <a href="http://www.icudelirium.org">www.icudelirium.org</a> .
<input type="checkbox"/> Telemetry	<b>"And" Linked Panel</b>

<input type="checkbox"/> Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
<input type="checkbox"/> Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94

## IV

## Medications

### PRN Headache or Mild Pain (Pain Score 1-3)

acetaminophen (TYLENOL) tablet/elixir (Single Response)

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	500 mg, oral, every 6 hours
<input type="checkbox"/> For feeding tube administration - acetaminophen (TYLENOL) suspension	500 mg, feeding tube, every 6 hours

### PRN Moderate Pain (Pain Score 4-6) (Single Response)

For PRN Moderate Pain (4-6)

#### "Or" Linked Panel

<input type="checkbox"/> Scheduled dosing for moderate pain - tramADol (ULTRAM) tablet	25 mg, oral, every 4 hours PRN, moderate pain (score 4-6) Give for moderate pain (4-6)
<input type="checkbox"/> Scheduled dosing for moderate pain - HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6) Hold for sedation. For moderate pain (4-6)
<input type="checkbox"/> Schedule dosing for moderate pain - HYDROcodone-acetaminophen (LORTAB) 2.5-167 mg/5 mL solution	10 mL, feeding tube, every 4 hours PRN, moderate pain (score 4-6) Hold for sedation. Use the oral elixir if patient cannot swallow a tablet. For moderate pain (4-6)
<input type="checkbox"/> morphine 2 mg/mL injection	1 mg, intravenous, every 4 hours PRN, severe pain (score 7-10) For moderate pain (4-6)

### Severe Pain (Pain Score 7-10)

<input type="checkbox"/> morphine 2 mg/mL injection	2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10) Hold for sedation.
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### Scheduled Pain Medications

Please address pain as a source of agitation before starting antipsychotics. Consider scheduled pain medications if pain source is present and patient unable to reliably ask for pain medications.

Scheduled dosing for headache or Mild Pain- acetaminophen (TYLENOL) tablet/elixir (Single Response)

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	500 mg, oral, every 6 hours
<input type="checkbox"/> For feeding tube administration - acetaminophen (TYLENOL) suspension	500 mg, feeding tube, every 6 hours

Scheduled dosing for moderate pain - tramADol (ULTRAM) tablet

25 mg, oral, every 6 hours  
Give for moderate pain.

		<b>"Or" Linked Panel</b>
<input type="checkbox"/> Scheduled dosing for Moderate Pain - HYDROcodone-acetaminophen (NORCO) tablet/elixir Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)		
<input type="checkbox"/>	HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
<input type="checkbox"/>	HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
<input type="checkbox"/>	Scheduled dosing for moderate pain - morphine 2 mg/mL injection	1 mg, intravenous, every 4 hours For moderate pain.
<input type="checkbox"/>	Scheduled dosing for severe pain - morphine 2 mg/mL injection	2 mg, intravenous, every 4 hours For severe pain.

### Insomnia (Single Response)

<input type="checkbox"/>	ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
<input type="checkbox"/>	traZODone (DESYREL) tablet - AVOID IF CARDIAC CONDUCTION ABNORMALITIES	25 mg, oral, nightly PRN, sleep Avoid if cardiac conduction abnormalities Indication:
<input type="checkbox"/>	doxepin (SINEquan) 10 mg/mL solution	3 mg, oral, nightly PRN, sleep Do not administer within 3 hours of a meal. Indication:

### Agitation

Low-dose haloperidol and atypical antipsychotics are typically recommended for management of agitated delirium in hospitalized elders. Benzodiazepines should be reserved for patients with concerns of alcohol or benzodiazepine withdrawal or those who cannot tolerate antipsychotics. Benzodiazepines typically increase confusion and delirium in elderly patients.

Higher mortality risk in elderly patients receiving antipsychotics. Thus, medications should be used only for agitation or psychotic symptoms and tapered off as soon as symptoms improve. Caution with use of antipsychotics in patients with QTc greater than or equal to 0.47 seconds.

<input type="checkbox"/>	PRN Dosing - QUETiapine (SEROquel) tablet	12.5 mg, oral, every 8 hours PRN, agitation Indication:
<input type="checkbox"/>	Nightly maintenance - QUETiapine (SEROquel) tablet	25 mg, oral, nightly Maintenance dosing if frequent agitation at night. Indication:
<input type="checkbox"/>	If CrCl 30 and above - risperiDONE (RisperDAL) tablet	0.5 mg, oral, every 6 hours PRN, agitation Indication:
<input type="checkbox"/>	If CrCl LESS than 30 - risperiDONE (RisperDAL) tablet	0.5 mg, oral, every 12 hours PRN, agitation May cause Q-T interval prolongation Indication:
<input type="checkbox"/>	Sublingual for CrCl 30 and above - risperiDONE (RisperDAL M-TABS) disintegrating tablet	0.5 mg, sublingual, every 6 hours PRN, agitation May cause Q-T interval prolongation Indication:
<input type="checkbox"/>	Sublingual for CrCl LESS than 30 - risperiDONE (RisperDAL M-TABS) disintegrating tablet	0.5 mg, sublingual, every 12 hours PRN, agitation May cause Q-T interval prolongation Indication:
<input type="checkbox"/>	haloperidol (HALDOL) Oral or IntraMUSCULAR Doses (Single Response)	
<input type="checkbox"/>	haloperidol (HALDOL) tablet	0.5 mg, oral, every 12 hours PRN, agitation, severe Until calm up to 2 mg/day. Indication:
<input type="checkbox"/>	haloperidol lactate (HALDOL) injection	0.5 mg, intramuscular, every 12 hours PRN, agitation, severe May cause Q-T interval prolongation. May administer every 30 minutes PRN until patient is calm. Maximum of 2 mg (or 4 doses) per day. Use if patient NPO. Indication:

## VTE

## Labs

### Labs Today

<input type="checkbox"/> Bedside glucose	STAT, Once For 1 Occurrences Notify provider if less than 70 mg/dL or greater than 250 mg/dL.
<input type="checkbox"/> CBC and differential	Once
<input type="checkbox"/> Ammonia	Once
<input type="checkbox"/> Basic metabolic panel	Once
<input type="checkbox"/> Blood gas, arterial	Once
<input type="checkbox"/> B-type natriuretic peptide	Once
<input type="checkbox"/> Comprehensive metabolic panel	Once
<input type="checkbox"/> Digoxin level	Once
<input type="checkbox"/> FK506 Tacrolimus level, random	Once
<input type="checkbox"/> Lactic acid, plasma	Once
<input type="checkbox"/> Lithium level	Once
<input type="checkbox"/> Magnesium	Once
<input type="checkbox"/> Phenytoin level, total	Once
<input type="checkbox"/> Troponin I	Once
<input type="checkbox"/> Urinalysis with microscopic	Once
<input type="checkbox"/> Toxicology screen, urine	Once

### Microbiology

<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:
<input type="checkbox"/> Sputum culture	Once, Sputum
<input type="checkbox"/> Blood culture x 2	<b>"And" Linked Panel</b>
<input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
<input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

## Cardiology

### Cardiology

<input type="checkbox"/> ECG 12 lead	Routine, Once Clinical Indications: Other: Other: Arrhythmia Interpreting Physician:
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## Imaging

### CT

<input type="checkbox"/> CT Head Wo Contrast	Routine, 1 time imaging For 1 Only if new focal neurologic findings or suspicion of neurologic event/head trauma
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### X-Ray

<input type="checkbox"/> Chest 1 Vw Portable	Routine, 1 time imaging For 1
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## Other Diagnostic Studies

## Respiratory

### Respiratory Therapy

<input type="checkbox"/> Oxygen therapy	Routine, Continuous Device 1: Nasal Cannula Rate in liters per minute: 2 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: 91 Indications for O2 therapy:
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## Rehab

## Consults

For Physician Consult orders use sidebar

### Ancillary Consults

<input type="checkbox"/> Consult to Case Management for Confusion in Hospital, Assistance w Discharge Planning Needs	Consult Reason: Other specify Specify: Confusion in Hospital, Assistance w Discharge Planning Needs
<input type="checkbox"/> Consult to Social Work for Confusion in Hospital, Assistance w Discharge Planning Needs	Reason for Consult: Other Specify Specify: Confusion in Hospital, Assistance w Discharge Planning Needs
<input type="checkbox"/> Consult PT Eval and Treat	Special Instructions: Weight Bearing Status:
<input type="checkbox"/> Consult OT Eval and Teat	Special Instructions: Weight Bearing Status:
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for SLP? Evaluate and treat for confusion in hospital, assess swallow function. Evaluate and treat for confusion in hospital, assess swallow function.