Trauma Delirium Management Guideline

Monitoring and Treatment

I. The confusion assessment method for the ICU (CAM-ICU) should be monitored each shift and reported to the team during rounds
    a. CAM-ICU should NOT be reported as unable to assess unless RASS <-3
    b. Consider RASS and CAM-ICU status when choosing treatment options
        i. Hypoactive delirium – CAM positive and RASS 0 to -3
            - Non-pharmacological management
            - Minimize sedating medications
        ii. Hyperactive or mixed hyper/hypoactive delirium – CAM positive and RASS -3 to +4
            - See algorithm
    b. Goal RASS should be specified on **ALL** patients
    II. If CAM positive, consider differential diagnosis (hypoxia, sepsis, CHF, over-sedation, deliriogenic medications)

Non-pharmacologic management**

- **Orient patient** (provide visual/hearing aids, re-orient, encourage communication, encourage proper sleep hygiene, and provide cognitively stimulating activities during the day)
- **Environment** (Mobilize patients early and often, provide familiar objects in patient's room, minimize noise at night, and remove unnecessary lines/drains)
- **Adjunctive** (perform SATs daily, provide adequate pain management, correct dehydration and electrolyte disturbances)

Deliriogenic Medications**

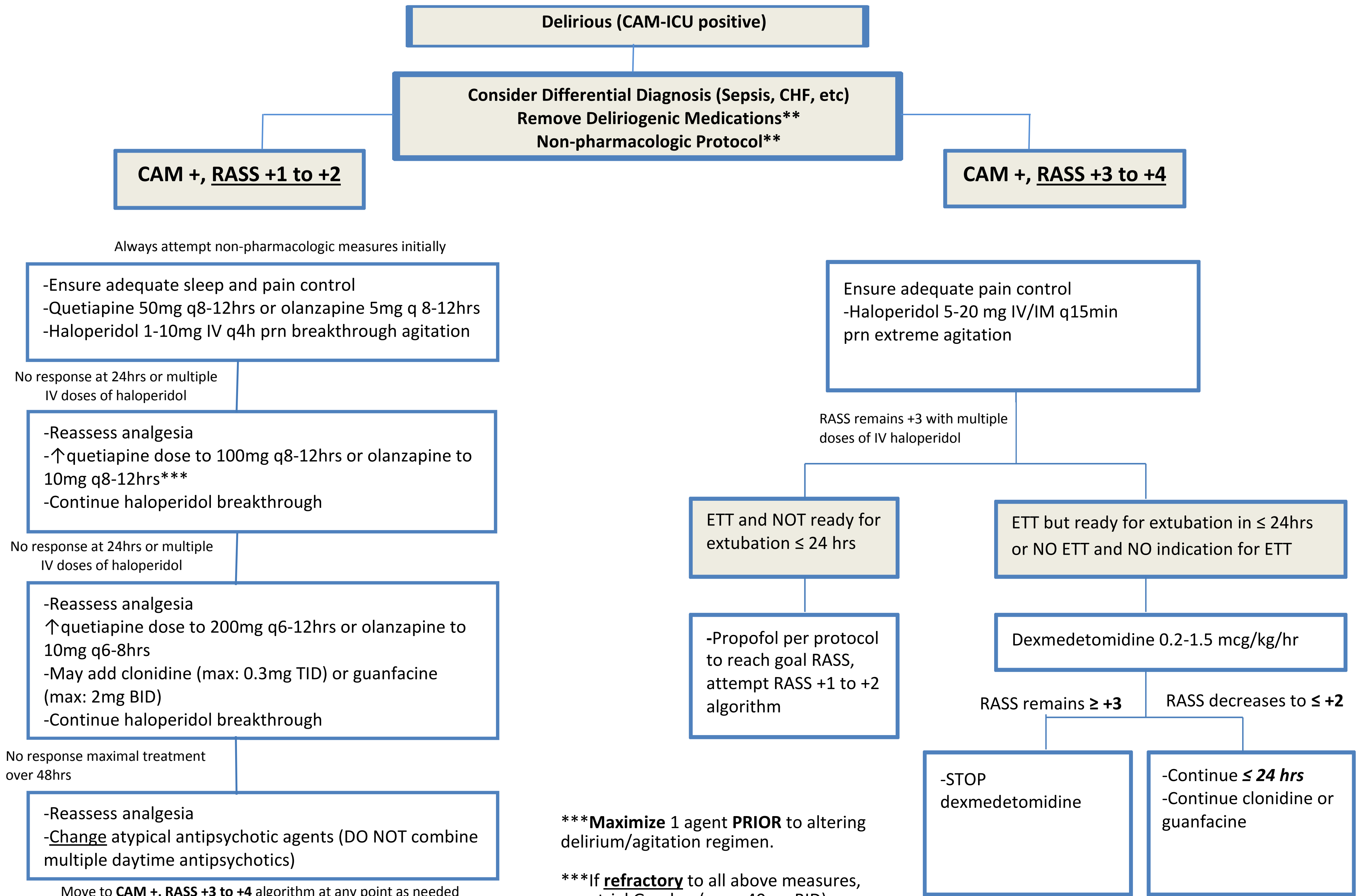
- Benzodiazepines
- Anticholinergics (diphenhydramine, glycopyrrolate, metoclopramide, H2 blockers, TCAs, cyclobenzaprine)
- Steroids
- Pain medications (if pain is not cause of agitation/delirium)
    - Decrease opioid dose
    - Utilize multimodal pain regimen

Special Considerations

- Traumatic Brain Injury
    - Avoid large doses of haloperidol in traumatic brain injury patients.
    - Consider early use of propranolol 10-20mg q8h for agitation related to neurologic storming.
        - Maximum dose 360mg/day
- Geriatric population
    - Reduced antipsychotic (50%) doses should be initially used in patients > 65 years old
    - Avoid haloperidol doses >5mg or quetiapine doses >100mg in patients > 65 years old

Hyperactive Delirium

(includes mixed delirium with hyperactive component, ex: attempting to wean sedation)



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CAM ICU Assessment: http://www.icudelirium.org/docs/CAM_ICU_flowsheet.pdf

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