DIVISION OF TRAUMA AND SURGICAL CRITICAL CARE

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**

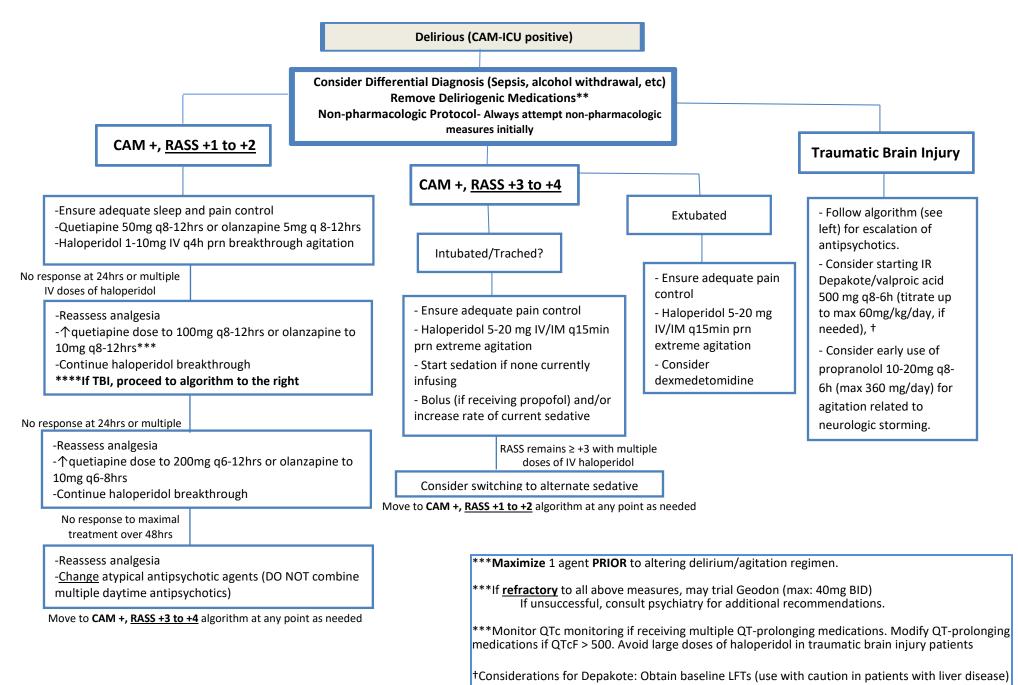
- Benzodiazepines
- Anticholinergics (diphenhydramine, glycopyrrolate, metoclopramide, H2 blockers, TCAs, cyclobenzaprine)
- Steroids
- Pain medications (if pain is not cause of agitation/delirium)
 - Decrease opioid dose
 - o Utilize multimodal pain regimen

Special Considerations

- Geriatric population
 - o Reduced antipsychotic (50%) doses should be initially used in patients > 65 years old
 - o 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)



and weekly LFTs while on therapy, only obtain valproate level if concerned for toxicity

References:

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- 3. Hughes CG, Mailloux PT, Devlin JW, et al. Dexmedetomidine or propofol for sedation in mechanically ventilated adults with sepsis. *NEJM*. 2021; 384:1424-1436.
- 4. Marra A, Wesley E, Pandharipande P, et al. The ABCDEF Bundle in Critical Care. *Crit Care Clin*. 2017; 33(2):225-243.
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- 6. Williamson D, Frenette A, et al. Pharmacological interventions for agitated behaviors in patients with traumatic brain injury: a systematic review. BMJ Open 2019;9:e029604

CAM ICU Assessment

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