

**University of California, San Francisco Medical Center
ICU Delirium Prevention and Management Bundle**

**Determine Baseline Neuro Status
Screen for Risk of ICU Delirium**

- Preexisting dementia/ cognitive impairment
- History of hypertension
- History of alcoholism (≥3 drinks/day)
- High severity of illness at admission

Delirium Prevention

- Frequent reorientation
- Activity level optimized
- Minimize physical restraints
- Eyeglasses ON when patient awake
- Hearing aids in place and ON
- Adjust environment to maintain sleep/wake cycle

Sleep Promotion

- Decrease light
- Decrease noise
- Offer eyeshades/ earplugs
- Cluster patient care activities
- Determine patient preferences:
 - Music
 - Fan
 - Warm blanket
 - TV on/off

Confusion Assessment Method (CAM-ICU) Result
Performed at the start of each shift (0700, 1900) and PRN for changes in mental status

Unable to Assess (UTA)

RN to Document Reason:

- RASS -4 or -5
- Language barrier
- Developmental delay

Negative (-)

**Pharmacologic Prevention
Considerations:**

- Assess for appropriate sedative use
- Add psychogenic home medications
- Discontinue deliriogenic meds

**Non-Pharmacologic Prevention
Considerations:**

- Continue delirium prevention
- Continue sleep promotion

Positive (+)

**Pharmacologic Treatment
Considerations:**

- Discuss etiology of delirium on rounds
- Assess for appropriate sedative use
- Add psychogenic home medications
- Discontinue deliriogenic meds
- Add antipsychotic, as appropriate

**Non-Pharmacologic Treatment
Considerations:**

- Continue delirium prevention
- Continue sleep promotion
- Print & post Delirium Action Plan (DAP)
- Initiate nursing delirium care plan
- Provide family education (see delirium brochure)
- Record daily entries in patient diary

