Perioperative Delirium Prevention and Treatment Pathway

DELIRIUM REDUCTION

General recommendations

1. Enable the patient to **wear glasses and hearing aids** for as long as possible

2. Provide **frequent reorientation** when awake

3. Keep it simple; **avoid polypharmacy** to the extent possible

PONV management

Preferred order of anti-emetics	Avoid (when possible)
• Ondansetron (4 mg IV q6h) • Haloperidol (0.5 - 1 mg q6 hours) • Propofol infusion • Metclopramide (5 mg IV once)	• Dexamethasone (especially doses > 4mg) • Diphenhydramine (*Benadryl*) • Hydroxyzine (*Vistaril*) • Lorazepam (*Ativan*) • Prochlorperazine (*Compazine*) • Scopolamine

Medication management

Medication Class	Examples	Precautions	Rationale
NSAIDs	Ketorolac	• Avoid when GFR < 30 (Stage IV-V CKD or in AKI) • Use caution with repeated doses	Increased risk of GI bleeding, increased risk of AKI (for ketorolac specifically)
Sedative Hypnotics	Benzodiazepines		Increased risk of delirium, cognitive impairement, falls, frachtures
	Gabapentin	• Reduce does or avoid with GFR < 60 • Avoid in patient with ESRD	Increased risk of oversedation
	Meperidine	Avoid, especially in patients wtih CKD	Higher risk of neurotoxicity including delirium
Anticholinergics	Scopolamine Promethazine (*Phenegran*) Prochlorperazine (*Compazine*) Diphenhydramine (*Benadryl*) Hydroxyzine (*Vistaril*) Trycyclic Antidpressants	Avoid	Increased risk of oversedation, central anticholinergic side effects (including delirium)
Other psychoactive medications	Steroids (dexamethasone) Antipsychotics	Avoid or use cautiously	Increased risk of delirium

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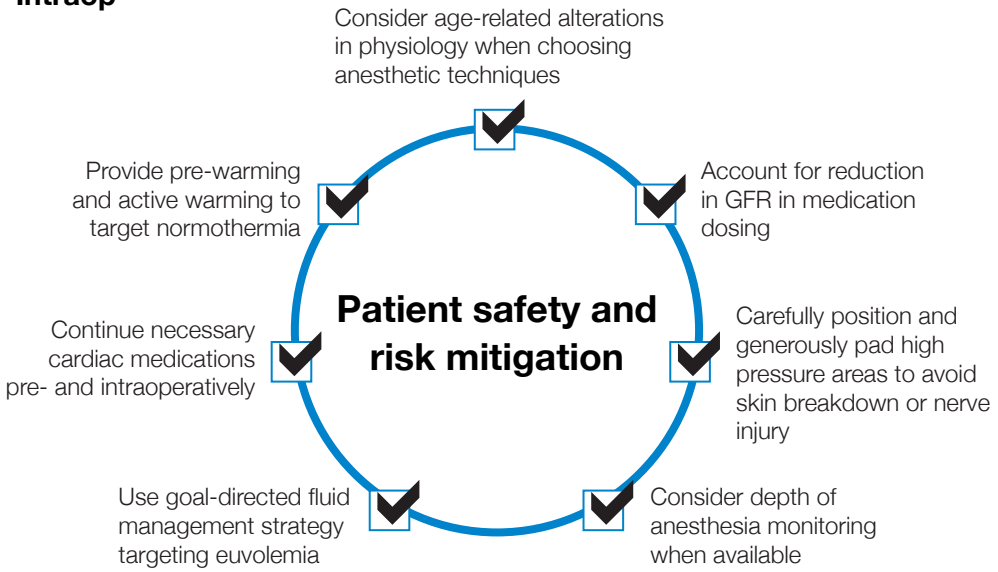
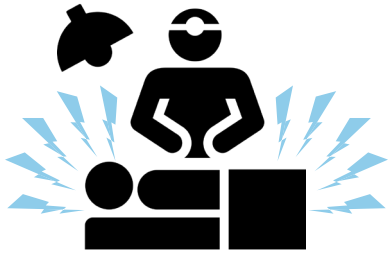
DELIRIUM REDUCTION

Intraop



Pain management



- Use multimodal (opiod-sparing) analgesia
  - Consider non-opiod adjuncts when appropriate (ex: acetaminophen, lidocaine infusion, low dose ketamine infusion, magnesium infusion)
- Use regional anethesia when possible

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Order delirium prevention interventions and antiemetics for patients with high delirium risk in PACU orderset for all patients ≥ 65 years or with AWOL-S predicted risk of delirium > 5%