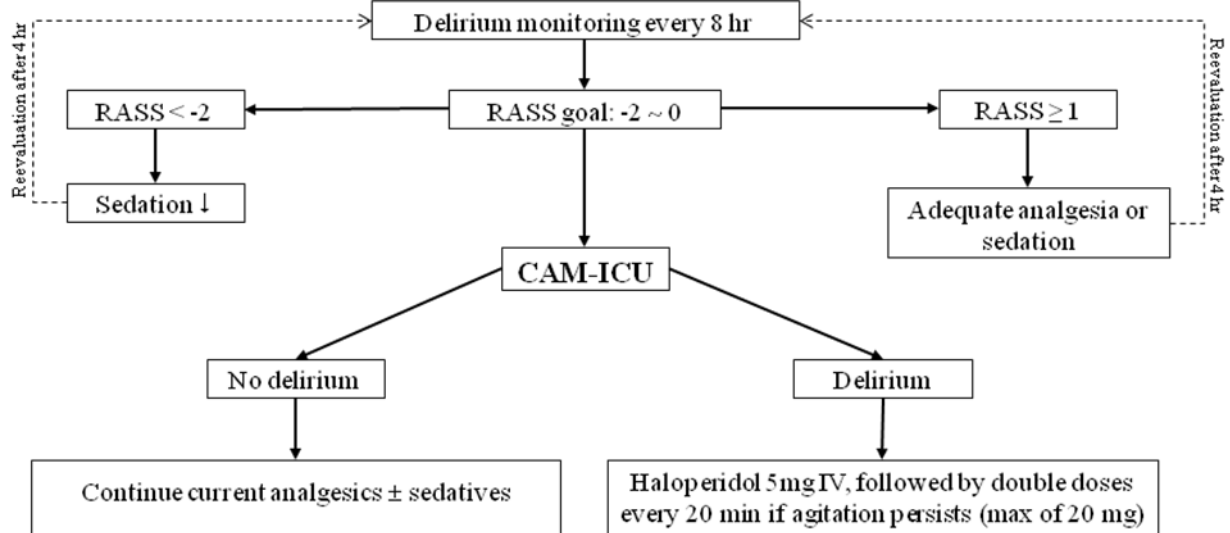


SMC Protocol of acute management of ICU delirium

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Algorithm for diagnosis and management of ICU delirium



Acute management of delirium in ICU

In hyperactive delirium (agitated patients)

Haloperidol 5mg (2.5mg in the elderly of >60 yrs) intravenously, followed by double repeated doses every 20 min if agitation persists up to a maximum of 20 mg in last dose.

If response (+)

- Continuing haloperidol at 25% of the effective dose every 6 hours
- Switch to atypical antipsychotics (initiated at 50mg of quetiapine every 12 hrs)
- Titrate upward on daily basis by increments of 50mg every 12 hrs to maximum dose of 200mg every 12 hrs if patient received at least one dose of as-needed haloperidol in the previous 24 hrs

If response (-)

- Sedation with benzodiazepin (lorazepam 1 – 4mg) IV every 10 – 20 min until acute event controlled, then q 2 – 6 hr scheduled + p.r.n.
- Reassessment of other conditions: differential diagnosis (I WATCH DEATH)

I: infection

W: withdrawal

A: acute metabolic problem

T: trauma

C: CNS pathology

H: hypoxia

D: deficiencies

E: endocrinopathies

A: acute vascular event (stroke)

T: toxins/drugs

H: heavy metals

Suggested readings

1. Clinical practice guidelines for the sustained use of sedatives and analgesics in the critically ill adult. *Crit Care Med.* 2002 Jan;30(1):119-41.
2. Girard TD, Pandharipande PP, Ely EW. Delirium in the intensive care unit. *Crit Care.* 2008;12 Suppl 3:S3. Epub 2008 May 14.
3. Schiemann A, Hadzidiakos D, Spies C. Managing ICU delirium. *Curr Opin Crit Care.* 2011 Apr;17(2):131-40.
4. Devlin JW, Roberts RJ, Fong JJ, Skrobik Y, Riker RR, Hill NS, Robbins T, Garpestad E. Efficacy and safety of quetiapine in critically ill patients with delirium: a prospective, multicenter, randomized, double-blind, placebo-controlled pilot study. *Crit Care Med.* 2010 Feb;38(2):419-27.