

Iatrogenic Delirium Top Ten Checklist

TOP TEN EVIDENCE BASED INTERVENTIONS				
PROCESS CHANGE	IN PLACE	NOT DONE	WILL ADOPT	NOTES (RESPONSIBLE AND BY WHEN?)
Use a validated tool to regularly assess patients for delirium.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Include Richmond Agitation Sedation Scale (RASS)/delirium screening (or a validated agitation scale) in multidisciplinary rounds and hand-off communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use a scheduled pain management protocol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Avoid using benzodiazepines in patients at high risk for delirium.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Administer sedation using a goal according to a scale such as RASS or Modified Ramsey Score as ordered by physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Develop a process that ensures daily reduction or removal of sedative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Implement an early, progressive mobilization program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provide cognitively stimulating activities multiple times/day, and enlist family engagement to provide a calm, familiar environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Implement a non-pharmacological sleep protocol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monitor incident report for possible cases for which delirium may have been a factor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

