

Delirium Risk Care Plan – Acute & Sub-Acute Care

PRISME Interventions for Prevention and Management of Delirium

| | | |
|----------|------------------|--|
| P | Pain | <input type="checkbox"/> Complete and document pain assessment in Electronic Health Record or chartlet flowsheet/notes <input type="checkbox"/> Provide regular analgesia (opioid and non-opioid) <input type="checkbox"/> Use non-pharmacological pain management strategies (comfort measures) |
| | Psychosocial | <input type="checkbox"/> Assess for underlying dementia, stress, ability to cope <input type="checkbox"/> Provide emotional support to patient & family |
| R | Retention | <input type="checkbox"/> Bladder scan PRN. In & out catheter if required <input type="checkbox"/> Remove indwelling catheter ASAP <input type="checkbox"/> Regular toileting Q2H |
| | Restraint | <input type="checkbox"/> Implement Least Restraint: Care of the Patient at Risk for or Requiring Restraint (Acute and Sub-Acute Care) |
| I | Infection | <input type="checkbox"/> Assess for UTI, Pneumonia, wound infection <input type="checkbox"/> Monitor VS for signs and symptoms of infection, elevated NEWS score |
| | Impaction | <input type="checkbox"/> Determine last BM <input type="checkbox"/> Implement bowel protocol |
| | Intake | <input type="checkbox"/> Dysphagia screen <input type="checkbox"/> Supported food and fluid intake <input type="checkbox"/> Allow adequate time for meals |
| S | Sleep | <input type="checkbox"/> Ensure 4-hour sleep periods <input type="checkbox"/> Daytime rest period |
| | Sensory | <input type="checkbox"/> Ensure glasses, hearing aids & dentures fit well and work |
| | Social isolation | <input type="checkbox"/> Encourage family participation. |
| M | Medication | <input type="checkbox"/> Review recent med changes <input type="checkbox"/> Alcohol/ drug screen <input type="checkbox"/> Avoid at risk medications |
| | Metabolic | <input type="checkbox"/> Monitor in & outs, labs, O ₂ Saturation. blood sugar <input type="checkbox"/> Ensure agitation is treated |
| | Mobility | <input type="checkbox"/> Encourage self-care, toileting, early ambulation, up for meals <input type="checkbox"/> Braden Scale for predicting risk of skin breakdown |
| E | Environment | <input type="checkbox"/> Provide quiet, supportive environment (decrease noise, light, people) <input type="checkbox"/> Provide schedule of daily activities <input type="checkbox"/> Avoid room changes <input type="checkbox"/> Hypoactive – increase stimuli as tolerated. Activate & ambulate <input type="checkbox"/> Hyperactive – Reduce stimuli, especially at night |

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Site Applicability

PHC Acute Care/Sub-Acute Care Inpatient Units (except Critical Care)

Practice Level

RN, RPN, LPN

Related Documents

[B-00-13-10065](#) - Delirium Assessment and Care (Acute Care)

[BD-00-07-40081](#) – Delirium Screening, Assessment and Management (PHC Long Term Care only, & VCH)

[B-00-13-10059](#) – Least Restraint: Care of the Patient at Risk for or Requiring Restraint (Acute and Sub-Acute Care)

Appendices

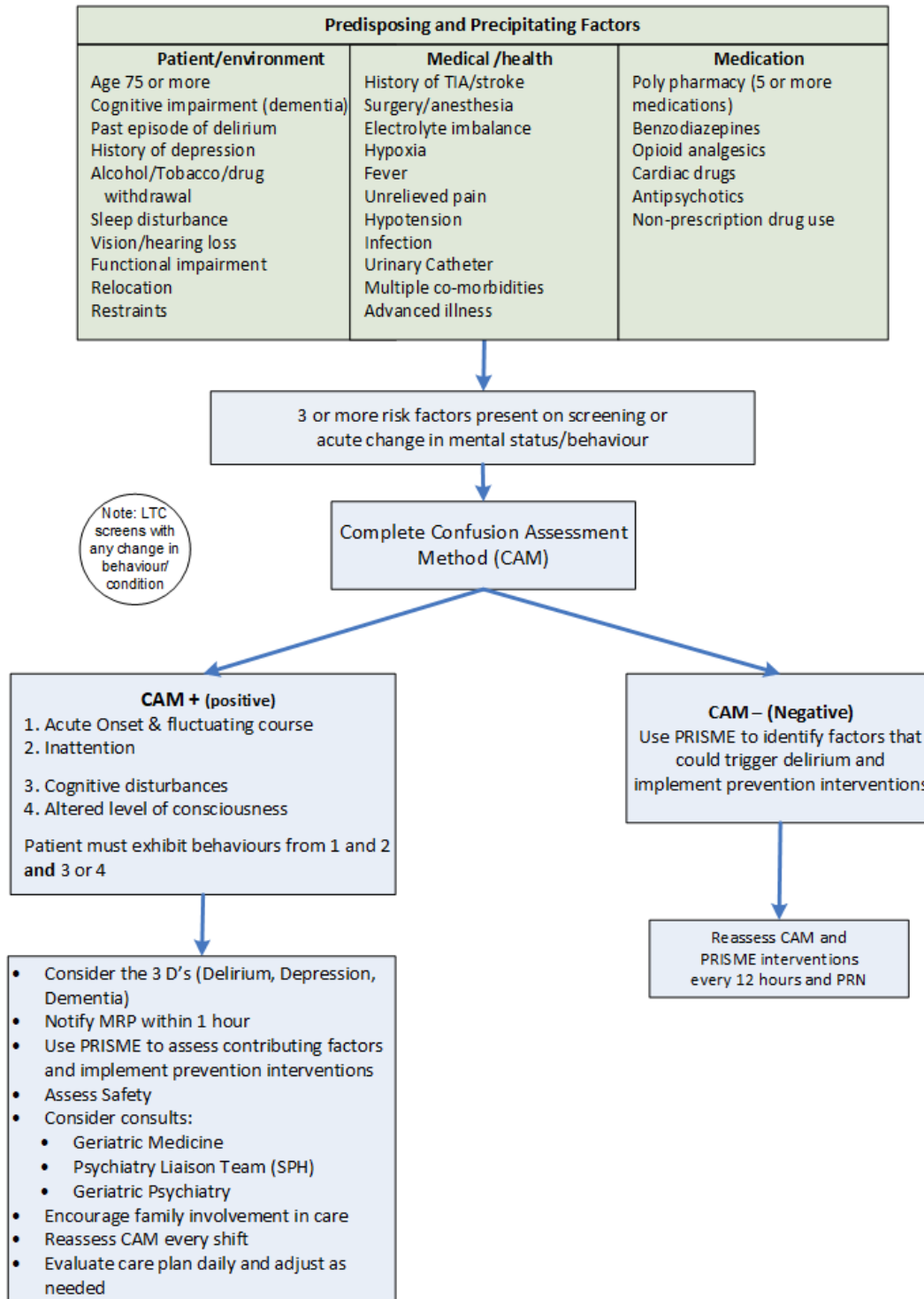
[Appendix A:](#) Delirium Identification, Prevention and Treatment



Appendix A

Delirium Identification, Prevention and Treatment

Delirium Identification, Prevention and Treatment



Adapted from PHC Form NF351 Delirium Screening and Care Plan

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|--------------------------------|-----------------------|
| Initial Effective Date: | 22-OCT-2019 |
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| | Professional Practice |