

# Nonpharmacological Prevention and Management Strategies for Delirium

Delirium is common in the ICU and is associated with worse patient outcomes.

Nonpharmacologic interventions are often simpler and safer than medications and may reduce the risk of future cognitive sequelae.



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## Provide regular orientation

- Introduce yourself at each visit; use large badges with photos for staff.
- Assess for and provide necessary visual and hearing aids.
- Place visual orientation reminders and a calendar in a visible location.
- Keep familiar objects in the patient's room, such as printed pictures of family, and provide access to video calls with loved ones.



## Mobilize early and often

- Keep a chair in the room when safe.
- Encourage patient to be sitting up at bedside for meals or other daytime activities.
- Consult acute therapies.



## Reduce agitation

- Limit overstimulation by turning off TV/music, having one person speak at a time, and speaking calmly in short, easy-to-understand sentences.
- Use restraints sparingly. When restraints are used, assess necessity frequently and remove as soon as possible.
- Review medications often and remove unnecessary medications, including sedatives.



## Promote normal sleep-wake cycles

- Have lights on and blinds open during the day, off at night.
- Limit naps by encouraging the patient to wake for each episode of care.
- Bundle care to minimize nighttime disturbance.