Iatrogenic Delirium Top Ten Checklist

1. Use a validated tool to regularly assess patients for delirium.
2. Include Richmond Agitation Sedation Scale (RASS)/delirium screening (or a validated agitation scale) in multidisciplinary rounds and hand-off communication.
3. Treat pain before agitation using scheduled pain management protocol.
4. Avoid using benzodiazepines in patients at high risk for delirium.
5. Administer sedation using a goal according to a scale such as RASS or Modified Ramsey Score as ordered by a physician.
6. Develop a process that ensures daily reduction or removal of sedative.
7. Implement an early progressive mobilization program.
8. Provide cognitively stimulating activities multiple times per day and enlist family engagement to provide a calm, familiar environment.
9. Implement a non-pharmacological sleep protocol.
10. Monitor incident reports for possible cases in which delirium may have been a factor.