

PROMOTE SAFETY ACROSS THE BOARD



DATE OF LAST IATROGENIC DELIRIUM EVENT:

Iatrogenic Delirium Top Ten Checklist

Use a validated tool to regularly assess patients for delirium.

Include Richmond Agitation Sedation Scale (RASS)/delirium screening (or a validated agitation scale) in multidisciplinary rounds and hand-off communication.

Treat pain before agitation using scheduled pain management protocol.

Avoid using benzodiazepines in patients at high risk for delirium.

Administer sedation using a goal according to a scale such as RASS or Modified Ramsey Score as ordered by a physician.

Develop a process that ensures daily reduction or removal of sedative.

Implement an early progressive mobilization program.

Provide cognitively stimulating activities multiple times per day and enlist family engagement to provide a calm, familiar environment.

Implement a non-pharmacological sleep protocol.

Monitor incident reports for possible cases in which delirium may have been a factor.