Delirium Bedside Checklist

Identify cause before sedating

Neurology | PHYSICIAN REFERENCE

Recognize

- Acute fluctuating inattention with altered cognition/awareness.

Search

- Infection, hypoxia, pain, urinary retention/constipation, drugs/withdrawal, metabolic disturbance, stroke/seizure.

Manage

- Treat cause; orientation, sleep, mobility, hearing/vision aids and family engagement. Antipsychotics are not routine treatment and are reserved for selected dangerous distress/agitation.

Clinical safety note

Use this as a memory aid, not a prescription. Verify current guidelines, local protocols, contraindications, renal/hepatic dosing, pregnancy status, interactions and patient-specific factors before treatment.