**MANAGEMENT OF AGITATION AND DELIRIUM IN COVID-19 PATIENTS**

**INTUBATED ON DEXMEDETOMIDINE, GETTING EXTUBATED**

**INTUBATED, NOT ON DEXMEDETOMIDINE, GETTING EXTUBATED**

**NOT INTUBATED**

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**START MELATONIN 3-5MG PO AT BEDTIME UNTIL DISCHARGE**

**NON-PHARMACOLOGIC: FIRST LINE**

- Early Mobilization
- Hydration
- Reorientation
- Sleep Restoration
- Avoid Restraints
- Hearing/Visual Aids

**DELIRIOUS? EVALUATE FOR UNDERLYING CAUSE AND REVIEW MEDS!**

- **HALDOL 0.5 – 1MG PO/IV AT BEDTIME OR BID**
  - If QTc <500, even if patient on HCQ
  - If QTc >500ms, particularly if patient on HCQ

**MONITOR QTc ON EKG PARTICULARLY IF PATIENT ON HCQ AND/OR AZITHROMYCIN**

- If QTc >500ms
- If QTc <500ms

**VALPROATE 125 – 250MG PO/IV AT BEDTIME OR BID**

- Monitor Platelets and LFTs, particularly if patient on Remdesivir

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**MONITOR BP AND HR (DO NOT INITIATE OR STOP IF BRADYCARDIA OR HYPOTENSION PROMINENT. IF TOLERATED WELL, TAPER OFF OVER SEVERAL DAYS.**

**IF BRADYCARDIA AND/OR HYPOTENSION**

- **CLONIDINE 0.1 – 0.3MG PO/TD/IV AT BEDTIME**
  - If previously on dexmedetomidine

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**OR CALL PSYCHIATRY: 975-0445 or 562-4745**

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**CONTINUE UNTIL PATIENT NO LONGER DELIRIOUS FOR 3 DAYS.**

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**CONTINUE UNTIL PATIENT NO LONGER DELIRIOUS FOR 3 DAYS.**

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**STOP**

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**NO FURTHER TREATMENT**

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Huremovic, Sinvani 2020