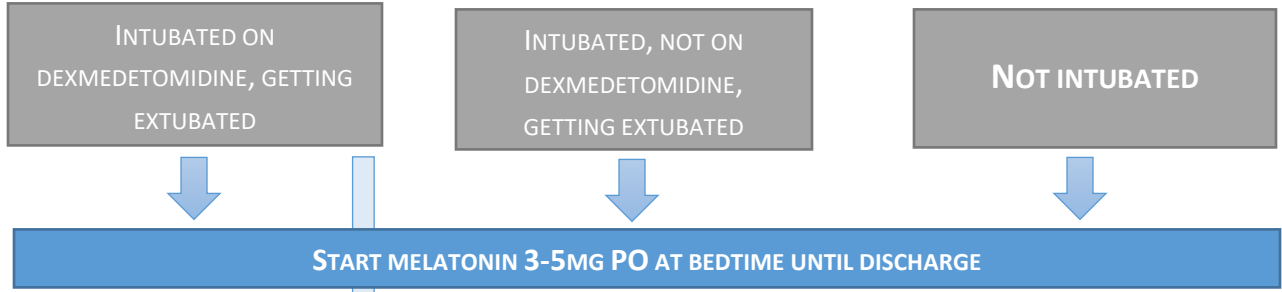


MANAGEMENT OF AGITATION AND DELIRIUM IN COVID-19 PATIENTS



NON-PHARMACOLOGIC: FIRST LINE

- EARLY MOBILIZATION
- HYDRATION
- REORIENTATION
- SLEEP RESTORATION
- AVOID RESTRAINTS
- HEARING/VISUAL AIDS

DELIRIOUS?
EVALUATE FOR UNDERLYING CAUSE AND REVIEW MEDS!

NOT DELIRIOUS?

STOP
NO FURTHER TREATMENT

[IF PREVIOUSLY ON DEXMEDETOMIDINE]:
CLONIDINE 0.1 – 0.3MG PO/TD/IV AT BEDTIME

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



Or call PSYCHIATRY: 975-0445 or 562-4745

ALTERNATE ROUTE
MAIN ROUTE



HALDOL 0.5 – 1MG PO/IV AT BEDTIME OR BID

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

IF QTc <500, EVEN IF PATIENT ON HCQ
IF QTc >500ms, PARTICULARLY IF PATIENT ON HCQ

IF QTc >500ms

IF QTc <500ms

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



OR CALL PSYCHIATRY: 975-0445 OR 562-4745

MONITOR PLATELETS AND LFTs, PARTICULARLY IF PATIENT ON REMDESIVIR

CONTINUE UNTIL PATIENT NO LONGER DELIRIOUS FOR 3 DAYS.

IF >3X OVER LIMIT

IF <3X OVER LIMIT

CONTINUE UNTIL PATIENT NO LONGER DELIRIOUS FOR 3 DAYS.



NO FURTHER TREATMENT