

PHARMACY CONSULT: Delirium

THE RECOMMENDATIONSSHALL BE SHARED WITH A COVERING PROVIDER WHEN A DELIRIUM CONSULT IS ORDERED.

THE FORM SHALL BE RETURNED TO THE PHARMACY CLINICAL COORDINATOR.
IT IS NOT A PERMANENT PART OF THE MEDICAL RECORD.

Pharmacist Regimen Assessment Checklist

IF ANY OF THE BELOW QUESTIONS ARE ANSWERED YES, WRITE RECOMMENDATIONS BELOW

EVALUATE FOR DRUG WITHDRAWAL

☐ YES ☐ NO ☐ N/A Look for medications that may precipitate withdrawal with abrupt discontinuation (e.g. barbiturates, muscle relaxants, benzodiazepines). Review H&P and progress notes. Compare before-admission agents with current agents. Are there any medications that may have precipitated withdrawal?

EVALUATE ANTICHOLINERGIC DRUG USE

☐ YES ☐ NO ☐ N/A Is the patient on any anticholinergic medication(s) that can be discontinued?

EVALUATE PAIN REGIMEN

☐ YES ☐ NO ☐ N/A Is the patient on an effective pain regimen as pain can also cause delirium?

☐ YES ☐ NO ☐ N/A Is the patient on a pain regimen appropriate on the basis of age and kidney function?

☐ YES ☐ NO ☐ N/A Is the patient on a pain regimen appropriate on the basis of pre-admission history?

EVALUATE FOR OTHER AGENTS WITH CENTRAL NERVOUS SYSTEM EFFECTS

☐ YES ☐ NO ☐ N/A Check for any other medications that can cause delirium. If there is (are) any can the medication(s) be discontinued or the dose(s) decreased?

☐ YES ☐ NO ☐ N/A Any new medications recently initiated or dose changed. Can an alternative be considered?

☐ YES ☐ NO ☐ N/A Check age, creatinine clearance & liver function. Do any medications need dose adjustment?

☐ YES ☐ NO ☐ N/A Are there any drug-drug interactions that contribute to delirium?

EVALUATE FOR OTHER DRUG-RELATED CAUSES OF DELIRIUM

☐ YES ☐ NO ☐ N/A If the patient is on diabetic medications, is the glucose control regimen appropriate?

☐ YES ☐ NO ☐ N/A Are the medications appropriately timed? Medications should be timed appropriately by pharmacy to not disturb sleep.

☐ YES ☐ NO ☐ N/A Is the antibiotic regimen appropriate?

☐ YES ☐ NO ☐ N/A Does the patient require electrolyte supplementation or adjustment?

Medication(s) to evaluate for appropriateness	
Recommendations	
Additional comments	
Assessment completed by: Pharmacist: Print Name _____ Signature _____ Date _____ Time _____	

Reference tools for pharmacists (see reference section of pharmacy website)

AGS Beer's Criteria 2015

Medication Appropriateness Index (MAI)

Screening Tool of Older Persons' potentially inappropriate Prescriptions (STOPP)

Screening Tool to Alert doctors to the Right Treatment (START)