

### Screening

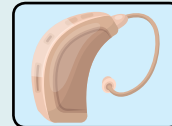
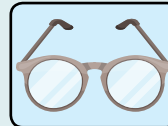
- A rapid change in ability to concentrate and pay attention
  - Can be sleepiness/ agitation/ hallucinations
  - Use the Ultra-Brief 2 (UB-2) to screen each shift or upon any change in thinking:
    - » The Ultra-Brief 2-Item Screener (UB-2) is a clinician-administered two-item interview designed for large-scale delirium case identification
    - » The two items are:
      1. "Please tell me the day of the week"
      2. "Please tell me the months of the year backwards – say December as your first month"
    - » Scoring the UB-2  
If the patient gets both items correct the screen is negative for delirium
- If one or both items are incorrect then this is a positive screen
- For the months of the year backwards answer is incorrect if:
- » one or more months are missed
  - » if the patient gives the wrong type of answer after one re-read of instructions
  - » if the patient cannot answer at all after two prompts



### Mitigation

#### Non-pharmacologic Interventions

- Mobilize (as able)
  - » Ambulate safely within the room at every opportunity
  - » Get patient out of bed at least 3 times/day
- Nutrition
  - » Assist with eating if needed
  - » Offer snacks throughout the day
- Hydration
  - » Offer drinks throughout the day
  - » Use adaptive equipment, i.e., cup with two handles
- Maintain sleep/wake cycle
  - » Turn lights on during the day, and off at night
  - » Exposure to daylight – at window or outside
  - » Use nightlights for night time ambulation
- Be aware of sensory impairments
  - » Glasses
  - » Hearing aids
- Continue to stimulate cognition
  - » Social interaction with staff and family
  - » Use games and computers to assist
- Family connections with technology
  - » Using VA Video Connect (VVC)/ text messages
  - » Using iPads/tablets/ smartphones
  - » Encourage patient to keep a journal of the experience
- Documentation
  - » Document in CPRS the patient's delirium status and mental state each shift
  - » Note the results of the Ultra-Brief 2-Item Screener in the nurses note



### Recovery

- Medications to avoid
  - » Avoid anti-psychotic medications
  - » Avoid benzodiazepines
  - » Avoid opioid medications
  - » Avoid anti-cholinergic and high risk medications (Beers criteria)
- Assessment and Documentation
  - » Continue to check UB-2 Item Delirium Screener each shift
  - » Continue to document the UB-2 score in the nursing notes each shift
  - » Notify Care team if change in mental status including more sleeping or agitation
  - » Order rehabilitation therapy consults
- Waiting for virus to clear
  - » Continue with all mitigation interventions
  - » Continue family communications using technology
  - » Monitor closely and document functional and cognitive improvement as the virus symptoms subside
  - » It will take time

