

1. Is the patient: easily distracted?
2. Is the patient: motor restlessness reported (e.g. by family) or observed?
3. Are hallucinations reported or observed?
4. Is there a recent change in cognitive function?

Is the answer on *one* of these questions “yes”, follow “YES”

YES

Treat as delirium<sup>1</sup>

Haloperidol 2 mg at 18.00 hour;  
lorazepam 1 mg or temazepam  
10 mg at bedtime (if no other  
sleep medication is used).

1: If the patients has been diagnosed  
with Parkinson’s disease or  
parkinsonism treat after consultation  
with the geriatrician.

NO

Ask the following questions:

1. Was the patient delirious or confused during a previous episode of illness or hospitalization?
2. Are there memory disturbances, or has the patient been diagnosed with dementia (ask relatives)?
3. Is there excessive alcohol use?

Is the answer on *one* of these questions “yes”, follow YES

YES

Start prophylactic treatment: haloperidol 2 mg before the operation, and haloperidol 2 mg at 18.00 hour on the days after operation. Prescribe only non-medical preventive measures if the patient has been diagnosed with Parkinson’s disease or Parkinsonism.

NO

No medication

For all patients:

1. Take non-medical measures for delirium prevention
2. Perform delirium observation scores daily
3. Request geriatric consultation