

# Treating Delirium with Haloperidol: Our Experience with the Center for Medicare and Medicaid Services

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Almost all treatments of delirium require managing its underlying cause and using haloperidol as the first-line drug to alleviate the suffering associated with delirium. This is true in the hospital, nursing home, and home settings. The incidence of delirium is high in hospitalized patients, and the diagnosis is frequently missed, especially for those who have multiple risk factors.<sup>1-5</sup>

For the past 4 years our palliative care team (PCT) has encouraged the appropriate and evidence-based use of haloperidol in our 450-bed hospital in Kansas City, MO. In April 2009, surveyors from the Center for Medicare and Medicaid Services (CMS) visited our hospital to investigate a complaint lodged against the hospital. As CMS personnel were reviewing the issues noted in the patient's complaint, they found that the patient had been discharged with an order for haloperidol without an acceptable diagnosis. Consequently, a formal Condition of Participation (COP) survey of the hospital was initiated. If we did not meet our COP, the hospital ran the risk of losing its Medicare provider number.

Medical directors from four nursing homes in the area explained that many nursing homes and their medical directors in Kansas City discourage or prohibit the use of haloperidol because they fear being sanctioned by CMS. CMS made three survey visits between April and July 2009: the initial complaint survey, the COP survey, and the follow-up survey to review the hospital's action plan. Some of the CMS surveyors sent to the hospital had strong clinical nursing home experience.

CMS initially deemed haloperidol to be a chemical restraint requiring a chemical restraint order set to be filled out daily. Exempt patients were those who had either been taking haloperidol prior to admission or who had been diagnosed with terminal delirium. Writing "PRN for agitation" was unacceptable. Lorazepam, however, was acceptable to CMS, despite evidence that lorazepam may aggravate

delirium and is indicated as a first-line drug only for delirium secondary to alcohol and benzodiazepine withdrawal.<sup>6-9</sup>

After the first survey the PCT became involved in educating the medical and nursing staffs about the evaluation and treatment of delirium, developing *Clinical Practice Guidelines (CPG): Delirium and Acute Change in Mental Status*, and developing order sets for delirium and terminal delirium. The nurses were educated by nursing leaders in Confusion Assessment Method (CAM)<sup>10</sup> documentation. Physicians attended a conference meeting titled "The Evaluation and Treatment of Delirium."

The hospital administration, along with nursing and medical staff members, were very supportive of our efforts to disseminate information on the proper evidence-based treatment of delirium. CMS received our CPG and the two order sets and requested hand-carried copies of the 28 CPG references. CMS also approved our Plan of Correction (POC) on the last day before their third visit. We now use order sets for all patients treated for delirium (ie, with haloperidol), and, in addition to CAM documentation, nurses document the symptoms of suffering associated with delirium. After their third review visit, CMS determined that the hospital had met all conditions of participation and had successfully completed the POC.

Because of this experience, physicians and nurses at our hospital now have a much better understanding of how to treat delirium and the best tools for assessing and documenting it. However, I believe the education of CMS about the appropriate assessment and treatment of delirium needs to occur at the national level with CMS disseminating this information to the local level, ensuring knowledge and consistent surveys.

The CPG and order sets discussed in this article may be used by anyone—I encourage their use. They are available online at [www.aahpm.org](http://www.aahpm.org). It is my hope that our experience might be useful to your own administration and medical

and nursing staffs for improving the care of patients with delirium and avoiding the issues we faced. Chlorpromazine was not included in the order sets because of the difficulty using intravenous lines at our hospital.

## References

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