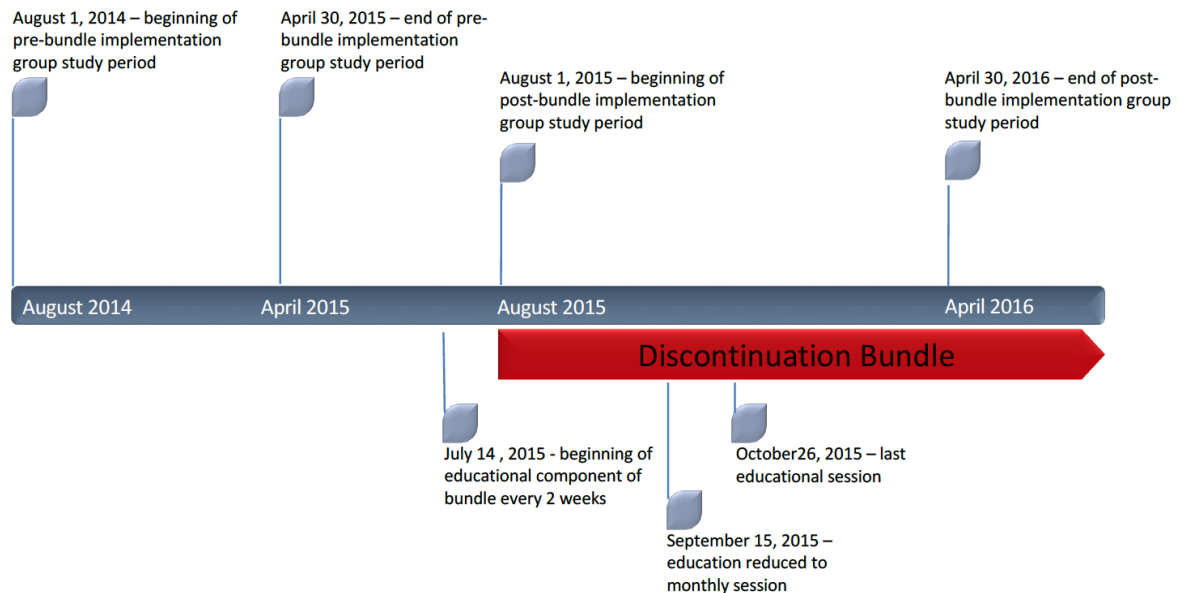


## Supplementary Appendix

### 1. Antipsychotic Discontinuation Bundle Implementation Timeline



### 2. Education Plan

- a. Education plan will utilize strategies based on the theoretical background of the commitment to change model with a focus on the three stages: 1) providing and educating physicians with information illustrating the discordance between current and desired practices with the use of antipsychotics for ICU delirium, 2) following up with physician teams to ensure implementation of the protocol and potential barriers to implementation, and 3) determination of implementation by analyzing changes in continuation of antipsychotics after protocol implementation
- b. Multiple educational approaches will be utilized in an effort to appeal to different learning styles and impact a larger percentage of providers<sup>16,17,18</sup>
- c. Education Outline
  - i. Recorded Electronic Presentation
    1. Epidemiology of ICU delirium
    2. Risk factors for ICU delirium
    3. Review of literature for non-pharmacologic interventions to prevent ICU delirium
    4. Review of current evidence for antipsychotics for ICU delirium and the UMMC Pain, Agitation and Delirium guidelines
    5. Review study conducted at UMMC regarding continuation of antipsychotics from the ICU to floor, and through discharge
    6. Associated risks with continued inappropriate antipsychotic use after resolution of ICU delirium

7. Discussion of antipsychotic discontinuation protocol
  8. Case presentations
  - ii. ICU Education Sessions
    1. Brief review of the use of antipsychotics for ICU delirium guidelines
      - a. Risk factors for ICU delirium
      - b. Non-pharmacologic approaches for managing ICU delirium
      - c. Appropriate use of antipsychotics based on current UMMC guidelines
      - d. Available agents
      - e. CAM-ICU Score
      - f. Risks associated with inappropriate continuation of antipsychotics for ICU delirium
    2. Summary of current inappropriate antipsychotic continuation data will be provided to new interns and residents to illustrate discordance from guidelines
    3. Findings from UMMC study on continuation of antipsychotics for ICU delirium
    4. Safety concerns associated with continuation of antipsychotics after discharge from ICU setting
      - a. List of serious side effects
    5. Presentation of protocol
    6. Case presentation
3. Study Protocol Definitions
    - a. Antipsychotic Dosing Guide for Treatment of ICU delirium
      - i. Haloperidol: usual dose range – 2.5-10 mg IV/PO every 4 hours; low dose  $\leq$  20 mg/day
      - ii. Quetiapine: usual dose range – 25 – 200 mg PO Q12H; low dose  $\leq$  100 mg/day
      - iii. Ziprasidone: usual dose range – 10 – 20 mg IM Q4-6H; low dose  $\leq$  40 mg/day
      - iv. Risperidone: usual dose range – 0.5 – 4 mg PO Q12H; low dose  $\leq$  2 mg/day
      - v. Olanzapine: usual dose range – 2.5 – 20 mg PO Q24H; low dose  $\leq$  7.5 mg/day