**Supplementary Online Content: Appendix B**

A Morandi, D Davis, J Taylor, G Bellelli, B Olofsson, S Kreisel, A Teodorczuk, B Kamholz, W Hasemann, J Young, M Agar, S.E.J.A. de Roji, Meagher D, M Trabucchi, AM MacLullich. Variation in Clinical Practice among Experts in Europe: Results from a Survey of the European Delirium Association

**Appendix B.1.** First line pharmacological management of hyperactive delirium.

**Appendix B.2.** Starting dose haloperidol for hyperactive delirium

**Appendix B.3.** Starting dose risperidone for hyperactive delirium

**Appendix B.4.** ECG monitoring after an antipsychotic is started

**Appendix B.5.** Duration of pharmacological treatment for hyperactive delirium

**Appendix B.6.** Barriers to improving the detection of delirium

**Appendix B.7.** Barriers to improving the management of delirium

**Appendix B.8.** Comparison between delirium experts and non experts onthe management of hyperactive and hypoactive delirium. We defined experts in delirium management as those responders who: (1) scored ≥8/10 in the self-report question: “How would you rate your knowledge of delirium”; and (2) gave a response of "more than sufficient" to the question "How much training you have received on delirium management."

This supplementary material has been provided by the authors to give readers additional

information about their work. It was last updated on May 15th, 2013.

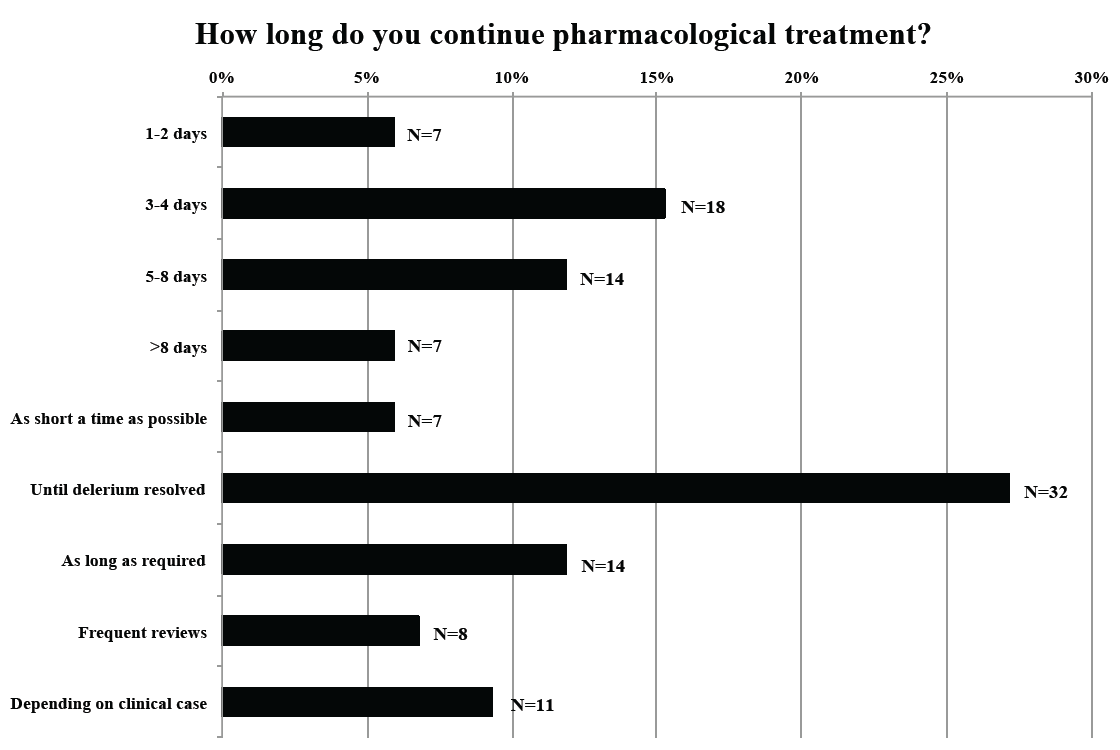
**Appendix B.1: First line pharmacological management in hyperactive delirium**

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**Appendix B.6.** Barriers to improving the detection of delirium

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**Appendix B.6: Comparison between delirium experts and non experts**

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| --- | --- | --- | --- | --- |
| **Variable** | **Delirium experts**  **N (%)** | **Delirium non experts**  **N (%)** | **Chi squared** | **P value** |
| Routine assessment for delirium in the daily practice | **59 (95%)** | **81 (92%)** | **0.277** | **0.673** |
| Pharmacological as the first approach for the management of hyperactive delirium | **7 (11.2%)** | **6 (6.8%)** | **0.441** | **0.506** |
| Non pharmacological as the first approach for the management of hyperactive delirium | **16 (25.8%)** | **28 (31.8%)** | **0.377** | **0.539** |
| Non pharmacological as the first approach for the management of hypoactive delirium | **46 (74.2%)** | **52 (61.2%)** | **2.179** | **0.018** |
| Haloperidol as the first line pharmacological management of agitation in hyperactive delirium | **53 (91.4%)** | **63 (76.8%)** | **6.606** | **0.010** |
| Oral route for the haloperidol use | **52 (83.9%)** | **64 (75.3%)** | **1.111** | **0.291** |
| Routinely evaluation of the QTc interval on the ECG before initiating medication | **39 (63.9%)** | **52 (59.8%)** | **0.116** | **0.733** |