**Supplemental Table 18. Voting results for Delirium Recommendations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Recommendation** | Response rate (%) | YES(%) | No(%) | ABSTAIN (%) |
| Good (Best) Practice Statement:   Note: A recommendation was not able to be made due to lack of evidence but a best practices statement (following the GRADE criteria for the development of a good (best) practices statement) was able to be made:    Critically ill adults should be monitored regularly for delirium using either the CAM-ICU or the ICDSC | **100** | **97** | **3** | **0** |
| We do not suggest using haloperidol to prevent delirium in critically ill adults.   (Conditional recommendation, Low quality of evidence) | **100** | **100** | **0** | **0** |
| We do not suggest using an atypical antipsychotic to prevent delirium in critically ill adults.   (Conditional recommendation, Low quality of evidence) | **100** | **100** | **0** | **0** |
| We do not suggest using a statin to prevent delirium in critically ill adults.   (Conditional recommendation, Very low quality of evidence) | **100** | **100** | **0** | **0** |
| We do not suggest using dexmedetomidine to prevent delirium in critically ill adults.   (Conditional recommendation, Low quality of evidence) | **100** | **94** | **3** | **3** |
| We do not suggest using haloperidol to treat subsyndromal delirium in critically ill adults.   (Conditional recommendation, Low quality of evidence) | **100** | **94** | **0** | **6** |
| We do not suggest using an atypical antipsychotic to treat subsyndromal delirium in critically ill adults.   (Conditional recommendation, Low quality of evidence)   | **100** | **97** | **3** | **0** |
| We do not suggest using haloperidol to treat delirium in critically ill adults.   (Conditional recommendation, Low quality of evidence) | **100** | **91** | **3** | **6** |
| We do not suggest using an atypical antipsychotic to treat delirium in critically ill adults.   (Conditional recommendation, Low quality of evidence)   | **100** | **94** | **0** | **6** |
| We do not suggest using a statin to treat delirium in critically ill adults.   (Conditional recommendation, Low quality of evidence)   | **100** | **100** | **0** | **0** |
| We suggest using dexmedetomidine to treat delirium in mechanically ventilated patients where agitation is precluding weaning/extubation. (Conditional recommendation, Low quality of evidence)   | **100** | **100** | **0** | **0** |
| We do not suggest using bright light therapy in critically ill adults. (Conditional recommendation, Moderate quality of evidence)  | **100** | **97** | **3** | **0** |
| We suggest using a multicomponent, non-pharmacological intervention\* that is focused (but not limited to) reducing modifiable risk factors for delirium, improving cognition, and optimizing sleep, mobility, hearing/vision in critically ill adults.   (Conditional recommendation, Low quality of evidence) \*These multicomponent interventions include (but are not limited to) strategies to improve cognition (e.g., re-orientation, cognitive stimulation, music, use of clocks), improve sleep (e.g., minimizing light and noise), improve wakefulness (i.e., reduced sedation), reduce immobility (e.g., early mobilization), and reduce hearing and/or visual impairment (e.g. use of hearing aids, glasses). | **100** | **100** | **0** | **0** |