Nursing Management of Patients with Delirium

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Purpose

We aim to improve the nursing management of patients with delirium in the medical surgical unit. The process begins with early nursing assessment of patients at risk for delirium. The process ends with safety being maintained for both the patient and staff without having to call a code grey.

Project Aim: Educate nurses regarding delirium assessment, care, and prevention measured by a nursing confidence pre- and post-questionnaire.

Background

Delirium occurs in approximately 50-75% of hospitalized older adults (Mulkey, 2019). Delirium leads to increased mortality, prolonged hospital stay, increased sedative use, risk of falls and aspiration, pressure injuries, and poor performance for up to 12 months after discharge (Gorji, Firozjayi, & Habibi, 2020). Delirium becomes a burden on the hospital due to higher utilization and costs, increased hospital readmissions, poor quality outcomes, and staff frustration and fatigue (Holle & Rudolph, 2018).

Methods

A partial-anonymous delirium competency self-assessment will be used prior to and after the intervention. To make sure the assessment is received by the same nurse before and after the education, the surveyor will collect the names of those filling out the pre-assessment. However, surveyees will not have to identify themselves on the survey itself. This will be done on a voluntary basis.
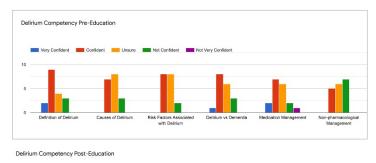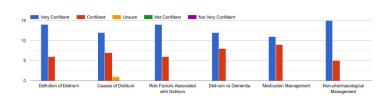

Results

Pre-Education competency: 18 participants, variety of responses ranging from very confident to not very confident (see graph)

Two Zoom education sessions provided: differences between delirium/dementia, causes and risk factors, geriatric syndrome, assessment tool for elderly, pharmacological and non-pharmacological interventions to manage and prevent delirium

Post-Education competency: 20 participants, mostly very confident/confident with one unsure for delirium causes

Implications / Conclusions

List Changes:
1. Increased use of dementia / delirium kits
2. Reduced use of antipsychotic/sedative medications
3. Increased knowledge for nursing staff regarding non-pharmacological interventions
4. Reduced stress for staff

References

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