



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, Firozjahi, & 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.

Code: _____ Delirium Competency Self-Assessment
 Rate your confidence level for each statement.
 Instructions: Please answer all questions. Please respond by filling in the circle.

	Very Confident	Confident	Unsure	Not confident	Not Very Confident
1. Can provide a definition of delirium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Can list the causes of delirium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Familiar with the risk factors associated with delirium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Can differentiate between delirium and dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Able to complete the CAM or CAM-ICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Can identify medications used in the management of delirium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Using non-pharmacological interventions to help manage delirium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Can teach other care providers about delirium (be a resource person/delirium champion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for your participation in this questionnaire.

STRENGTHS

- Willingness and readiness of nurses to learn dementia management
- Supportive educator and leadership
- Transformational Leadership Structure
- Dementia/delirium resources available

WEAKNESSES

- Lack of nursing confidence and knowledge regarding dementia care
- Inadequate communication among interdisciplinary team

OPPORTUNITIES

- Evidence-Based Practice Research
- Recent increase in use of sitters and Code Greys

THREATS

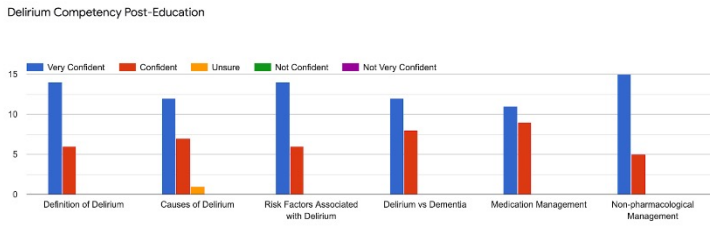
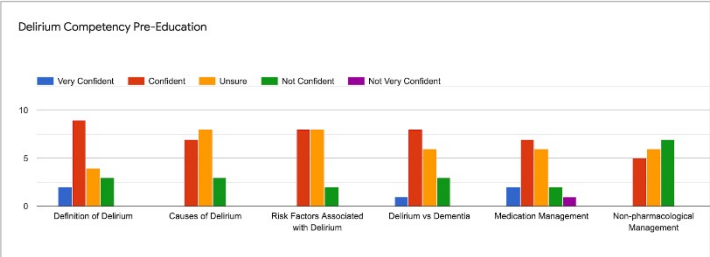
- Difficult to pinpoint cause of delirium
- Voluntary participation

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:
- Increased use of dementia / delirium kits
 - Reduced use of antipsychotic/sedative medications
 - Increased knowledge for nursing staff regarding non-pharmacological interventions
 - Reduced stress for staff

References

- Heydari Gorji, M. A., Firozjahi, D. A., & Habibi, V. (2020). Nursing preventive measures against the incidence of delirium in hospitalized patients: a narrative review. *Journal of Nursing & Midwifery Sciences*, 7(2), 58–67.
- Holle, Cynthia, DNP, RN, Rudolph, James & MD, SM. (2018). Management of delirium across an integrated health system. *Nursing Management*, 49, 24-34. <https://doi.org/10.1097/01.NUMA.0000530420.86700.48>
- Mulkey, M. A. (2019). Top four evidence-based nursing interventions for delirium. *MEDSURG Nursing*, 28(6), 357–362.

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