

Delirium Prevention and Management

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PURPOSE:

To introduce CAM (Confusion Assessment Method), a valid and reliable standardized tool found in the evidence-based practice to screen for delirium. To provide staff with education on delirium and the use of CAM to quickly and accurately identify delirium, and to make recommendations for delirium management.

BACKGROUND:

Delirium is a common, serious, and potentially preventable source of morbidity and mortality for older hospitalized patients. It occurs in 25-60% of older hospitalized patients with associated mortality rates of 25-33%. Delirium complicates 2.3 million older patients, involves 17.5 million inpatient days, and costs eight billion dollars of Medicare expenditures. There are currently no standardized screening tools or formed nursing care plans for delirium at Stanford Hospital. The literature suggests that the CAM instrument provides a standardized method to enable clinicians to identify delirium quickly and accurately in both clinical and research settings.

METHODS:

Literature reviewed for the best practice in delirium screening. The CAM is chosen given its high sensitivity (94-100%) and specificity (90-95%), strong validation, widely use as well as its ease of use. The pilot test of change is implemented on E3. Methods of training include educational inservices/video on delirium and CAM, "great catch delirium case study" with a nursing care plan, demonstrations, handouts, note cards, and a "delirium manual" folder with comprehensive educational resources.

RESULTS:

A total of 40 out of 60 (67%) staff nurses on E3 received educational inservices and handouts on delirium. Several nurses were able to successfully administer CAM, identify patients with delirium, and communicate with the physicians for early screening and interventions. Nurses also acknowledged the CAM as "a standardized screening tool", "easy to use" and "helpful" in identifying delirium in hospitalized patients. The results of the pilot test of change were also presented at the Process Excellence Team meeting on August 7, 2008 to consider project sustaining and spreading. Education on delirium and CAM will also be open and provided to the hospital nurses at the Delirium Grand Rounds on September 24, 2008.

IMPLICATIONS/CONCLUSIONS:

The goals are prevention, early screening and early intervention! Delirium screening using a standardized screening tool should be part of the shift assessment for early detection and early intervention. The CAM is chosen as such a standardized screening tool and should be introduced into EPIC computer charting system for administration and documentation. A comprehensive delirium care plan should also be included for delirium care and management. Eventually, the most effective way to manage delirium is to prevent it from developing in the first place. The HELP (Hospital Elder Life Program) is highly recommended. The six multifactorial intervention components of HELP to successfully help prevent delirium in hospitalized patients are: 1) preventing confusion, 2) vision and hearing, 3) hydration, 4) toileting, 5) mobility, and 6) medicine.

Key words: delirium; Confusion Assessment Method; Hospital Elder Life Program

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