



|| **DELIRIUM**  
THE ISSUE



# Delirium: The Issue

TO BE USED BY



NURSES



PROVIDERS

## Objectives

- ✓ Recognize the scope of delirium in various clinical settings.
- ✓ Identify the adverse short - and long - term outcomes for patients, families and the organization related to delirium.
- ✓ Recognize missed steps taken by health care professionals that can contribute to the onset or prolongation of delirium.
- ✓ Acknowledge that evidence-based care can decrease delirium rates and improve outcomes.

## Delirium is common

- ✓ 20% hospitalized persons
  - Up to 53% of **post op hip fracture** patients
  - Up to 57% **post op cardiac surgery**
  - Up to 71% of patients with **sepsis**
  - Up to 80% of patients in **ICUs**
  - Up to 85% in **advanced cancer**
- ✓ 23% of persons in post-acute care settings
- ✓ 18% of persons in long-term care settings

## Delirium is harmful

- ✓ Delirium is associated with:
  - Increased risk of **death** during and following hospitalization
  - Increased risk of temporary and permanent **cognitive impairment**
  - Increased risk of developing **dementia** in the future
  - Need for facility care after hospital discharge
  - Falls
  - Pressure ulcers
  - Physical impairment
  - Post-Traumatic Stress Disorder and Depression

# Problem #1: Failure to Prevent Delirium

- ✓ Up to 40% of cases of delirium are preventable and are caused by:
  - Clinician failure to implement evidence-based prevention strategies **and/or**
  - Clinician missteps by implementing “deliriogenic” actions

## Examples

### Prevention strategies

- Early mobilization
- Sleep enhancement
- Family involvement
- Assist with food and fluids
- Appropriate cognitive activities
- Avoid deliriogenic medication

### Missteps/deliriogenic actions

- Bedrest or minimal mobilization
- Interrupt sleep at night, failure to facilitate daytime vs nighttime environment
- Deny or limit family presence and participation in care
- Ignore need for assistance with food and fluid intake
- Over or understimulation
- Prescribe potentially inappropriate medications (anticholinergics, sedative/hypnotics/benzodiazepines)



# Problem #2: Failure to Recognize Delirium

- ✓ Up to 60% of delirium cases are not recognized as such by clinicians.
- ✓ Failure to recognize or delayed recognition of delirium is associated with **worse outcomes**.
- ✓ Recognition should trigger an urgent response from clinicians to:
  - Identify the cause(s) of delirium
  - Treat the cause(s) of delirium
  - Provide supportive care to avoid injury and decline
  - Implement personalized interventions to minimize psychological trauma

## Adverse outcomes for the organization

- ✓ Delirium can negatively impact quality measures:
  - Mortality rates
  - Fall rates
  - Pressure ulcer rates
  - Restraint use
  - Patient/family satisfaction scores
- ✓ Delirium can negatively impact financial measures:
  - Increased length of stay
  - Increased cost of care
  - One-to-one sitter use
  - 30-day readmission rates
  - Transfer to skilled nursing facility instead of home

# Summary

- ✓ Delirium is common
- ✓ Delirium is under recognized
- ✓ Delirium is harmful in the short and long term to patients and families
- ✓ Delirium is costly to the organization
- ✓ Up to 40% of delirium is caused by missteps taken by the healthcare team (actions or lack of action)
- ✓ Use of evidence-based strategies for prevention, early recognition and action can improve outcomes

