Identifying Delirium in Elderly Hospitalized Patients
Brenda A. Artz, RN, MS, CCRN
WellSpan Health, York Hospital
Susan L. Dayhoff, Nancy K. Mann, Amy Seitz-Cooley

Problem: Delirium occurs in many elderly patients who are hospitalized and can lead to increased mortality, morbidity, length of stay, and admission to long-term care. Advanced Practice Nurses (APN) recognized an inconsistency with the care management of the patient greater than 80 years old exhibiting delirium. A nursing subgroup searched the evidence for screening tools used to identify the non-ICU at-risk elderly patient.

Evidence: The evidence showed that the ICU tool, Confusion Assessment Method, alone was not appropriate for the medical-surgical units. The team evaluated multiple tools and determined the Nursing Delirium Screening Scale (NUDESC) was most appropriate for the RN workflow.

Strategy: A medical acute care unit was selected to pilot NUDESC and develop a nursing process for implementation. This included pre-evaluation, interventions, and education to the unit staff.

Practice Change: The nurses were able to better identify patients who screened positive for delirium risk and initiate interventions to improve mental, cognitive, and behavioral function.

Evaluation: Data reviewed included recognition, morbidity, mortality and complications of patients > 80 years of age with a diagnosis of delirium.

Results: Identification or recognition of patients at risk for delirium increased. Mortality, morbidity, and complications decreased for patients with a primary diagnosis of delirium.

Recommendations: To complete a system-wide initiative, a constant visible campaign must be employed with support of administrative leaders.

Lessons-Learned: Real-time data collection and feedback to providers and staff regarding issues is crucial in changing and sustaining practice.

ACE has published this as received and with permission from the author(s).
Bibliography: