Moving Evidence to Practice: Delirium Assessment in Critical Care
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Problem: Delirium in the critical care population has a significant impact on patient outcomes, length of hospital stay, overall costs and quality of life. An evidence based tool is needed to quantify the diagnosis and integrate it into the daily assessment.

Evidence: The American Association of Critical-Care Nurses recommends the implementation of a validated tool for all critical care patients. Studies demonstrate that relying on personal interpretation of behavior does not reliably identify delirium. The Confusion Assessment Method (CAM-ICU) is an established assessment tool which has consistently demonstrated high reliability, sensitivity, and specificity.

Strategy: All ICU RNs were administered a pre and post-intervention knowledge assessment. The intervention consisted of comprehensive education of delirium. CAM-ICU training followed and is now performed on each patient admitted to the ICU at the start of each shift and with any change in mental status. Education was provided to patients, families, and medical residents.

Practice Change: Nurses have been educated on the risks and identification of delirium, and on evidence based methods of prevention and reduction. The CAM-ICU is now integrated into the daily nursing assessments.

Evaluation: The frequency of assessment, discrete incidences of delirium, and rate of consistent correct use were evaluated. Case studies presented to assess knowledge and spot-checking was performed for inter-rater reliability.

Results: CAM-ICU is being used at a rate of 62%. Incidence of delirium is currently 4%. Consistent correct use continues to be evaluated.

Recommendations: The charting system will include CAM-ICU. The nurse’s note will include interventions utilized to treat delirium. Medical interns will receive focused training and will chart on delirium. Families and patients will receive education on delirium upon admission.

Lessons Learned: Misconceptions regarding delirium demonstrate that providers require information on the contributors and outcomes of delirium. Adopting a change in practice is an intensive undertaking but time well spent when new knowledge directly impacts patient care.
Bibliography:


