



# Delirium: A Nurse's Primer

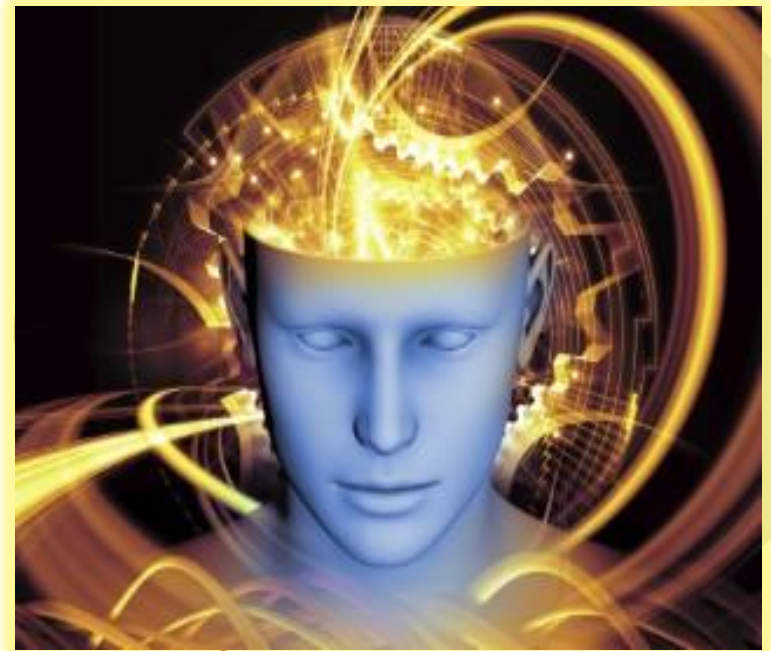
Delirium Work Group  
2016

# Objectives

1. Define delirium and its outcomes.
2. Discuss the importance of the RN's role in preventing, identifying, and intervening with delirium.
3. Describe ANA's interest in delirium.

# Define Delirium

- Delirium is a serious medical condition, that is preventable in a substantial number of cases <sup>1,2</sup>
- A symptom of acute brain dysfunction
  - Disturbance of consciousness
  - Inattention
  - Disorientation
  - Change in cognition
  - Hallucinations, illusions and delusions
  - Decrease in short-term memory
  - Develops over hours to days
  - Fluctuates over time



# Subtypes of Delirium

- **Hypoactive**

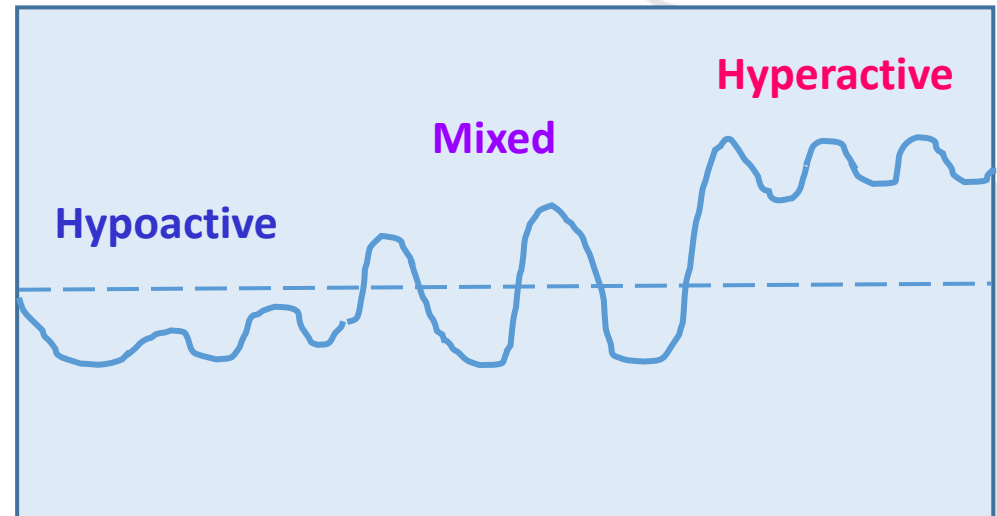
- Least recognized
- Apathy
- Lethargy
- Sedate

- **Hyperactive**

- Most recognized
- Restlessness
- Agitation
- Combativeness

- **Mixed**

- Fluctuating periods of both



# Delirium Occurs in Many Populations

**Occurs in multiple populations, including pediatrics, and :**

- 60-80% of mechanically ventilated ICU patients<sup>3</sup>
- 20-50% of non-ventilated ICU patients<sup>4</sup>
- 5-50% of elderly patients following surgery<sup>5</sup>
- Up to 90% of patients with advanced cancer (last days and hours of life)<sup>6</sup>

# Call to Action

## Delirium is not inevitable!

- Reversible
  - Timely recognition
  - Removal/reduction of cause(s)
  - Appropriate treatment
- The most effective delirium reduction strategies are:
  - Prevention<sup>7</sup>
  - Risk modification<sup>8</sup>

# Delirium Impacts Patient Outcomes

- ↑ likelihood of **mortality**<sup>9</sup> by 10% for each day delirium persists<sup>10</sup>
- ↓ **quality of life** for patients and their families
- ↑ short and long-term negative effects on patients' **functional and cognitive levels**<sup>11</sup>
- ↑ likelihood of **long-term cognitive loss**<sup>12</sup>
- ↑ ICU and hospital **length of stay**
- ↑ post-hospital **institutionalization**
- ↑ healthcare **costs**

# RNs Make a Difference: The Nurse's Role

- **Screen** Patients for
  - Risk Factors
  - Precipitating Factors
- Institute **Prevention** Strategies
- **Assess** for and Recognize Delirium
- Implement Prompt and Appropriate **Intervention**
  - Non-pharmacological
  - Pharmacological



# Why is ANA involved?

- Nursing excellence through ethics, standards, and *best practices*
- Improve quality of patient care
- Member interest
- Expand ANA resources
- Topic of interest to all nurses in multiple settings



# ANA's Delirium Work

- Collaboration with American Delirium Society
- Creation of steering committee and delirium work group
- Delirium survey of ANA members
- Website and resources

# American Delirium Society

- Collaborating with ANA
- Members of the Steering Committee
- Society was incorporated in 2010
- Goals: research, education, quality improvement, advocacy & implementation science to minimize the impact of delirium on patients<sup>13</sup>

Source: American Delirium Society <https://www.americandeliriumsociety.org/>



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# Delirium Work Group, 2016