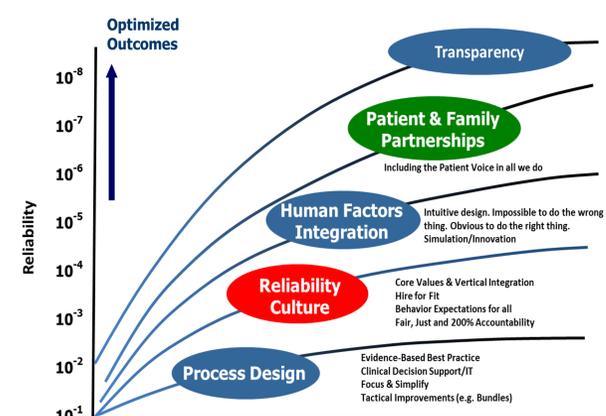


Delirium as a Medical Emergency: Leading the Community into Action

Christine Haldis, BSN, RN; Mary Bloomfield, MSN, RN, CHPN; Debra Dillon, MSN, RN, ACNS-BC MedStar Montgomery Medical Center

Introduction

This hospital-wide quality improvement initiative was multi-focal and deeply ingrained in the High-Reliability Organizational (HRO) model, as pictured below.



This initiative was designed to foster a practice change toward improving delirium recognition and treatment in the inpatient and outpatient settings. As families and caregivers are often the most accurate and astute assessors of the patient's baseline cognitive function, development of educational material for the community was a vital aspect of the project. Therefore, in collaboration with the Patient and Family Advisory Council for Quality and Safety (PFACQS), patient educational materials were developed, outlining ways to empower the community in dealing more rapidly and proactively with delirium.

Setting

This work was conducted at MedStar Montgomery Medical Center (MMMC), a 138-bed community hospital in the mid-Atlantic region of the United States.

Deeply involved in this work was the PFACQS, which was established to work with patients, family members, and MedStar Health staff, all focused on improving outcomes and modeling provider and community partnership.



Scope of the Problem: Delirium

Delirium is a sudden, serious disturbance of mental abilities that results in confused thinking and reduced awareness of your environment.

Although the exact etiology of delirium remains uncertain, it is thought to be related to inflammation or sepsis, changes in neurocognition, drug or alcohol withdrawal, or administration of sedatives, opiates, or psychoactive medications. It is frequently associated with pre-existing cognitive impairment and advanced age.

Delirium is a strong risk factor for prolonged recovery and increased functional decline.

Up to 70% of patients experiencing delirium go untreated, in great part because it is essential to have familial or regular caregiver input in order to accurately differentiate delirium from dementia.

Families should be encouraged to express their concerns about changes in the mental status of their loved ones. Family involvement with delirium care is a holistic approach to current delirium management, which may improve patient outcomes.

Health care professionals must utilize families' keen knowledge and awareness to encourage accurate delirium and risk factor identification.

Program Aims

1. Increase awareness of risk factors associated with onset of delirium, and related preventive measures.
2. Provide a proactive approach to empower families to recognize and report signs of delirium.
3. To encourage families and caregivers to provide initial interventions in response to early symptoms of delirium.
4. To frame delirium as a medical emergency, allowing caregivers to feel comfortable in immediately contacting their healthcare providers.

Approach: Program Design

To design a robust delirium program that would be sustained, the PFACQS joined with a dedicated team of healthcare professionals at MMMC. The steps in the development process included:

1. Identify key stakeholders.
2. Jointly develop goals, objectives, and outcome measures.
3. Define the scope of the problem.
4. Engage the community through PFACQS involvement.
5. Formulate an educational approach for the community.
6. Monitor process and outcomes.

Approach: Program Elements

The following goals were essential elements in designing the community educational products in this initiative:

1. Develop a comprehensive delirium education program for caregivers within the community to encourage preventative practices, recognition of signs and symptoms, and immediate responsive actions.
2. Craft a message that addresses misconceptions (i.e., Delirium is *not* a psychiatric disorder).
3. Create a marketing plan to build awareness of the impact of delirium on patients and caregivers within the community (i.e., Delirium is treatable – let us help!).

Lessons Learned

1. PFACQS was critical to program success – they were eager to partner with us and their insight was invaluable.
2. Families are an untapped resource in recognizing delirium and establishing cognitive baseline.
3. Creating an environment of trust and openness allows sharing of stories that infused an element of reality.



Product Developed

The Delirium project encompassed several important components to assist with education and empowerment of patients and their caregivers in the identification, assessment, and treatment of delirium. Patient education materials developed by PFACQS included the tri-fold brochure pictured below.

What is Delirium?
Delirium is when a person becomes suddenly confused and disoriented. It can happen at any age, but it is most common for people older than 65.
Delirium is a sign of a serious, treatable medical condition, not a disease. There can be many causes, including:
• Sudden or severe illness
• Infection
• Dehydration
• Fever
• Constipation
• Drug or alcohol withdrawal
• Recent hospital stay or move
• Loss of loved one
• Sleep deprivation
• Medication side effects
• Change in medication
• Recent surgery with anesthesia
• Worsening of a chronic disease
• Pain
• Recent fall or injury
• Too much or too little of some minerals in the blood, i.e. glucose, sodium
Patients may develop delirium if they have suffered from dementia, a brain injury, stroke, bad vision/hearing, or mental health concerns.

Are You Worried About Your Loved One?
Do you find yourself thinking: "He isn't usually like this?"
Delirium is a sign of a serious treatable condition. Don't brush off this feeling by saying to yourself: "Oh, it'll be OK. Maybe he was just having a rough day?"
Trust your instincts. Delirium needs to be promptly addressed by a member of a healthcare team.
Delirium often goes unrecognized and untreated. Family members and friends can make a difference in getting effective treatment for their loved one by calling their doctor.

Common Signs of Delirium
Is your loved one ...
• Thinking unclearly
• Unable to pay attention
• Unaware of their surroundings
• Seeing or hearing things that aren't there
• Unable to recognize you
• Saying strange things
Additional signs may include:
• Agitation, anxiety or unusual, aggressive behavior
• Severe sleepiness or unusually quiet
• New resistance to help from doctors

How You Can Help
It's normal to feel scared watching your loved one be confused and disoriented. There are ways you can help:
If you suspect your loved one is starting to suffer from delirium, here are a few things you can do:
1. Record the time and date when the change was noticed.
2. Speak in a calm, soothing voice and tell your loved one where they are and remind them who you are.
3. Find the list of your loved one's medications to give to the doctor or nurse.
4. Turn off the TV or loud music.
5. Avoid sudden movements.
6. Encourage them to put on their glasses or hearing aids, and put in dentures, if necessary.
7. Encourage them to use the bathroom, if necessary.
8. Encourage an increase in activity. Use diversions such as going for a walk together.
9. Provide a warm blanket if he or she is cold.
10. Provide food or water if he or she is allowed to eat or drink.
11. Contact his or her doctor.



1. Iatrogenic delirium change package. (2014). Health Research & Educational Trust. http://www.hrethen.org/index.php?option=com_content&view=article&id=1188&catid=15
2. Multicomponent intervention programs are effective in preventing delirium in older hospital patients: Patient Safety and Quality. September 2013. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/news/newsletters/research-activities/13sep/0913RA9.html>
3. NICHE. (2012). *Geriatric Patient Care Associate*. [Module] New York: Hartford Institute for Geriatric Nursing, New York University College of Nursing.
4. NICHE. (2012). *Geriatric Resource Nurse*. [Module] New York: Hartford Institute for Geriatric Nursing, New York University
5. MedStar Health. (2013). *Nursing Clinical Practice Guideline: Prevention and Management of Delirium in Clinically Ill Adults*.
6. MedStar Health. (2013). *Nursing Clinical Practice Guideline: Prevention and Management of Delirium in Older Hospitalized Adults*.
7. Holloway, S. (2014). A family approach to delirium: A review of the literature. *Aging and Mental Health*, 18, 129-139.