Delirium prevention and management: Are we doing enough for confused patients?

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BACKGROUND

Delirium is associated with increased length of stay in hospital, increased risk of falls, a greater chance of being discharged to a higher dependency of care, a greater chance of developing dementia and increased risk of death. Prevention and early intervention are key to improving outcomes and mortality.

10% to 18% of Australians aged 65 years or older have delirium at the time of hospital admission[1]. A further 2% to 8% develop delirium during their hospital stay[1]. The release of the Delirium Clinical Care Standard by the Australian Commission on Safety and Quality in Health Care prompted a review of prevention and management practices.

AIM

To review the incidence and management of delirium in a 250 bed acute public hospital compared to the Clinical Care Standard in terms of screening, assessment, interventions to prevent and treat delirium, use of antipsychotics or benzodiazepines and communication on transition from hospital care.

METHOD

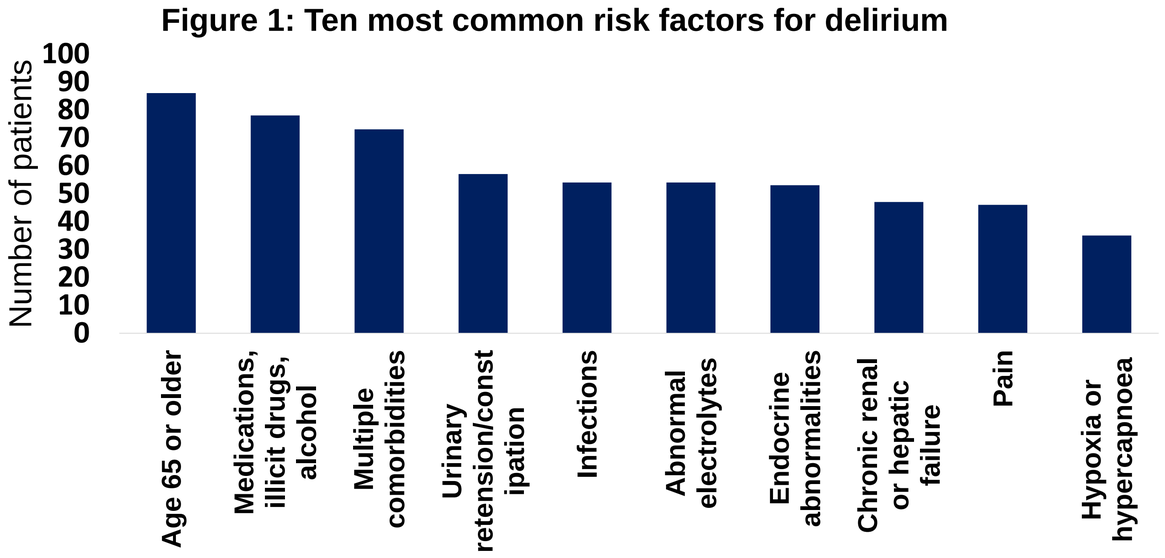
All patients admitted to a medical ward were reviewed over three months. Data was prospectively collected on demographics, admission diagnosis, delirium risk factors, cognitive assessments, delirium episode details, pharmacological and non pharmacological interventions, antipsychotic and benzodiazepine use and documentation on discharge.

RESULTS

113 patients were reviewed

- **43 patients had a cognitive screening and assessment for delirium on admission and 8% of these were completed using a validated tool**
- **42 patients experienced delirium symptoms:**
  - **23 (20%) presented to hospital with delirium symptoms, 19 (17%) developed symptoms during inpatient stay**
- **The incidence of delirium increased with the number of risk factors identified. The ten most common risk factors for delirium are outlined by Figure 1**

Figure 1: Ten most common risk factors for delirium

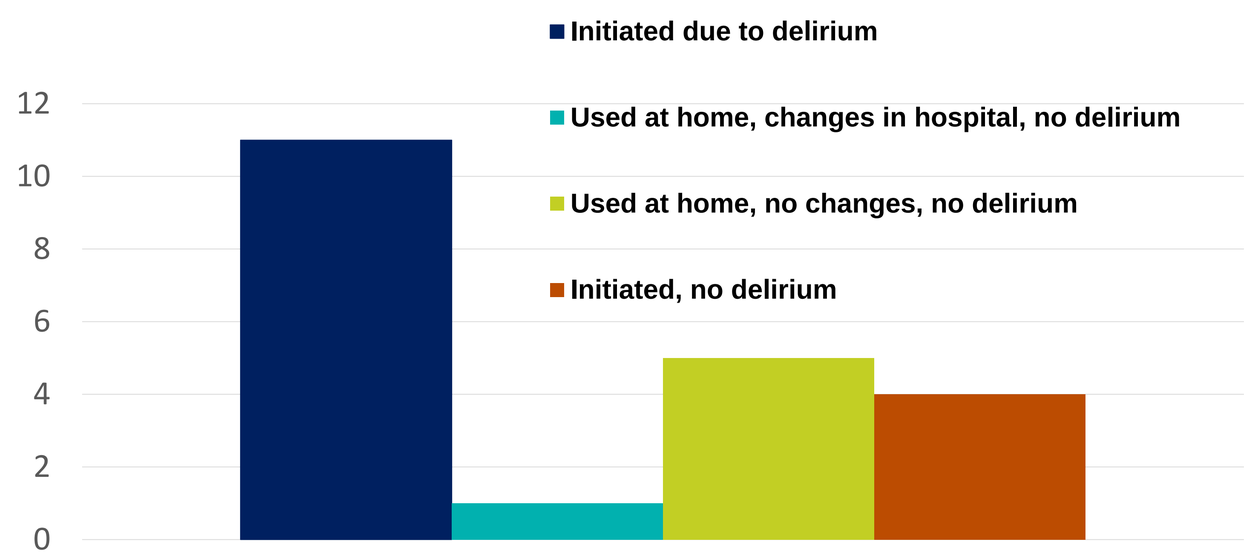


- **The mean length of delirium was seven days**
- **Both pharmacological and non-pharmacological interventions to prevent and/or treat delirium were implemented for all patients according to the Clinical Care Standard**

- **Antipsychotics were prescribed for 18 patients**
  - **10 of these patients already used antipsychotics at home**
  - **Antipsychotic medicines were initiated in eight patients with delirium**
  - **Three of these eight patients continued on an antipsychotic for delirium on discharge, and had documented treatment goals and a care plan**

- **Benzodiazepines were prescribed for 21 patients (Figure 2)**
  - **15 initiated in hospital, 11 of them due to delirium**
  - **Two patients continued these on discharge, with no documentation around their use recorded in the discharge summary**

Figure 2: Benzodiazepines use



CONCLUSION

Areas for improvement: early cognitive screening and assessment; consistency of using associated validated tools; benzodiazepine use in hospital and on discharge

Areas performing well: prevention; identification and treatment of underlying causes; minimising use of antipsychotics and communication on discharge

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Results from this small audit have stimulated discussion with members of the multidisciplinary team and will form the basis of a larger awareness program and further audit and education sessions.

References:

1. The Delirium Clinical Care Standard, Australian Commission on Safety and Quality in Health Care, 2016