Delirium: Extending the spotlight

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Delirium

What is it?
• A common clinical syndrome with physical cause
• Disturbs consciousness, cognitive function, perception.
• 3 types: Hyperactive, hypoactive, both

Why is it important?
• Incidence 20–30% on medical wards, 10-50% of surgical patients, 20% in long-term care*
• 11-83% in ICU**
• Distressing and major impact on patient outcomes

Why guidelines?
• Under diagnosed medical emergency
• Preventable and manageable if dealt with **urgently**
• Focus on diagnosis, prevention and management

*National Institute for Health and Clinical Excellence (2010)
** Van Rompaey et al (2008)
Delirium

- 2011 initial distress
- Added into our curriculum
- Post placements in 2011 students aware of delirium
- Each year since the spotlight seems to be less
- This research

'Think Delirium'

NICE clinical guideline 103
Developed by the National Clinical Guideline Centre for Acute and Chronic Conditions

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Research Aims

- Establish students placement experience regarding
  - Their exposure to delirium
  - Their familiarity with the main risk factors, indicators and preventative measures

- Evaluate the impact of the educational intervention on
  - Identifying previously unrecognised exposure
  - Familiarity with the main risk factors, indicators and preventative measures
Research Process

2 placements completed
- Each 6 weeks long
- Back in University, seminar on delirium

Pre-education questionnaire
- Exposure recognition
- Knowledge of main risk factors, indicators of delirium, preventive measures

Educational Intervention
- Engagement
- Videos
- Small group work with guidelines

Post-education questionnaire
- Exposure recognition
- Knowledge of main risk factors, indicators of delirium, preventive measures
The educational intervention
(90 minute seminar)

Engagement

| Delirium Stories & background | Linked to students’ experience |

Videos

| Lady with dementia - hyperactive delirium | Man with hip fracture - hypoactive delirium |

Working in small groups with the guidelines

| 1. Recognising delirium  
4. Person’s risk factors |

Pre and post Questionnaire
The Participants

Year 2 Students

• 5 seminar groups
• 72 out of 88 questionnaires completed
• All had been on a placement where exposure to delirium possible
• For 32 exposure possible in both their placements

Relevant placements

• Acute medical
• Spinal injuries
• ICU
• Surgery
• Coronary care
• Trauma and orthopaedics
• Elderly care – IP/Community
• Neurology
• Oncology
• Long term care
Findings

Recognised ‘exposure’ pre-education

Recognised exposure to delirium on placement

N = 72

Yes

No

25%

75%
Familiarity Pre-education

Main risk factors

1. Age 65 or over
2. Previous cognitive impairment
3. Current Hip fracture
4. Severe illness with deterioration

Indicators

1. Worsening concentration
2. Slow responses
3. Confusion
4. Hallucinations
5. Alterations in physical function
6. Alterations in social behaviours

Preventive measures

1. Multidisciplinary team management of ‘at risk’ pts
2. Multi-component intervention

Address:

3. Cognitive impairment
4. Dehydration
5. Constipation
6. Hypoxia
7. Any infection
8. Pain
9. Sleep issues
10. Sensory impairments
11. Increase mobility levels

N = 72

Familiar

Not familiar
Recognised ‘exposure’ post-education

Pre
- 25%
- 75%

‘A patient who kept seeing a little girl in her room’

‘The patient was constantly agitated and screaming for help’

Post
- 37%
- 63%

‘The patient was constantly agitated and had UTIs … but I didn’t know it was delirium’

‘A patient whose family reported this confusion wasn’t normal for them’

‘A women who had a stroke seemed more confused than usual … staff would dismiss it’

N = 72

Yes

No

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Familiarity Post-education

Main risk factors

- Pre: 50% Familiar, 50% Not familiar
- Post: 98% Familiar

Indicators

- Pre: 58% Familiar, 42% Not familiar
- Post: 96%

Preventive measures

- Pre: 45% Familiar, 55% Not familiar
- Post: 90%

N = 72

'I feel more aware of delirium'
'Need this session before first placement'
'Dementia versus delirium? I now have a better understanding'

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Extending the spotlight: Literature and findings

Giusti (2014) Knowledge on ICU delirium: The worldwide perspective
‘we have to intervene at various levels’

‘fresh approach’

Elliot (2014) ICU delirium: A survey into nursing and medical staff knowledge.
‘respondents lacked education’

Guidelines
Protocols
Assessment tools
Education
Research
Campaigns
Curriculum
What does this mean at Coventry University?

Education on delirium embedded into curriculum

Spiral curriculum | Sound educational theory | Evaluation

Diverse approaches

Current Intervention | Simulation | Social media

Educating others ‘contextually’

Other health undergraduates | Qualified health professionals | Other health postgraduates | Public

2015 Educational intervention pre placement
Thank you for listening and a message from our students

Spotlight on Delirium
https://www.youtube.com/watch?v=Q7YP-CDTd3w
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References

• Christensen (2014) An exploratory study of staff nurses’ knowledge of medical ICU: An Asian perspective. *Intensive and Critical Care Nursing* 30, 54-60

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