Instituting a Delirium Assessment in the ICU

Kristin O'Reilly, RN MPH, Jean Gillis, RN MS, Laura Ritter-Cox, RN

Beth Israel Deaconess Medical Center, Boston, MA

Introduction

Delirium occurs in 60-80% of mechanically ventilated patients and often goes unrecognized in 66-88% of patients. Delirium is associated with poor outcomes in hospitalized patients including increased length of stay and higher mortality rates. In order to decrease the incidence of delirium in our ICU patients we first needed an accurate way to assess and document delirium.

Methods

- Identified a valid, reliable tool for implementation (the CAM-ICU)
- Designed a MetaVision tool to both assess and document delirium using the CAM-ICU
- Created ID badge reminder cards on how to conduct the CAM-ICU and treat delirium
- Designated unit based champions to teach staff how to conduct the assessment
- Educated staff on the delirium protocol and made it available via the portal
- Conducted one on one teaching sessions with staff

Results

- Throughout month of December, documentation improved to 35 % of patients with CAM results
- January results showed 100% of patients had a CAM result documented
- Only 10% of patient with UTA (unable to assess) results

Discussion

There were many hiccups in the process of defining the software changes so the educational rollout was not as smooth or consistent as it could have been. Once the software changes were finalized, the education to staff became more stable as well and documentation improved.

- Continue education of nursing and physicians
- Begin incorporation of CAM-ICU results into morning interdisciplinary rounds
- Encourage discussion of delirium in ICU daily teaching by the attending
- Begin an early mobilization pilot in the Medical ICU that will tie in with the delirium assessment and sedation practices improvement work

References:

- 1. Ely, E.W., Shintani, A., Truman, B., Speroff, T., Gordon, S.M., Harrell, F.E., Inouye, S.K., Bernard, G.R., & Dittus, R.S. (2004). Delirium as a predictor of mortality in mechanically ventilated patients in the intensive care unit. *Journal of the American Medical Association*, 291(14),1753-1762.
- 2. Ely, W. et al. (2003). Monitoring sedation status over time in ICU patients: reliability and validity of the Richmond Agitation-Sedation Scale (RASS). *Journal of the American Medical Association*, 289(22), 2983-2991.
- 3. Fick, D.M., Cooper, J.W., Wade, W.E., Waller, J.L., Maclean, J.R., & Beers, M.H. (2003). Updating the Beers Criteria for potentially inappropriate medication use in older adults: Results of a US consensus panel of experts. *Archives of Internal Medicine*, 163(22), 2716-2724.
- 4. Inouye, Sharon. (2006). Delirium in Older Persons. New England Journal of Medicine. 354, 1157-65.
- 5. Wei, L.A., Fearing, M.A., Sternberg, E.J., & Inouye, S. K. (2008). The confusion assessment method (CAM): A systematic review of current usage. *Journal of the American Geriatric Society*, 56(5), 823-830.