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Improving delirium recognition and prevention on the UTMB ACE unit: Preliminary findings

Olusola Onoviran, Hommel Erin and James Coleen

University of Texas Medical Branch, USA

Background: Delirium is a global disorder of cognition with an acute and fluctuating course which often occurs in the setting of a medical condition. It is considered a medical emergency with increased morbidity and mortality. Existing literature supports a multidisciplinary approach to reduce incident delirium in the hospitalized older adult by recognizing predisposing factors and modifying potential contributors. We aim to identify the frequency and accuracy of incident delirium for patients admitted to the UTMB Acute Care for Elders Unit and assesses feasibility of implementing a multidisciplinary program to reduce delirium risk while hospitalized.

Project description: To assess the frequency and accuracy of incident delirium on the ACE unit, admissions between September 2017 and November 2017 were screened. Patients with delirium on admission were excluded from evaluation as the focus was on preventing rather than treating delirium. Patients were also excluded if not followed by the geriatric team as interventions were directed through their care. 10 patients per month were evaluated in detail to determine the prevalence of predisposing and precipitating factors for delirium, nursing and physician documentation of incident delirium features, and actual diagnosis of delirium. A diagnosis

was considered positive if the nurse documented a positive delirium screen OR the physician identified features of delirium. A multidisciplinary prevention plan was proposed but implementation was delayed as discussed below

Outcome: Of the 30 patients analyzed, average age was 81.8years (range 71-99 years) with 70% population (female). Incident delirium was diagnosed in 3 (10%). The diagnosis of delirium was made based on faculty documentation. In all cases resident documentation suggested mental status change, without using the delirium diagnosis. Nurses failed to identify delirium in all cases. Each of these identified patients were post-operative females with evidence of dehydration by laboratory testing (BUN/Creatinine >18). 2 out of 3 patients- 67% also had psychoactive medication treatment, hearing impairment, age greater than 90, and post-operative complications. In patients without delirium, 48% were on psychoactive medications, 11% with hearing impairment, mean age was 80.9 years and only 11% had complicated hospital course, 67% were female and 74% had BUN/Creatinine >18.

ofonovir@utmb.edu