Determine the prevalence of delirium in an Acute Medical Unit (AMU).

2. Improve the rate of diagnosis.

3. Improve the management of delirium as advised by guidelines devised by Health Improvement Scotland (HIS).

Baseline Audit

A baseline audit was performed. All patients aged ≥75 admitted to the AMU at Ninewells Hospital, Dundee over 1 week were objectively assessed by the project team for likely presence of delirium using the 4AT tool. 4 The patients’ notes were screened for evidence of a diagnosis of delirium, cognitive assessment, factors in the history or examination suggesting a possibility of delirium (e.g. “confused”, “off legs”, “drowsy”) and important actions that should form the management of a patient with delirium.

Figure 2: Delirium immediate management pathway

Intervention

Education sessions were provided to all the doctors and nurses on the AMU to raise the awareness about delirium and its management. It is already established practice in the unit that nurses complete a functional screen of all patients admitted who are aged 75 or older, or present with confusion, to determine normal levels of cognition, mobility and function with ADLs and identify changes in these. A 4AT screening test was introduced as part of the functional screen. If this indicated delirium it triggered a prompt to doctors to start a delirium tool (figure 2) to encourage timely and complete investigation and management. Data was collected during the study week.

Results after intervention

Results are summarised in figure 3. Delirium was diagnosed in 66% of those with delirium. All the patients identified had an appropriate and complete management plan.

Conclusions and further work

Delirium is common in older people admitted to hospital but the diagnosis is often missed. Education, implementation of routine screening, and the use of a delirium management tool can improve the rate of diagnosis and quality of care. This could lead to reduced length of stay, rate of complications and associated mortality. Further tests of change are ongoing to determine the best time to perform screening to detect delirium.

References


4. www.the4at.com