



Central Northern Adelaide Health Service

Delirium Management in the Acute Setting- A new approach

Living the D.R.E.A.M.

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What was the problem

- > Ever increasing number of admissions of patients with 'acute confusion'.
- > Escalating number of nurse specials to look after this patient group.
- > No clear direction on nursing management for this client group
- > Patients still had high likelihood of being involved in adverse events especially falls and restraint.
- > Poor patient journey



How could we improve patient outcome?

- > Research indicated up to 30% of patient's >65 admitted through Emergency Departments have a delirium.
- > Universally delirium is poorly diagnosed.
- > Subsequently poorly managed.
- > Leading to poor patient outcomes.
- > Delays in treatment.
- > Increase length of stay.
- > Increase in being involved in adverse event.



How could we improve patient outcome? (cont...)

- > Proven delirium assessment tool identified- Confusion Assessment Method (C.A.M.)
- > Geriatrics delirium patient management guidelines identified.
- > Discussions with senior medical and senior nursing staff on how to improve practice.



The D.R.E.A.M

- > **D**elirium
- > **R**oom
- > **E**valuation
- > **A**nd
- > **M**anagement

NURSING MANAGEMENT

- > *The Delirium Room is a four bedded room located in an acute medical ward, designed specifically for the management of patients who present with an acute confusion or delirium. The room has been created to incorporate nursing best practice in managing such patients. The purpose of the delirium room is to re orientate the patient in a controlled and calming environment.*



NURSING MANAGEMENT

cont...

- > Dedicated Assistant in nursing to remain in the room at all times across all shifts to engage and interact with patients supported by one Registered Nurse



NURSING MANAGEMENT

cont...

- > *Staff are expected to engage with patients on a continual basis in order to reduce anxiety and promote a safe and supportive environment. It is hoped that by reinforcing the time place and date etc and providing a calm and consistent surroundings the length and intensity of the delirious episode can be greatly reduced.*



NURSING MANAGEMENT


cont.....

- > Work closely with allied health to identify good effective management strategies, in particular Occupational Therapists and the use of diversional therapy to engage and orientate patient's.



EXPECTATIONS

- > Work under the direct supervision of the Registered Nurse.
- > One member of staff must be present in the room at all times (unless physically threatened).
- > Staff are expected to be pro-active and to engage verbally with patients whilst in the room.
- > The room aims to be a restraint free environment, patients are to be reassured and redirected (an RN is available to assist on all shifts)

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- > Staff are not allowed to bring any personal media materials into the room e.g. books, magazines MP3 players etc.
 - > Use call bell immediately for urgent assistance.
 - > Give comprehensive verbal handover on each patient's behavioural issues at end of shift.



THE STORY SO FAR

> The good

> The bad

> The ugly



The Good

- > Two falls in three months
- > Reduced restraints.
- > Positive feed back from patients and carers
- > Positive feedback from medical staff
- > Reduced use of nurse specials
- > Model was effective with other confused patients.



The Bad

- > No formal cognitive assessments being carried out on admission to ED
- > Medical staff not using delirium assessment tools
- > Nearly all referrals made by nursing
- > Difficult to measure against any comparison group



The Ugly

- > Wrong patient's admitted
- > Lack of understanding of role of delirium room by rest of hospital



Conclusion

- > Overall much improved patient journey
- > Reductions in use of restraint without any increase in falls
- > Cost effective care.
- > Identified need for a formal cognitive assessment to be carried out on all elderly patients admitted.



Questions????



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