

## Lehigh Valley Health Network LVHN Scholarly Works

---

Patient Care Services / Nursing

---

# Delirium in Elderly Patients

Isabel Demartino BSN, RN

*Lehigh Valley Health Network, Isabel\_M.Demartino@lvhn.org*

Lee Holden BSN, RN

*Lehigh Valley Health Network, Lee.Holden@lvhn.org*

Rachel Bennicoff BSN, RN

*Lehigh Valley Health Network, Rachel.Bennicoff@lvhn.org*

Follow this and additional works at: <https://scholarlyworks.lvhn.org/patient-care-services-nursing>

---

### Published In/Presented At

Demartino, I. Holden, L. Bennicoff, R. (2018, August 2). *Delirium in Elderly Patients*. Poster presented at: LVHN Vizient/AACN Nurse Residency Program Graduation, Lehigh Valley Health Network, Allentown, PA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact [LibraryServices@lvhn.org](mailto:LibraryServices@lvhn.org).

# Delirium in Elderly Patients

Isabel DeMartino BSN, RN; Lee Holden BSN, RN; Rachel Bennicoff BSN, RN

Lehigh Valley Health Network, Allentown, Pennsylvania

## Background

- **Delirium**-“disturbance of consciousness with reduced ability to focus, sustain, or shift attention”
- Delirium is found to be a medical concern in the geriatric trauma patient population.
- LVHN currently uses the CAM (Confusion Assessment Method) tool to assess for Delirium•Delirium may be preventable 30-40% of the time
- It was found that patient’s being diagnosed with delirium aren’t always scored CAM +
- The transitional trauma unit often sees a lot of geriatric trauma patients. These patients too often become delirious due to lack of sleep, change in environment, medications, anesthesia, and infections just to name a few. Q4 hour CAM assessments are done on our patients to assess for changes in mental status as well as trying to detect delirium in patients early on so interventions can be made.

## Evidence

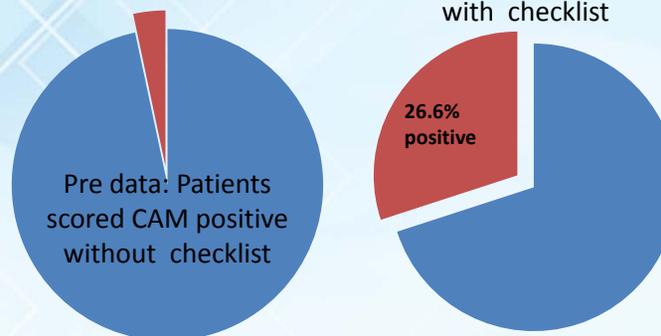
- 50% of hospitalized elderly people 65 and over develop delirium (Brooks, 2012).
- Quick identification and treatment of underlying cause is key to prevention and treatment of delirium (Brooks, 2012).
- Changes in a patient’s surroundings, medications, or indwelling drains can put a patient at risk for delirium.
- The more predisposing and precipitating factors a patient has, the higher their chance of developing delirium. (Oh, Fong, Hshieh, & Inouye, 2017).

## PICO

- PICO Question –In the nursing staff caring for geriatric trauma patients 65 and over, does a nursing checklist for predisposing and precipitating factors for delirium compared to no checklist for predisposing and precipitating factors for delirium score more CAM positive patients through raising nursing awareness of delirium risks?
- P: nursing staff caring for geriatric trauma patients 65 and over
- I: nursing checklist for predisposing and precipitating factors for delirium
- C: no nursing checklist
- O: raise nursing awareness of delirium risk

## Results

- 26.6% of 30 patients 65 and older trauma patients scored CAM Positive with the use of the checklist of predisposing and precipitating factors30 elderly trauma patients were surveyed using the checklist.



## Implementation

- 3 Nurse Residents utilized a checklist containing predisposing and precipitating factors when completing CAM tools.
- Results of the CAM tool were compared to the previous CAM tool results that were not completed with the checklist
- Checklist was utilized on 30 geriatric trauma patients 65 years old and older

## Lesson Learned

- Increased awareness
- More accurate scoring
- Unclear treatment plan for
- More education regarding precipitating and predisposing factors for delirium may need to be completed with staff to help raise awareness.
- Results will be shared with the network Geriatric Multidisciplinary Council
- Barriers to the project were that the checklist was used by the nurse residents which can create bias

## References

- Brooks, P. B. (2012). Postoperative delirium in elderly patients. *The American Journal Of Nursing*, 112(9), 38. doi:10.1097/01.NAJ.0000418922.53224.36
- Oh, S. E.; Fong, G.T.; Hshieh, T. T.; Inouye, K.S. (2017). Delirium in older persons advances in diagnosis and treatment. *Journal of American Medical Association*, 318(12):1161-1174. doi:10.1001/jama.2017.12067
- Coutinho, Evandro Silva Freire, Bloch, Katia Vergetti, & Coeli, Claudia Medina. (2012). One-year mortality among elderly people after hospitalization due to fall-related fractures: comparison with a control group of matched elderly. *Cadernos de Saude Publica*, 28(4), 801-805. <https://dx.doi.org/10.1590/S0102-311X201200400019>

© 2014 Lehigh Valley Health Network