What's Wrong with Mother? Delirium in the Hospitalized Older Adult- Nursing Aspects and Case Study

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Objectives:

1. Discuss the importance of delirium prevention and why delirium is considered a quality indicator.
2. List four risk factors for delirium in older adults.
3. Identify precipitating factors relevant to hospital acquired delirium in older adults.
4. Discuss nursing strategies to prevent delirium.
5. Discuss nursing strategies to prevent delirium in the areas of comfort, mobility, meals and hydration, relaxation and sleep and communication and orientation.

Definitions: Delirium

- a medical diagnosis, also called “acute confusion, altered mental state”, “acute mental status change,” or metabolic encephalopathy” etc.

- “acute confusion” is a nursing diagnosis

Listed in DSM IV
Delirium is:

- Characterized as hyperactive, hypoactive or mixed.
- Common, life threatening
- More common in older adults
- Considered an indicator of quality of care and is preventable in the older adult.
- Multi-factorial
- Often reversible
- Often unrecognized by nurses and physicians.

Delirium has 4 characteristics:

1. Acute and fluctuating course
2. Inattention
3. Disorganized thinking OR
4. Altered level of consciousness

Patients who experience delirium during hospitalization are more likely to have:

- adverse reactions to medications
- peri-operative complications
- hospital infections
- falls
- poorer functional status
- greater need for institutional care following hospitalization.
- pressure ulcers
- increased LOS, increased healthcare costs.
Looking at outcomes one year after episode of delirium:

• Higher rates of dementia development following delirium
• May not subside for months
• Higher mortality rates.

Given the negative prognostic implications of delirium, the attention is shifting from treatment to primary prevention.

• Nurses play a key role in both the prevention and early recognition of delirium.

Research findings: Most significant 4 risk factors or predisposing factors:

• Cognitive impairment, even if mild (dementia)
• Dehydration (BUN/creatinine ratio of >18)
• Impaired vision
• Severity of illness

Inouye, 2006
Additional risk factors identified in the literature

- Functional impairment
- Hearing impairment
- Male gender
- Advanced age
- Depression
- Alcohol use

D = Drugs (more than 6)
E = problems with eyes, ears, environment
L = lack of drug or alcohol (withdrawal), low O₂ level
I = Infection, especially UTI or URI
I = Intracranial, think s/p falls, bleed, seizures, TIA
U = Under-nutrition and under-hydration
M = metabolic and electrolytes
S = sleep deprivation

MULTIFACTORIAL MODEL OF DISEASE IN OLDER PERSONS

<table>
<thead>
<tr>
<th>Predetermining Factors/Vulnerability</th>
<th>Precipitating Factors/Insult</th>
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<tbody>
<tr>
<td>High Vulnerability</td>
<td>Nonxious Insult</td>
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<tr>
<td>Low Vulnerability</td>
<td>Less Nonxious Insult</td>
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Precipitating factors for delirium during hospitalization

- Indwelling urinary catheters
- Metabolic disturbances, pH alterations, nutritional deficiencies
- Polypharmacy and medications with anticholinergic effect
- Immobilization, including restraints
- Sleep deprivation

Precipitating factors, continued:

- Pain that is poorly controlled
- Infection
- Sleep deprivation
- Infection, particularly UTI and pneumonia
- Dehydration
- Electrolyte imbalances, especially Na+ and K+
- General anesthesia
- Environment & anxiety related to hospital experience

Precipitating factors, continued:

- Fractures of the hip and hip surgery
- Iatrogenic events
Goals of prevention program:

- Identification of those at risk
- Eliminate or lessen the severity of all potential precipitating factors which are individually identified.
- Utilize a multidisciplinary team

Nursing Strategies

Five Categories of Care:
- Comfort and spirituality
- Meals and hydration
- Mobility
- Communication and orientation
- Relaxation and sleep

Comfort and Spirituality

- Engage family at bedside, educate them on how they can help prevent delirium.
- Pain use appropriate techniques for cognitive status.
- Prevent or treat constipation, establish a bowel regimen
- Consult chaplain for individual or family support, and offer religious objects and reading materials, if desired.
- Remain in same room, prevent room changes.
Meals and Hydration

- ensure adequate hydration and nutrition. (Monitor BUN/creatinine ratio as an indicator)
- assist with feeding; provide supplements as indicated
- provide companionship with meals
- older adults, especially with dementia, are not likely to drink fluids, even if sitting right in front of them.

Mobility

- Ambulation programs, starting early in hospitalization
- Emphasis on maintaining self-care ability
- Up in chair for meals, walk in hallway 3 x/day

Communication and Orientation

- reduce sensory deprivation by making sure hearing aids and glasses are utilized and are in working order. Offer hearing amplifiers or magnifiers.
- orient to the environment using cues (clocks, calendars), family photos etc. and staff interventions; offer reminiscence, life review and conversation
- keep patient informed, awake and alert, and encourage to express needs and concerns, provide for consistency of staff, interpreters as needed.
• Hearing enhancers on unit and extra hearing aid batteries.

Relaxation and Sleep

• recreational and relaxation activities including activity cart, word find puzzles, volunteers to provide companionship, etc.
• imagery, breathing techniques, music, hand massage, aromatherapy
• sleep promotion through environmental support and non-pharmacologic nursing measures; provide uninterrupted sleep time: discourage long daytime naps.

A Model of Delirium Prevention

• Utilize an interdisciplinary team.
• Identify patients with risk factors at time of admission.
• Eliminate or lessen all potential precipitating factors.
• Implement prevention strategies.
• Monitor/assess for any acute onset, inattention, disorganized thinking, or level of consciousness. (CAM)
• Utilize your resources.
Model...cont.

- Utilize volunteers at the bedside for companionship, orientation and provision of meaningful activities.
- Educate family members and encourage them to be at bedside.
- Have activity supplies & visual/hearing enhancers available on each unit.
- Educate, educate, educate.

“Friends” volunteers

- Work with Volunteer Department: recruitment, training, and recognition.
- Utilize The Best Friends Approach to Alzheimer’s Care in training volunteers
- Initial training/orientation to hospital units
- Quarterly meetings/education with volunteers
- Ongoing support and education

Share your successes!
Thank you for attending

References

References…continued