Implementing Strategies to Prevent Delirium in At Risk Surgical Patients

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Background
Delirium is a common complication in elderly surgical patients that often goes undetected. Recognition of elderly patients at risk for delirium could have profound implications for postoperative care. Many cases of delirium are preventable, and with an active plan in place, the incidence of delirium can be greatly reduced.

St. Mary Mercy Hospital is a 139-bed teaching hospital in SE Michigan. Almost 68% of our patients are over the age of 65, and 20% over the age of 85. Patients coming through the Senior ER receive screenings for delirium and dementia, however the surgical patients have been missed. Clinical staff do not have a clear baseline assessment to work with.

Nurses and physicians lack awareness of those patients who are greatest risk of developing delirium, and may mistake a change in cognition for dementia-related behaviors.

Goals
• Pilot a process for pre-operative assessment of patients over age 65, allowing for identification of conceivable factors and communication of potential at-risk patients; initiates a nurse-driven protocol for the prevention of delirium in at-risk patients.
• Educate staff, patients, and family members about the causes of and methods to help prevent delirium in hospitalized patients.
• Introduce the CAM to the routine RN assessment for the early detection of delirium.
• Develop physician order sets for the management of agitation in hyper-active delirium.

Implementation
Taskforce
- Literature review conducted
- Taskforce including Education, PAT, OR, Joint Replacement Program, Surgical Unit, Senior ER, Senior Services Line, Clinical Documentation, Medical Director for Senior Services

Pilot Process
- Decided to start with Joint Replacement Program as that process could be refined within a smaller controlled group.
- Name Practitioner in pre-anesthesia testing screen patients for risk criteria. Conducts Mini-Cog and CAM assessments
  - If positive Mini-Cog of CAM NP contacts PCP and orders H12, TSH and UA, in addition to routine testing.
  - If positive for post-op delirium risk factors NP orders Delirium Prevention protocol to be initiated post-op.
- RN and PCA on Surgical Unit implement protocol for preventive strategies and provide informational handout to patient and family.
- RN on Surgical Unit performs CAM assessment every shift to detect early signs of delirium.

Challenges
- Physician engagement
  - Varied based on level of understanding of delirium.
  - Surgeons anxious that surgery may be delayed or cancelled
- Needed to meet with Dept of Medicine, Dept of Surgery, Orthopedic groups to gain buy-in.
  - Gaining consensus from key physicians on the development of order sets
  - Nurse buy-in
    - Met with Shared Governance Team
    - Delay in getting Surgical RN on the Taskforce

Outcomes
- Excellent engagement from the Peri-operative nursing team.
- Generally increased awareness of delirium risks and management.
- Added information on delirium to the Patient Information Guide for all patients
- Potential for greater support for additional programs, such as HELP throughout the organization