Think Delirium -
the journey continues ...
# hello my name is...

Christine McAlpine
## Improving Care for Older People in Acute Care

**Think Delirium** -
the journey continues ...

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.15</td>
<td>Welcome</td>
<td>Christine McAlpine (Chair)</td>
</tr>
<tr>
<td>11.20</td>
<td>Overview of OPAC work stream &amp; progress to date</td>
<td>Karen Goudie</td>
</tr>
<tr>
<td>11.25</td>
<td>Southern General Presentation</td>
<td>Dr Steven Wishart / Geraldine Marsh</td>
</tr>
<tr>
<td>11.45</td>
<td>Panel Discussion Q&amp;A from Delegates</td>
<td>Claire Copeland/Sandra Shields/Karen Goudie/Steven Wishart/Geraldine Marsh/Nicola Woods/Nicola Doonan</td>
</tr>
<tr>
<td>12.05</td>
<td>Delirium Awareness Raising Week</td>
<td>Marie Hanlin/Andy Shewan</td>
</tr>
<tr>
<td>12.15</td>
<td>Learn-pro</td>
<td>Patricia Howie</td>
</tr>
<tr>
<td>12.25</td>
<td>Close</td>
<td>Christine McAlpine (Chair)</td>
</tr>
</tbody>
</table>
# hello my name is...

Karen Goudie
Improving care for older people in acute care

Think Delirium - the journey continues....
“Improve older people’s acute care”
Why delirium?

- Affects at least 1 in 8 people in hospital. If older patients only are considered, the prevalence is above 1 in 5.

- Associated with major adverse consequences, including loss of independence, acceleration of dementia and death as well as longer length of stay in hospital.

- There is good evidence that delirium can be prevented and that failure to detect delirium is associated with worse outcomes.

“Person-centred care is everyone’s business.”
Website Resources for OPAC / HIS

www.improvingcareforolderpeople.scot.nhs.uk

- Improving the identification and management of frailty - A case study report of innovation on four acute sites in NHS Scotland

- Older People in Acute Care Improvement Programme video gallery – a set of short talks

- Copies of the tools being used / assessed
# hello my name is...

Sandra Shields
Claire Copeland
Nicola Doonan
Steven Wishart
Karen Goudie
Nicola Woods
Marie Hanlin
Andy Shewan
Delirium Week
by
Victoria Richmond
Marie Hanlin
&
Andy Shewan
Baseline diagnosis and management of delirium

Delirium only diagnosed in 11% of patients found to have delirium.
Figure 3: Diagnosis of delirium before and after intervention
The Need for the Awareness Week

• Poor staff awareness throughout all disciplines
• Public awareness poor
• Late Diagnosis or no diagnosis within medical notes
• Delirium week was born!
The successful Ingredients:

- Admin Support
- Meetings
- Main Sites
- Stands
- Talks by experts with Q and A sessions
- “freebies!”
- Manning of stands and people involvement
- Advertising
- Survey monkey
What has it Achieved?

- Clearly heightened Multi Disciplinary Team (MDT) awareness
- But most importantly improved the patients journey and outcomes
Feedback survey

• 76 responses (30% said they did not attend any part of the week!)
• Spread of staff types
• 79% of those who attended events said their knowledge about diagnosis of delirium was better (67%) or much better (12%)
• 74% of those who attended events said their knowledge about management of delirium was better (69%) or much better (6%)
• 72% of those who attended events said their confidence to diagnose and treat patients with delirium was better (69%) or much better (4%)
Jessies Story

12th April
• 87yr old lady admitted from home with dislocated R hip
• Lives at home with husband both manage independently with minimal support from daughters
• 4AT 0 on admission

14th April - 01.40
• Noted to be confused, documented on care rounds and traffic lights 4AT 6
• Urinalysis obtained and confirmed positive for
  • Leucocytes
  • Nitrites
  • Protein

Reviewed by FY1 TIME elements initiated - for MSSU commenced on Trimethoprim
14th April – 16:30

• Confusion continues family in to visit very distressed as “this is not like Jessie”
• Medical and nursing staff have explained diagnosis of delirium to Jessie’s family and they have been given information leaflet.

15th April

• Confused overnight
• 4AT 7
  FY1 made aware TIME elements reviewed no change to current plan

16th April

• Confusion continues
• 4AT 6
  Reviewed by FYI TIME elements reviewed Mg2+ noted to be 0.53 for replacement
17th April

- “Remains confused”
- 4AT 6

18th April

- Recheck Mg2+ 0.95
- No confusion evident
- 4AT 0

19th April

- 4AT 0

Although Jessie’s rehabilitation was delayed due to her delirium she was discharged home on the 7th May with no changes to her support services. Her family were obviously delighted with the outcome and particularly pleased that their distress had been alleviated by the effective communication from the staff and information leaflet.
Bella’s Story

• Admitted from Sheltered Housing 24th April following a fall with #Pubic ramus

• Very sleepy and confused on admission

• Confusion not normal for Bella

• 4AT = 12

• TIME elements initiated

• Found to have a Community Acquired Pneumonia and Acute Kidney Injury

• Commenced on IV antibiotics and IV fluid replacement

• 7th May Delirium resolved – 4AT = 0
15th May

• 4AT = 0

Happy Birthday Bella 100 today!!!
“Do what you can, where you are, and with what you have”

Theodore Roosevelt.
Any Questions
Patricia Howie
DELIRIUM MODULES UPDATE

Patricia Howie
NES DELIRIUM MODULES

• Enhance knowledge and skills of all health and social care staff - not just acute general hospitals

• Available on learnpro from 28th May 2014

• 2 Modules - An introduction to delirium and CPD Module
An Introduction to Delirium

Delirium is a common and serious medical condition that results in a person becoming more confused than usual with disruptions in thinking, consciousness and behaviour. The person may have difficulty paying attention to what is going on around them. They may not seem like their usual self and may be more agitated, have hallucinations and become suspicious or they may become drowsy withdrawn and difficult to wake. Delirium develops rapidly over hours or days and tends to vary during the day with the person confused at some times and seem their usual self at other times.

Delirium is commonly triggered by infection, changes in medicines or trauma such as surgery. Anyone can develop delirium but older people and people with dementia are at much greater risk.

**Remember**

Delirium is a medical emergency. It is a sign someone is physically unwell and urgent action is needed!
Learning Outcomes

On completion of this module you will be able to:

- Recognise delirium and its associated risk factors.
- Describe what happen when a person develops delirium
- Distinguish between delirium and dementia.
- Describe appropriate treatment and prevention measures.

Key Point
You do not have to be a health professional to detect signs of delirium
Think Delirium If There Is...

- A rapid change in the person and...
- They are more confused over hours or days and...

Click the yellow arrows to reveal
How Do You Distinguish Between Dementia And Delirium

There are many differences between dementia and delirium, including the following:

**Dementia**
- Begins slowly and is gradually noticed over time

**Delirium**
- Sudden or rapid change over hours or days

*Click ‘Up’ to navigate through the 6 differences*
Mrs Wilson is 75 years old and lives alone but she has a son who lives close by and visits every evening on his way home from work. Mrs Wilson and has a diagnosis of dementia and diabetes. She is independent and manages her medications although sometimes she misplaces them and forgets she has taken them. Her son has found her at home very sleepy and not responding when he spoke to her. He called an ambulance and Mrs Wilson has been admitted to hospital.

Watch the video clip and answer the following questions.
Mr Brown was admitted to hospital 3 days ago and staff are aware he has hyperactive delirium.

Watch the video clip with Mr Brown and answer the following question:
Ellen was admitted to hospital earlier today and was diagnosed with hypo delirium. She has been in the ward for 2 hours.

Watch the video clip and answer the following questions:
Prevention, Management and Support

Introduction

Delirium is a common and serious condition that results in a person becoming more confused than usual with disruptions in thinking, consciousness and behaviour, including changes in perception, attention, mood and activity level. The person may have difficulty paying attention to what is going on around them. They may not seem like their usual self and may be more agitated, have hallucinations and become suspicious or they may become drowsy withdrawn and difficult to wake. Delirium develops rapidly over hours or days and tends to fluctuate with the person confused at some times and their usual self at other times.

Anyone can develop delirium but older people and people with dementia and people with serious illness are at much greater risk. It can affect people in any care setting as well as in their own home; however the incidence is greatly increased when the person is admitted to hospital, with 20%- 30% occurring in medical wards and up to 50% following Hip fracture surgery. The incidence of delirium in other care settings is under reported.
Prevention, Management and Support

Learning Outcomes

- Identify the causes and distinguishing features of delirium along with the predisposing and precipitating risk factors.
- Critically understand how to carry out screening and assessment for delirium.
- Critically evaluate treatment approaches and strategies in the prevention and management of delirium.
- Critically evaluate the impact of delirium on the person's ongoing quality of life.
- Recognise the impact of delirium on and families and carers and provide appropriate information and support.
CONTENT OF CPD MODULE

• Person Centred Care in Delirium

• Recognising Delirium

• Assessment, Immediate Care and Treatment

• Care, Support and Treatment

• Ongoing Monitoring and Support

• Prevention of Delirium

• Alternative to Hospital

• Consider Post Delirium Distress
LINKS

• TIME Bundle
• SDA Pathway
• 4AT
• HIS Repeat 4AT & TIME Bundle
• HIS Information Leaflet
• Example of Care plan NHS Borders
• Example Observation tool NHS Fife
• Section 47 Certificate and Decision flowchart
Adults with Incapacity (Scotland) Act 2000
Part 5: Medical Treatment - Flowchart

Learning Resource available at:
www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/
mental-health-and-learning-disabilities/publications-and-resources.aspx

Patient aged 16 or over

Emergency? Yes

Treat emergency, then for further treatment

Has patient the capacity to decide about the proposed treatment?

Yes

Treat, applying normal rules of consent

No

Has the patient a Welfare Attorney or Welfare Guardian or does someone hold an intervention order about treatment?

Yes

Consult WA/WG/holder

No, because not reasonable and practical

Discuss & agree treatment?

Yes

Complete certificate of Incapacity and treat unless exceptions apply, applying principles of the Act

No

Apply to MWC for 2nd opinion on treatment

Disagreement

Agreement

Give treatment to preserve life or prevent serious deterioration

but challenged by interested party

Complete certificate and treat unless exceptions apply, applying principles of the Act

but challenged by interested party

Court of Session

Implement judge’s decision
Combination of Factors

It is often a combination of multiple precipitating and/or predisposing factors that places a person at increased risk of developing delirium. Although not the cause of the delirium they are the catalysts to it developing.

The following table provides some examples of how the combination of factors may lead to delirium.

Click the ‘Predisposing factors’ bar and the ‘Precipitating factors’ bar to reveal the combinations.

<table>
<thead>
<tr>
<th>Predisposing factors</th>
<th>Precipitating factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 65 years old</td>
<td>Stressful event</td>
</tr>
<tr>
<td>Physically Frail</td>
<td>e.g. admission to hospital or unfamiliar environment</td>
</tr>
<tr>
<td>Severe Illness</td>
<td></td>
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</tbody>
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<th>Precipitating factors</th>
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<tbody>
<tr>
<td>Pre-existing cognitive impairment</td>
<td>Vision or hearing impairment</td>
</tr>
<tr>
<td>Diabetes</td>
<td>The current illness (including infection, hypoxia, hypoglycaemia, hypotension, electrolyte abnormality and metabolic disturbance).</td>
</tr>
</tbody>
</table>
Learning Activity

Take a few minutes to read Susan's, Jenny's and Peter's Stories and answer the following questions?

Susan's Story

Susan is 74 years old and lives alone since the death of her husband just over a year ago. Her only relative is her son who lives in London. Her neighbours are supportive but have been in touch with her son over the past month with concerns that Susan has not been looking after herself and that she has lost a lot of weight.

She has been admitted to your coronary care unit after having an MI for which she received three stents. She is currently stable but the doctors have asked that she is closely monitored.

Learning Activity

Does Susan have risk factors for delirium? If so what are they?

(Write your thoughts in the box below then click 'Submit' when you are finished.)
Prevention of Delirium

It is very important to take action to prevent delirium as it can have a lasting impact on the person's health, wellbeing and quality of life. The approach is very much the same as care support and treatment when delirium is detected but the importance of primary prevention for people who may be at risk will have a longer term positive impact.

Click the headings below to reveal more information

Avoid Dehydration and Constipation
Avoid Infection
Keep the Person Mobile
Reduce Disorientation
Review Medication
Treat Pain
Mobile Application

• Available to all but target health professionals

• Mobile App – for both iOS and Android

• Launch - June 2014
THINK DELIRIUM

“Person-centred care is everyone’s business.”