Screening and Management of Delirium in a London District General Hospital

M. J. Lee1, K. Brownlie1, K. Kanji1, R. Singh1, A. Burnside2, A. Ng2

1. West Middlesex University Hospital, Twickenham, London
2. West London Mental Health Team, Twickenham, London

Introduction

Delirium occurs in 20-50% of patients in hospital, and is frequently unrecognized by clinician and often inappropriately managed with chemical and physical restraints. In West Middlesex University Hospital, we regularly screen for dementia in the elderly, however many patients with delirium are unrecognized or not formally diagnosed, despite NICE guidance. Despite being a risk factor, non-clinical ward transfers are common in patients at risk of delirium. We aimed to improve the care of patients with delirium by auditing if these patients were being assessed on admission on specified medical wards for delirium and if appropriate management of delirium is started once patients are diagnosed with delirium.

Local Trust Guidelines

- Risk Factors assessment
  1. Age >65 years
  2. Cognitive impairment and/or dementia
  3. Current hip fracture
  4. Severe illness (clinical condition that is deteriorating or at risk of deterioration)

- Indicators of Delirium
  - Cognitive decline
  - Perception disturbances
  - Reduced physical function
  - Altered social behaviour

Methods

The medical notes of all patients were reviewed on admission to three specified care of the elderly medical wards to identify at risk patients in a 3 week period according to NICE guidance [3]. We recorded the number of patients diagnosed as ‘acute confusional state’ or ‘delirious’ and the method of diagnosis. The Confusion Assessment Method was used on at-risk patients or patients with indicators of delirium to measure the true prevalence of delirium within 72 hrs of admission into medical wards. Investigations and five interventions according to local guidance that were documented in management plan within 72 hours of admission were also assessed. Investigations and management interventions were considered to be routinely done if >90% of patients had these steps documented.

Results

- 58 patients were audited over a 3 week period. 22 out of 58 patients were diagnosed with acute ‘confusion’.
- Clinical diagnosis of confusion was similar to the rates picked up by CAM.
- Number of patients with a CAM screen documented = 0.
- Of the patients diagnosed with confusion, four out of ten recommended investigations were routinely carried out (FBC, U&Es, ECGs, CXR), however other recommended investigations were not.

- Most patients in WMUH are initially admitted to the Acute Medical Unit (AMU) for medical assessment before being transferred to appropriate wards. Excluding transfers from the AMU, 13 patients had other ward transfers, 12 of 13 were for non-clinical reasons.

Suggested Interventions

Based on our findings, while the diagnosis of confusion may be adequate despite the lack of use of CAM, however there could be improvements in the investigation and management of delirium.

The following interventions are suggested to be implemented:

- Delirium pocket cards to be given out to all doctors on induction as a reminder of the guidelines on diagnosis, investigations and management of delirium.
- 5 minute CAM presentation to be included in mandatory Dementia training sessions in the trust to educate doctors on the use of the CAM tool.
- Delirium stickers on case notes of patients diagnosed with delirium to alert doctors and hospital management to avoid unnecessary transfers.
- Delirium information leaflets on the wards for patient and relatives.

References


Risk Factors assessment

1. Age >65 years
2. Cognitive impairment and/or dementia
3. Current hip fracture
4. Severe illness (clinical condition that is deteriorating or at risk of deterioration)

Indicators of Delirium

- Cognitive decline
- Perception disturbances
- Reduced physical function
- Altered social behaviour

Methods

The medical notes of all patients were reviewed on admission to three specified care of the elderly medical wards to identify at risk patients in a 3 week period according to NICE guidance [3]. We recorded the number of patients diagnosed as ‘acute confusional state’ or ‘delirious’ and the method of diagnosis. The Confusion Assessment Method was used on at-risk patients or patients with indicators of delirium to measure the true prevalence of delirium within 72 hrs of admission into medical wards. Investigations and five interventions according to local guidance that were documented in management plan within 72 hours of admission were also assessed. Investigations and management interventions were considered to be routinely done if >90% of patients had these steps documented.

Results

- 58 patients were audited over a 3 week period. 22 out of 58 patients were diagnosed with acute ‘confusion’.
- Clinical diagnosis of confusion was similar to the rates picked up by CAM.
- Number of patients with a CAM screen documented = 0.
- Of the patients diagnosed with confusion, four out of ten recommended investigations were routinely carried out (FBC, U&Es, ECGs, CXR), however other recommended investigations were not.

- Most patients in WMUH are initially admitted to the Acute Medical Unit (AMU) for medical assessment before being transferred to appropriate wards. Excluding transfers from the AMU, 13 patients had other ward transfers, 12 of 13 were for non-clinical reasons.

Suggested Interventions

Based on our findings, while the diagnosis of confusion may be adequate despite the lack of use of CAM, however there could be improvements in the investigation and management of delirium.

The following interventions are suggested to be implemented:

- Delirium pocket cards to be given out to all doctors on induction as a reminder of the guidelines on diagnosis, investigations and management of delirium.
- 5 minute CAM presentation to be included in mandatory Dementia training sessions in the trust to educate doctors on the use of the CAM tool.
- Delirium stickers on case notes of patients diagnosed with delirium to alert doctors and hospital management to avoid unnecessary transfers.
- Delirium information leaflets on the wards for patient and relatives.