



Delirium Assessment in Danish ICUs - a survey of Critical Care Nurses

Mortensen CB¹, Andersen-Ranberg NC¹, Laigaard J¹, Oxenbøll-Collet M², Egerod I²
¹Department of Anaesthesia and Intensive Care, Zealand University Hospital, Køge, Denmark
²Department of Intensive Care, Copenhagen University Hospital, Rigshospitalet, Denmark

REGION ZEALAND
ZEALAND UNIVERSITY HOSPITAL

BACKGROUND

A consequence of changing sedation practices with lighter sedation, delirium has become more apparent with incidences of 30-50% in the Intensive Care Unit (ICU). Awareness and detection of delirium relies on systematic **delirium assessment**. Despite implementation of validated screening tools, regular delirium assessment still seems inadequate. Delirium assessment in Danish ICUs is usually performed by critical care nurses.

AIM

To explore current delirium screening practices and potential barriers towards delirium assessment in Danish ICUs.

METHODS

We surveyed 108 ICU nurses during an intensive care symposium in May 2019.

Demographics

- Women (96%)
- Mean age: 45 years (26-64)
- Certified Critical Care Nurses (79%)
- Mean ICU experience: 13 years (0-35)



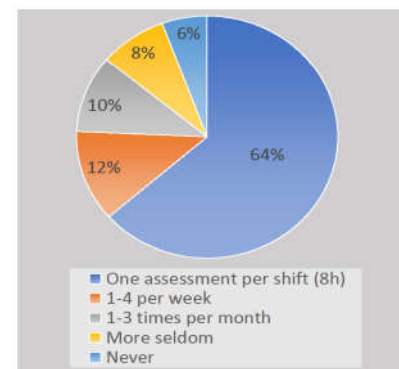
RESULTS

DELIRIUM SCREENING TOOLS

95% of respondents were instructed to use a screening tool to assess delirium in their department:

- CAM-ICU (78%)
- ICDSC (15%)
- Other (2%)
- Missing (5%)

SCREENING FREQUENCY



70% reported one barrier or more toward delirium assessment. The most prevalent were:

- Time-consuming (21%)
- Inadequate training (21%)
- Pointless as no action was taken (14%)
- Unreliable screening results (12%)

BARRIERS TOWARD DELIRIUM ASSESSMENT

CONSEQUENCES OF A POSITIVE DELIRIUM ASSESSMENT RESULT

- **Non-pharmacological** interventions were initiated (86%)
- **Pharmacological** interventions were initiated (80%)
- **Relatives** were involved in non-pharmacological interventions (75%)

CONCLUSION

Despite increasing awareness of the risk and consequences of delirium in Danish ICUs, our study showed that experienced ICU nurses still report challenges such as time constraints, lack of training in delirium assessment, scepticism toward the screening result, and an experience of futility as the result has no practical consequences. Systematic delirium assessment requires an interdisciplinary team effort in ICU where nurses are acknowledged for delirium assessment and interventions are identified to reduce ICU delirium.