ROYAL COLLEGE of PHYSICIANS of EDINBURGH

Poster 37

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Evaluating Delirium Management in Critical Care at West Middlesex Hospital

C Sanjel, Senior Staff Nurse, Intensive Care Unit, West Middlesex Hospital, Chelsea and Westminster Hospital NHS Foundation Trust
chitra.sanjel@chelwest.nhs.uk @ever_nurse

INTRODUCTION

The prevalence of reported ICU delirium varies from 20% to 80% and is associated with adverse outcomes, including self extubation, prolonged hospital stay, increased health care costs and mortality. Studies have identified lack of knowledge in delirium assessment and management. Although validated tool CAM ICU has been recommended by national and international guidelines, it has not been used routinely by doctors and nurses in West Middlesex ICU.

AIMS

- To undertake an audit to gain understanding on staff knowledge on use of CAM ICU by use of questionnaire
- To run teaching sessions on use of CAM ICU
- To make the CAM ICU resource folder available at nursing station
- To improve delirium management in West Middlesex ICU

METHODOLOGY

Pre-teaching audit:
3 weeks from 25.2.2019
22 ICU nurses filled the questionnaire
Teaching:
8 Weeks from 25.3.19
A pilot teaching session was delivered on the use of CAM ICU. Following feedback from the learners, the contents was revised to meet the ICU nurses' learning needs
Post teaching audit:
31 ICU nurses filled the questionnaire

DISCUSSION

The initial target was to train 80% of the staff but only 70% of the staff were able to be trained over the 3 week period. The teaching sessions focused on ICU types of delirium, how common is it and why and how to get delirium management right. Although staff were able to identify the types of delirium, hypoactive delirium was missed even after the teaching sessions.

CONCLUSION AND RECOMMENDATIONS

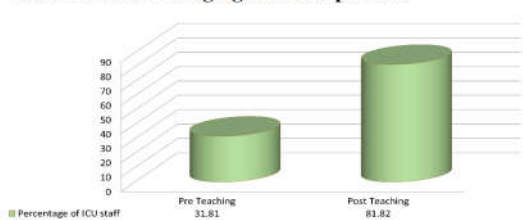
This project has introduced a simple educational initiative that has helped increase staff knowledge on delirium management; however, there is a need for ongoing education in order to achieve high degree of compliance. The recommendations are being acted upon with action plans. These include:-

- Introduction of Brain Care Bundle currently used in Chelsea ICU and share cross-site learning
- Liaise with ICU consultants to set target RASS score during ward round
- Continue to run regular teaching sessions on delirium management in ICU
- Future audits to include observing accuracy of CAM ICU

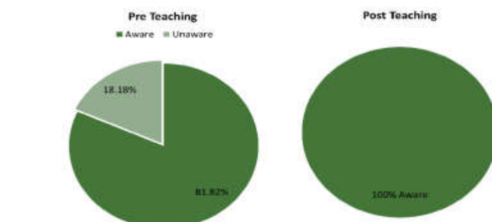
RESULTS

Formal training on use of CAM ICU

Confidence in managing delirious patients



Knowledge on risk factors and symptom of ICU delirium



BRAIN CARE BUNDLE

Delirium

1. Treat reversible causes, e.g.:
   - Pain, Constipation, Hypoxia, Sepsis, Hyperglycaemia, Alcohol withdrawal, Sleep Deprivation
2. Review drug chart
   - For Analgesia and Delirium inducing agents.
3. Reorient patients; familiarise surroundings:
   - Use patient's spectacles and hearing aids if needed.
   - Orientation devices.
   - Facilitate sleep at night.
4. Involve Patient's relatives and family
5. Mobilise and exercise as early and frequent as possible, safety permitting

Affix Patient Sticker Here

Agitation

1. Avoid benzodiazepines unless specifically indicated.
2. Daily ECG's demonstrating a normal QTc
3. Olanzapine regularly 5-10mg 2200 PO/NG, if not contraindicated.
4. Haloperidol PRN (0.5 – 1mg per dose, Maximum 18mg/day) for symptom control, if not contraindicated.
5. Consider Melatonin, review 5 days following commencement.
6. Restart baseline Psychiatric meds, if applicable

Date ....
Completed By ....
Signature ....

REFERENCES

1. A Al-Hindawi, LJ Paxton, K Panesar, MSF Chong, MP Vizcaychipi and LE Christie; Delirium Education Package: a pragmatic and multidisciplinary quality improvement project implementing both delirium screening and management in the Intensive Care Unit; Intensive Care Society State of the Art 2017 Abstracts. (2018). Journal of the Intensive Care Society, 19(2_suppl), 1–162.https://doi.org/10.1177/1751143718772957
2. Devlin J, Skrobik Y, Gélinas C, Needham D, Slooter AJ, Pandharipande P, et al. Clinical Practice Guidelines for the Prevention and Management of Pain, Agitation/Sedation, Delirium, Immobility, and Sleep Disruption in Adult Patients in the ICU. Critical Care Medicine 2018 Sep;46(9):e873.
3. NICE (2010) Delirium: prevention, diagnosis and management. Available from: https://www.nice.org.uk/guidance/cg103/chapter/Introduction
4. Trogrlic Z, Jagt M, Bakker J, Balas MC, Ely WE, Voort P, et al. A systematic review of implementation strategies for assessment, prevention, and management of ICU delirium and their effect on clinical outcomes. Critical Care 2015 Apr 9,;19(1):157.

ACKNOWLEDGEMENT

This improvement project is result of Windrush Leadership Programme by Florence Nightingale Foundation and Health Education England. It would have been impossible to achieve the aim without everyone's support in West Mid and Chelsea ICU. Special thanks to CW+ Charity, Pauline Timms, Tim Peters, Ihab Abdulazizi, Jenny Cordero, Bernard Arguelles , Ahmed Al- Hindawi and Karen Bonner for your guidance and support.