Enhancing the Detection of Delirium by Nurses in Acute Care

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Introduction/Background
Delirium is a type of acute brain failure commonly found in acute care that can prolong hospital stay, increase morbidity and mortality, and lead to poor physical/cognitive function with increased risk for adverse outcomes (Simmons, 2005, p. 1135).

Clinical reasoning is a complex cognitive process that uses formal and informal thinking strategies to gather and analyze patient information, evaluate the significance of this information, and weigh alternative actions (Dowding & Thompson, 2003).

Methodology
A qualitative study using focus groups with IRB oversight.

Sample: Nurses (N=30) with 2+ years of clinical experience and currently working on a medical, surgical, or intensive care unit.

Procedure: Semi-structured 60-minute focus groups sessions (N=10) were conducted. The sessions were audio recorded with permission. Recordings were transcribed verbatim, reviewed for accuracy, and uploaded into NVivo-12 software.

The data were inductively analyzed using tools derived from dimensional analysis (Caron & Bower, 2000), a qualitative method used to understand how concepts are "socially constructed."

Results
- Nurses describe having knowledge to recognize and manage delirium

- Delirium may be caused by many factors and challenges to diagnose and treat

- Underlying conditions including dementia, infection/sepsis, acute renal failure and alcohol

- Caused by hospitalization including lack of sleep, physical environment, and medications

- Symptoms of knowledge and confidence

- Subjective vs. objective assessment

- Communication with patient

- Review provider notes

- Diagnosis not necessary

- Communication with staff/family

- Underlying assumptions based on long situation before admission

- Process used by nurses to recognize delirium

- All had best care for delirium based on Confusion Assessment Method (CAM) concepts

- Mental status parameters not recognized as indicators of delirium

- Nonpharmacological interventions including promoting sleep at night, keeping busy/active during the day, orienting / redirecting, managing symptoms to comfort, calm, and keep safe

- Second Order Analysis Conditions

- Things that must be in place to support successful diagnosis management

- Knowledge – Nursing and Medicine

- Communication

- Scope of Practice

- Use of electronic health record

- Other healthcare professionals

- Varies by time of day

- Differences by unit type

- Specialists

- Consequences

- Unawareness of delirium

- Fear of missing clinical changes

- Risk to personal authority

- Risk for conflict with provider

- Negative label / outcomes for the family

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