Revisiting Delirium Screening Among ICU Patients

Benilda M. Oliquino, BSN, RN, CCRN Nurse Clinician - ICU

Statement of the Problem

- Nurses document delirium status incorrectly
- Inconsistent training for new staff on how to use the RASS and CAM ICU assessment
- Delirium may go unrecognized
- Patients could develop complications if delirium not addressed and managed appropriately

Aim of this Project

Improve accuracy of delirium screening among ICU patients for early detection and management thereby, preventing complications associated with delirium

Relevant Background Evidence

Delirium is a common clinical syndrome characterized by inattention and acute cognitive dysfunction
Pathophysiology: Disruption of neurotransmission (drug action, inflammation, acute stress response)
- Rapid onset
- Inattention
- Clouding of consciousness (bewildering)
- Fluctuation

Relevant Background Evidence

- In 2014, delirium screening was incorporated into EPIC charting
- New guidelines from the American Delirium Society are released about every 2 years
- Current ICU staff do not receive updates
- New ICU staff require training on delirium screening
- Retrospective chart review demonstrated documentation of “unable to assess” (UTA) even though the RASS score was -3 and above.
  - Guideline states to use UTA only if RASS score is -4 or -5.

PICO Question

Will a multi modality educational approach compared to no formalized training on risk assessment tools improve nurses knowledge and skills in delirium screening for ICU patients?

Baseline Data

<table>
<thead>
<tr>
<th>Survey Scores</th>
<th>Number of Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE</td>
<td>1 OUT OF 4</td>
</tr>
<tr>
<td>POST</td>
<td>3 OUT OF 4</td>
</tr>
</tbody>
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Implementation

Delirium easy as 1-2-3

1. Implementing delirium screening with a multi modality educational approach.
2. Incorporating delirium screening to Skills Days and OR.
3. Incorporating delirium training to new staff on hand-off report.
4. Incorporating delirium screening to in-service education.
5. Incorporating delirium screening to nursing manager's presentations.
6. Incorporating delirium screening to QI project.

Challenges Encountered

- Time constraints
- Lack of manpower to implement the project
- Staff attitude (non-compliance with guidelines)
- Absence of multi-disciplinary team to enforce the project
- No adequate time and venue for skills training
- New hires and RN Travelers

Practice Change Tested

- 4 Survey questionnaire on CAM-ICU knowledge distributed before and after educational campaign.
  - Pre-survey given in April and May prior to May staff meeting
  - PowerPoint lecture presentation
  - Posting of fliers, laminated tools on stingers and nurses stations, lectures uploaded to Intranet
  - 1 on 1 scenario-based education
  - Chart Audit of RASS and CAM-ICU documentation PRE and POST educational intervention

Evaluation Results

- Improvement in CAM-ICU assessment related to RASS score as shown by more accurate charting
- Increased RN knowledge and understanding of delirium screening and why it’s important

Next Steps

- Need a strong team with more focused training consisting of multi-disciplinary team from Intensivists to CC RNs, RTs, PTs, SLPs, Pharmacists, etc.
- Continued education of CC RNs with occasional charting audits
- Incorporating delirium screening to Skills Days and orientation of new hires
- Improving EPIC charting guidelines and protocol for frequency of documentation
- Can be shared with CVICU and other departments

References

- E. Wesley Ely, M.D. et al.; Vanderbilt University; icudelirium.org
- Swan, Joshua, PharmD, Am J Crit Care 2014; 23 60-69 (Houston Memorial Hospital)
- Fong et. Al Nat. Rev Neurool 2009; Apr 5 (4); 210-220

Acknowledgements

- To my coach- Ms. Nell Berens-Praise
- To our ICU educator- Ms. Lorena Tilton and Ms. Cathy Stark (for her books)
- To my Director Mrs. Carol Oliff and Manager Ms. Lori Smith
- Our executive secretary- Ms. Deanna Cryer
- Ms. Suzi Seitz for uploading my presentations on the Intranet
- My Charge Nurses, colleagues and friends
- The EBP Council Team
- Our Pulmonary Intensivists
- My family for love, understanding and support

Contact: benilda.oliquino@johnmuirhealth.com