

# Recognition and management of delirium in the acute hospital setting

Drs. Shadi Mahmoud, Ailsa Morris, and Chris McCaffery of Dumfries and Galloway Royal Infirmary

## Project aims

- To improve recognition of delirium in both surgical and medical admission and downstream wards
- To ensure optimal care is given to patients suffering delirium

## Background

Delirium is “a common clinical syndrome characterised by disturbed consciousness, cognitive function or perception, which has an acute onset and fluctuating course”<sup>1</sup>.

NICE guidelines recognise a significant burden associated with the diagnosis including prolonged admission, higher mortality rates, increased frequency of hospital acquired complications, and an increased rate of admission to long term care<sup>1,2</sup>.

Delirium is known as a poorly identified condition within the UK. A recent national audit showed that 50% of patients with dementia were not screened for delirium on admission to hospital<sup>2,3</sup>, despite 20-30% of medical inpatients having delirium at some point during admission<sup>2</sup>.

## Methodology

Discharges on five medical and one surgical ward, spanning a one month period, were obtained using the discharge system. Clinical Portal was then used to examine medical notes, discharge letters, vital sign charts and any other relevant documentation to obtain the audit data required.

The data points for collection were based on a similar recent audit, and recommendations for the implementation of the TIME bundle used in delirium<sup>2,3</sup>. This data included, among other elements: age, presenting complaint, use of AMT4 or 4AT, diagnosis of delirium, description of a syndrome compatible with delirium without named diagnosis, investigation of new delirium, AWI implementation, length of stay, and morbidity and mortality following discharge.

Data collection is now complete, and analysis is underway.

## References

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2. Healthcare Improvement Scotland. Think Delirium. HES; 2014. Available from: [learn.nes.nhs.scot/2442/rrheal/education-networks/rural-teams-education-network/think-delirium-improving-the-care-for-older-people-delirium-toolkit](http://learn.nes.nhs.scot/2442/rrheal/education-networks/rural-teams-education-network/think-delirium-improving-the-care-for-older-people-delirium-toolkit)
3. Healthcare Quality Improvement Partnership. Assessment of delirium in hospital for people with dementia. HQIP; 2018. Available from: [www.hqip.org.uk/resource/national-audit-of-dementia-report-2017-2018/](http://www.hqip.org.uk/resource/national-audit-of-dementia-report-2017-2018/)
4. Wellcome Library no. 675357. Available from: [commons.wikimedia.org/wiki/File:An\\_alcoholic\\_man\\_with\\_delirium\\_Wellcome\\_L0060780\\_\(level\\_correction\).jpg](https://commons.wikimedia.org/wiki/File:An_alcoholic_man_with_delirium_Wellcome_L0060780_(level_correction).jpg)

This French lithograph illustrates acute delirium. Designed as a warning against alcohol abuse, it exemplifies the fear and disorientation caused by disruption of normal thought<sup>4</sup>.

## Pathway design

We have developed a single-sheet pathway to deploy in ward environments assisting in the recognition, assessment, and treatment of delirium. It will be trialled on a medical admissions ward, and a downstream inpatient ward.

## Next stages

After interventions including pathway deployment and awareness raising are complete, data will be re-collected following the same protocols and tested for improvement in recognition and management of inpatient delirium.

Multiple cycles of this audit may be completed, with the end goal of near-100% screening, investigation, and appropriate management of delirium.

