Dolans Critical Care Nursing: Clinical Management Through The Nursing Process

CLINICAL CORNER

THOUGHTS ON THE NEED FOR MANAGERS' AND NURSES' LEADERSHIP TO IMPROVE PREVENTION AND MANAGEMENT OF DELIRIUM IN CRITICAL CARE

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ABSTRACT

The onset of delirium in older adults, especially in critical care units, is a major factor in increasing the length of hospital stays, with multiple significant consequences. Although it is common, delirium frequently manifests as a result of modifiable precipitating factors. Sadly, the current nursing approaches to delirium are often sub-optimal, although guidelines and protocols are available to enable them to intervene quickly, to reduce the incidence and consequences of delirium. A supportive environment is needed in order to introduce new practices into critical care settings, and leadership by managers and nurses is necessary to create an environment conducive to implementation of new practices.

Keywords: nursing, leadership, critical care, delirium detection, delirium assessment.

Delirium is an organic syndrome, usually of a transient and reversible nature. It can manifest at any age, but is particularly frequent among older adults (Kergoat & Brazeau, 2011). According to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, delirium is a disturbance in attention, awareness and cognition, with a rapid onset, a change from baseline and fluctuation over time that cannot be explained by other neurocognitive disorders (American Psychiatric Association, 2013).

Between 10% and 30% of all older adults suffer from delirium on admission to the emergency room, while 25% to 60% will develop delirium while hospitalized (McCusker et al., 2001; Svenningsen & Tønnesen, 2011). Patients who are aged 65 years of age and older account for 42% to 52% of those admitted to intensive care (McNicoll et al., 2003; Pisani, McNicoll, & Inouye, 2003). A review of the literature shows that simply being hospitalized raises the risk of developing delirium to over 70% (McNicoll et al., 2003).

ETIOLOGY AND CONSEQUENCES OF DELIRIUM

Delirium has a multi-factorial etiology (Hogan & McCabe, 2006) and predisposing and precipitating factors contribute to its occurrence in hospitalized patients. Predisposing factors (vulnerability to delirium development) include advanced age, gender, presence of dementia or cognitive impairment, and hearing or vision problems (Inouye & Charpentier, 1996; Voyer, Richard, Doucet, & Carmichael, 2009). On the other hand, precipitating factors such as polypharmacy (especially psychoactive drugs), infections, pain, dehydration, malnutrition, and environmental disruption (use of physical restraints, noise, overstimulation, lack of time frame, lack of sleep, lighting and the absence of windows in the room) act as insults that may precipitate development of delirium (Inouye & Charpentier, 1996; Voyer, Richard, Doucet, Cyr, & Carmichael, 2011; Zaal et al., 2013).

Delirium decreases functional independence and alters cognitive abilities (Hopkins & Jackson, 2009). Research also indicates that physical and cognitive after-effects can last for several months when delirium is not dealt with expeditiously and thoroughly (Pisani, Murphy, Araujo, & Van Ness, 2010; Salluh et al., 2015). Following resolution of an episode of delirium, the rate of readmission for older adults is over 27%, and their hospitalization time is greatly increased (Kennedy et al. 2014). Delirium extends the duration of hospitalization in intensive care units (Girard, Pandharipande, & Ely, 2008; Salluh et al., 2015). It also puts patients at risk of self-extubation, and is associated with longer periods of mechanical ventilation (Girard et al., 2008). These negative outcomes compromise the patient's chances of recovery (Andrew, Freter, & Rockwood, 2005; Girard et al., 2008), resulting in a high mortality rate of 10% to 30% (Leentjens & van der Mast, 2005; McCusker, Cole, Dendukuri, & Belzile, 2003). Studies show that 6% of patients diagnosed with delirium die within 30 days of admission to intensive care (Kennedy et al., 2014).

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