NICHE Solutions

NICHE Solutions – Seventh in a series: Focus on delirium

Linda Bub, MSN, RN, GCNS-BC
Director of Education and Program Development at Nurses Improving Care for Healthsystem Elders (NICHE), New York University College of Nursing, New York, NY, USA

This seventh entry in the NICHE Solutions series details delirium prevention and treatment success stories from NICHE hospitals. These initiatives outline the successful application of best practice solutions that correlate with NICHE Clinical Improvement Models and other NICHE resources. Developed in collaboration with NICHE designated hospitals, the series covers a wide range of clinical and organizational topics.

In addition to the Delirium stories, the Solutions library contains these other geriatric specific categories: CATHETERS, CRITICAL CARE, DEMENTIA, EMERGENCY DEPARTMENT, ENVIRONMENT, FUNCTION & FALLS, GERIATRIC PATIENT CARE ASSOCIATE, INTEGRATED SYSTEM IMPLEMENTATION, MEDICATION, NUTRITION/ELIMINATION and PATIENT/FAMILY EDUCATION. New Solutions stories and categories are created to offer improvement strategies to NICHE hospitals and affiliate sites.

Delirium


Once it has been determined that the patient is at risk for delirium, a standardized delirium protocol should be initiated immediately. Protocols tested in two multicomponent interventions effectively prevented delirium.1,2 The protocols varied somewhat but two principles emerged from the research: Minimize the risk for delirium by preventing or eliminating the etiologic agent(s) and provide a therapeutic environment and general supportive nursing care. Older adults on a specialized geriatric unit receiving interprofessionally and protocol-guided care by a staff that had received specialized geriatric care education also developed significantly less delirium.3

Solution no. 14

Title: Use of the Best Practice Team for the Care of Older Adults. Authors: Petra Grami, RN, BSN, NE-BC, Fulmer T & Zwicker D (eds.).

PROBLEM: Care of older adult patients requires staff expertise and clinical practices that acknowledge their specialized needs.

SOLUTION: An inter-professional team guides the development, implementation and evaluation of quality initiatives designed to improve the outcomes and experiences of hospitalized older adults and their families.

Solution no. 19

Title: Screening of Older Adults for Delirium Risk Prior to Orthopedic Surgery. Authors: Anne Vanderbilt, MSN, CNS, CNP, Sarah Schramm, MA, Jacqueline Fox, RN, BSN, Gloria Hinkle, RN, BSN, Lydia Booher, RN, MSN, Dr. Ajay Kumar, MD and Barbara Messinger-Rapport, MD, PhD, Cleveland Clinic, Cleveland, Ohio.

PROBLEM: Prevalence of delirium in older adults following orthopedic surgery.

SOLUTION: Outpatient and inpatient screening prior to surgery.

Solution no. 20

Title: Sitter/Close Observation Policy. Authors: Trish Walsh, RN, BScN GNC(C), Patrice Nugent McDougall, RN, BScN, CPN (C) and Billy MacPherson, RN, BScN, Cape Breton District Health Authority, Nova Scotia, Canada.

PROBLEM: Inconsistent and/or inappropriate use of sitters and variable staff knowledge and skill level of sitters.

SOLUTION: Implement sitter/close observation policy and provide staff with education on the needs of cognitively impaired older adults.

Solution no. 30

Title: Dilemma of Delirium in the Geriatric Hip Fracture Patient. Author: Amy Williamson, BSN, RN, ONC, Texas Health Harris Methodist Hospital, Fort Worth, Texas.

PROBLEM: Delirium is a common and serious problem for hospitalized older hip fracture patients and is associated with significant morbidity and mortality rates.

SOLUTION: Identify a screening tool for use in daily assessments of geriatric patients at risk for delirium.

E-mail address: linda.bub@nyu.edu.
References

