



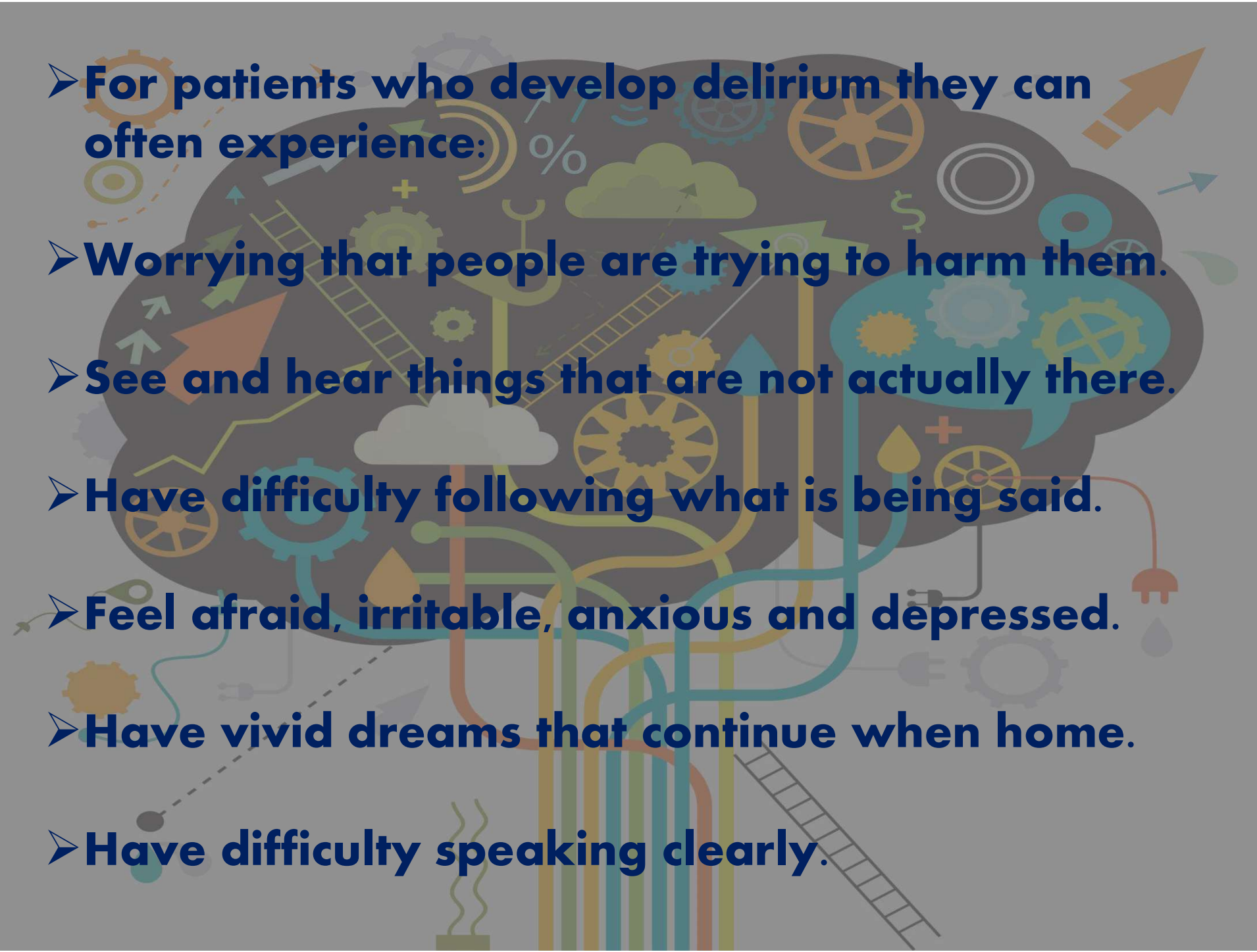
Managing Delirium in Critical Care

Focus on improving Patient's
Sleep



WHAT IS DELIRIUM?

- **According to NICE guidelines it is a sudden change in a person's mental state (NICE 2019).**
- **It can develop quickly and is usually temporary.**
- **It can result in longer hospital stays, increased risk of developing dementia and increased mortality.**
- **BUT IS PREVENTABLE IN 30% OF CASES.**

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- **For patients who develop delirium they can often experience:**
 - **Worrying that people are trying to harm them.**
 - **See and hear things that are not actually there.**
 - **Have difficulty following what is being said.**
 - **Feel afraid, irritable, anxious and depressed.**
 - **Have vivid dreams that continue when home.**
 - **Have difficulty speaking clearly.**

OVER VIEW

- **The environment of the Critical Care Unit can impact on patients becoming delirious.**
- **Upon our unit there are few windows to enable natural light therefore it is difficult to create a sense of day & night.**
- **As the building structure of the unit cannot be changed, we decided to focus on what we as nurses can do to help reduce the incidence of delirium.**
- **To continue and cascade the work already done at Lancashire Teaching Hospitals on sleep (Patel et al, 2014).**
- **Working in collaboration with Lancashire and South Cumbria Critical Care Network 'Dreams Bundle' (LSCCCN, 2018).**
- **We decided an effective way to try and reduce delirium was to assist our patients in achieving a better night's sleep and to feel safe within the Critical Care environment.**



WHAT DO WE WANT TO ACHIEVE



- **Within the NHS there are 'Caldicott Guardians' and teams who 'Safe Guard' patients.**
- **So we thought why are there not SLEEP GUARDIANS to protect a patients time to sleep, renew and repair!**
- **Introduce the role of the SLEEP GUARDIAN on the unit to promote protective sleep between the hours of 2300 – 0700 .**
- **SLEEP GUARDIANS will ensure throughout the night ALARMS, LIGHTS, TELEPHONES and STAFF VOICES are lowered.**

WHAT DO WE WANT TO ACHIEVE AT NIGHT TIME

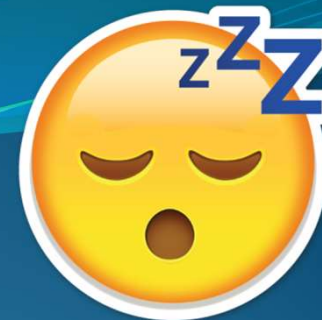
- For bay co-ordinators to allocate **SLEEP GUARDIANS** at the start of every night shift.
- **For staff to: Reduce their monitor alarms**
 - Aim to have lights out by 2300 hrs (if clinically possible)**
 - Lower telephone volumes at night**
 - Lower voices at the bedside and as they move from bay-to-bay.**
- **Encourage staff to offer eye-masks and ear plugs to patients with $R_{ass} > 0$.**
- **Work with the procurement team to ensure all our bins are soft-close and with IT to produce a SLEEP GUARDIAN screen saver throughout the trust.**
- **Ensure the nurse buddy system is upheld to maximise patient safety at night despite lower volume alarms.**

WHAT DO WE WANT TO ACHIEVE IN THE DAY TIME

- **A multidisciplinary approach to providing positive stimulation during the day. Including early rehabilitation, placing Cam +ve patients by a window, facilitate patients going outside and providing clocks which are visible in patient areas.**
- **Critical Care Orientation – to assist patients in knowing where they are and have the ability to display photos & cards from family & friends.**
- **Display at each bedside a 'Getting to know me' poster – so we can facilitate individualised patient care as much as possible.**

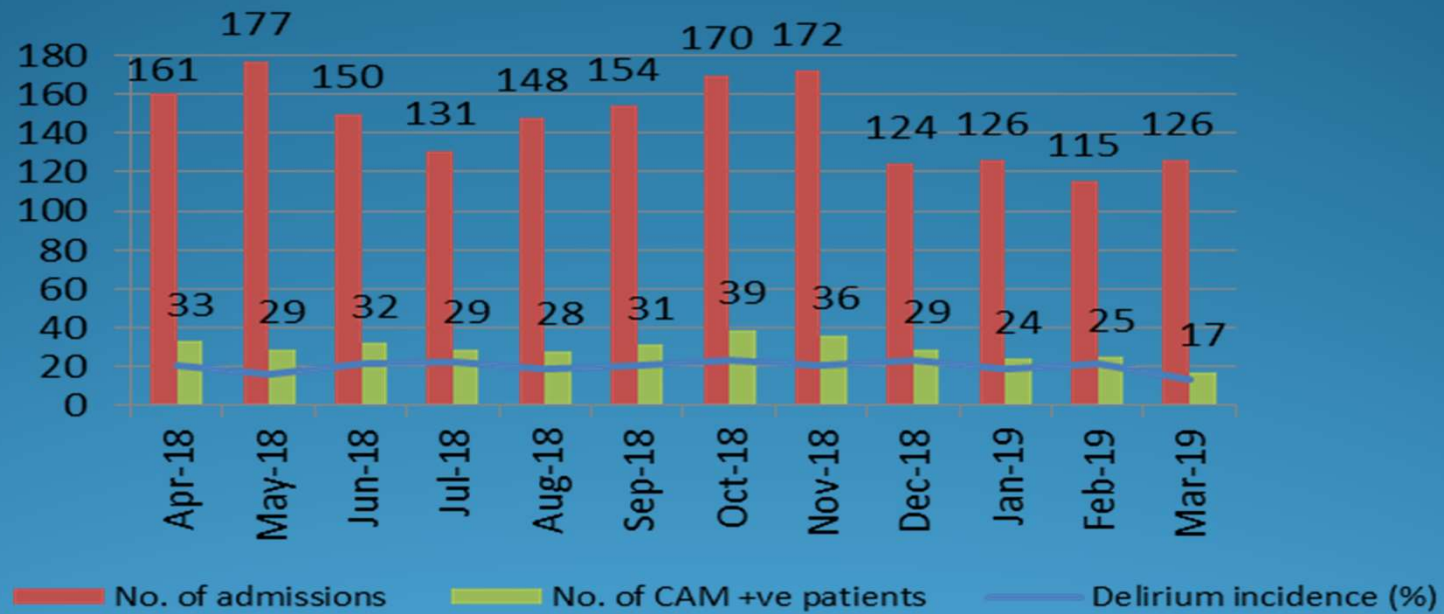


WHAT HAVE WE ACHIEVED SO FAR

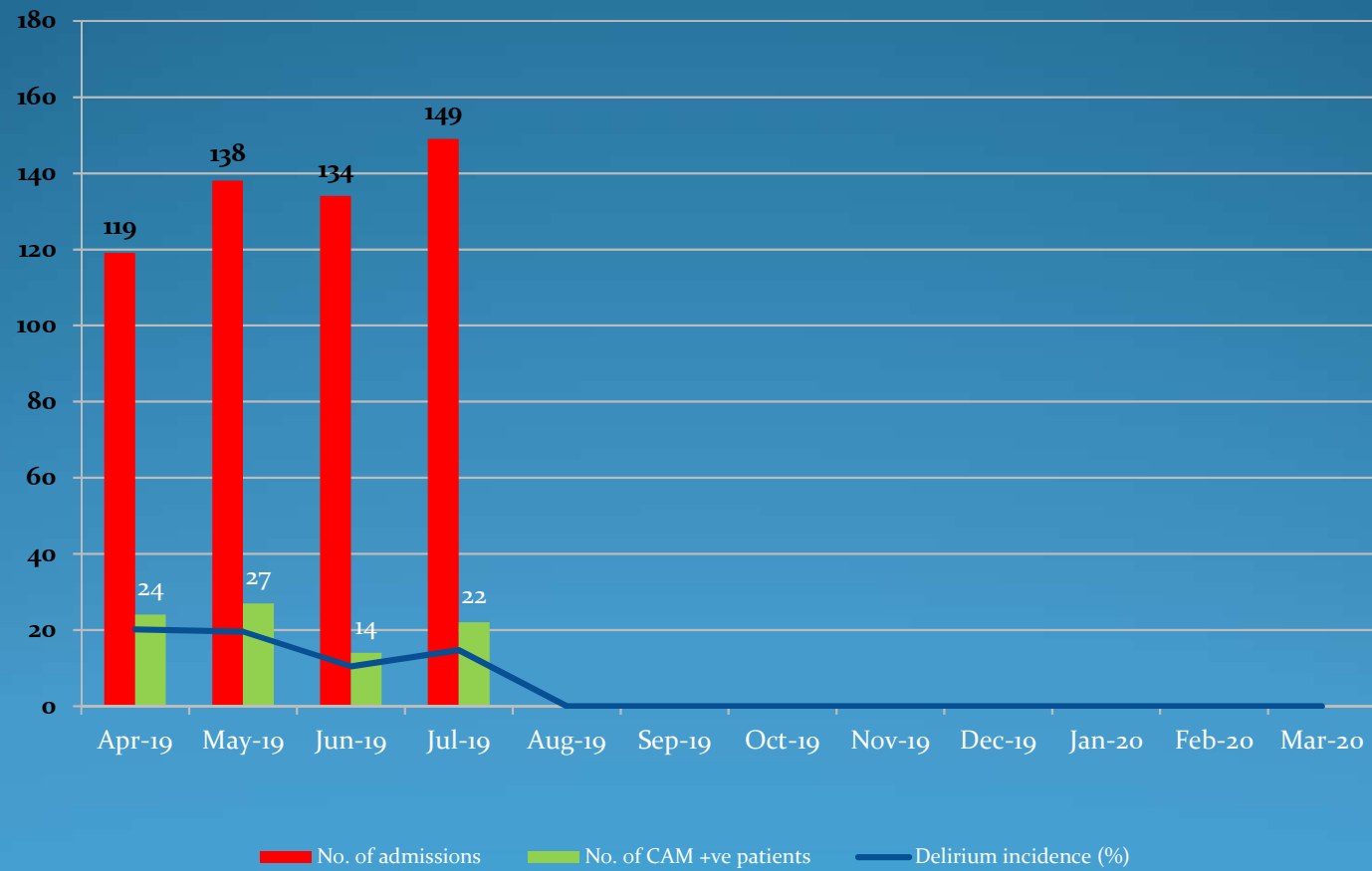


- **The incidence of delirium in critically ill patients is generally reported as being around 30%, with a much higher incidence reported in very sick, ventilated patients 60-80% [Gusmao-Flores et al 2012]**
- **Prior to the introduction of SLEEP GUARDIANS our figures show the prevalence of delirium to be between 20-25%.**
- **Post introduction of SLEEP GUARDIANS our figures now show the prevalence of delirium has dropped to 15-20%.**

LTH - Delirium incidence



LTH- Delirium incidence





Shhhhh
Patients sleeping
in this area

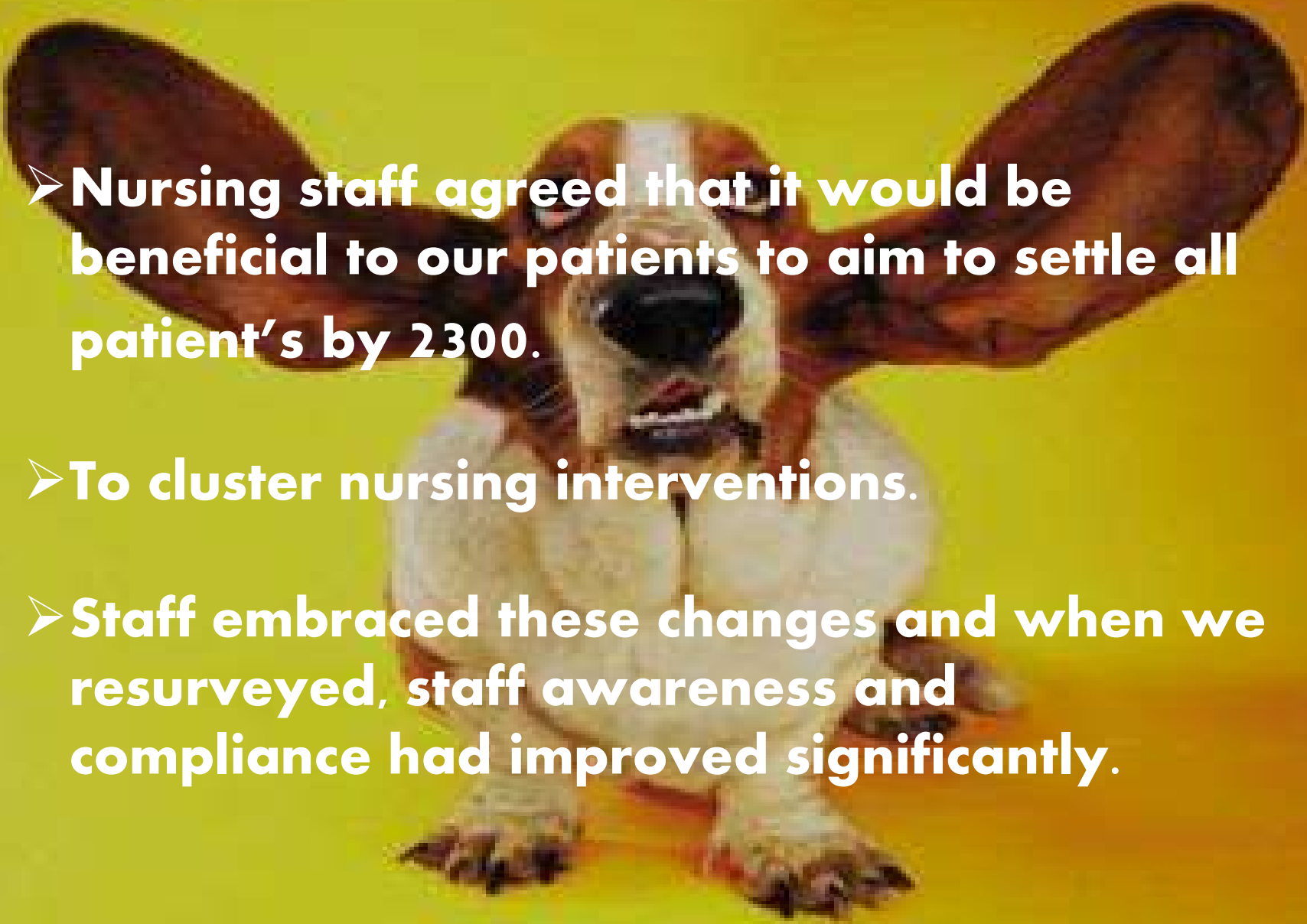
be a sleep guardian... lights off by 2300
and on again at 0700.

WHAT HAVE WE LEARNED



- We surveyed staff on their knowledge of reducing the volume on bed side monitors, ventilators and telephones.
- We asked if they turned the bay & bedside lights down by 2300 hours to protect patients sleep between 2300-0700.
- It was found that a large number of staff did not know how to turn volumes down.
- But many nurses aimed to dim lights before midnight.

WHAT HAVE WE LEARNED

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- **Nursing staff agreed that it would be beneficial to our patients to aim to settle all patient's by 2300.**
 - **To cluster nursing interventions.**
 - **Staff embraced these changes and when we resurveyed, staff awareness and compliance had improved significantly.**

WHATS NEXT

- **Continue to promote the role of SLEEP GUARDIANS on the unit.**
- **Continue to engage staff to consider how they can prevent / minimise delirium developing.**
- **Continue to audit CAM figures monthly.**
- **Continue to aim for a downward trajectory of audit figures.**
- **Continue to prompt and educate staff to reduce delirium on Critical Care through weekly communication points & our closed social media page.**

WHATS NEXT



- **Ensure delirium is considered during the planning stage of our new build.**
- **Write a monthly information sheet to share with all staff on the unit how our audit figures reflect the changes being made on the unit.**
- **Write a clinical guideline to embed the concept of SLEEP GUARDIANS and non-pharmacological interventions to improve sleep on Critical Care.**

Reference List

Gusmao-Flores, D., Salluh, J. I., Chalhub, R. A., Quarantini, L. C. (2012) The confusion assessment method for the intensive care unit (CAM-ICU) and intensive care delirium screening checklist (ICDSC) for the diagnosis of delirium: A systematic review and meta-analysis of clinical studies. Crit Care 16 (4) 115.

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THANK YOU
ANY QUESTIONS ?

