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.
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 Rass > 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.
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

<table>
<thead>
<tr>
<th>Month</th>
<th>No. of admissions</th>
<th>No. of CAM+ve patients</th>
<th>Delirium incidence (%)</th>
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<tbody>
<tr>
<td>Apr-18</td>
<td>161</td>
<td>33</td>
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<tr>
<td>May-18</td>
<td>177</td>
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<td>Jun-18</td>
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<td>17</td>
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</tbody>
</table>
LTH- Delirium incidence

- No. of admissions
- No. of CAM +ve patients
- Delirium incidence (%)

- April 19: 119
- May 19: 138
- June 19: 134
- July 19: 149
- August 19: 14
- September 19: 22
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 bedside 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

➢ 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.


THANK YOU

ANY QUESTIONS?