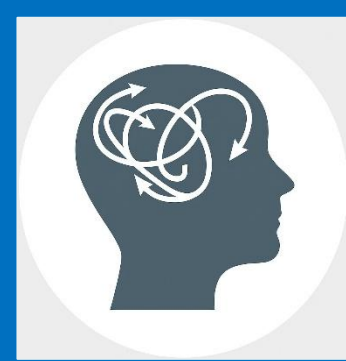


Unlocking Potentials: A Service Evaluation of Delirium Care in a UK Intensive Care Unit

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INTRODUCTION



Delirium is a serious complication in critically ill patients, influenced by multifaceted factors.

Best practices emphasise prevention and early recognition.

In our ICU, we undertook a nursing-led service evaluation to explore how everyday nursing practices may influence delirium care.



We focused on:

- CAM-ICU Assessment
- Pain management
- Bowel and bladder care
- Sleep care



Our goal: To understand how delirium care is delivered in this ICU and identify gaps in nursing practices

METHODS

Retrospective service evaluation using electronic health records (EHR) from 2023

- Sample:** 148 patients met eligibility criteria
- Analysis:** Descriptive and inferential statistics
- Governance:** registered with Quality Surveillance Information System (QSIIS)
- Scope:** Context-specific, intended to support local understanding and inform quality improvement
- Limitations:** Single-centre study, based on EHR data alone, no stratification by ventilation status

Conclusion + Discussion

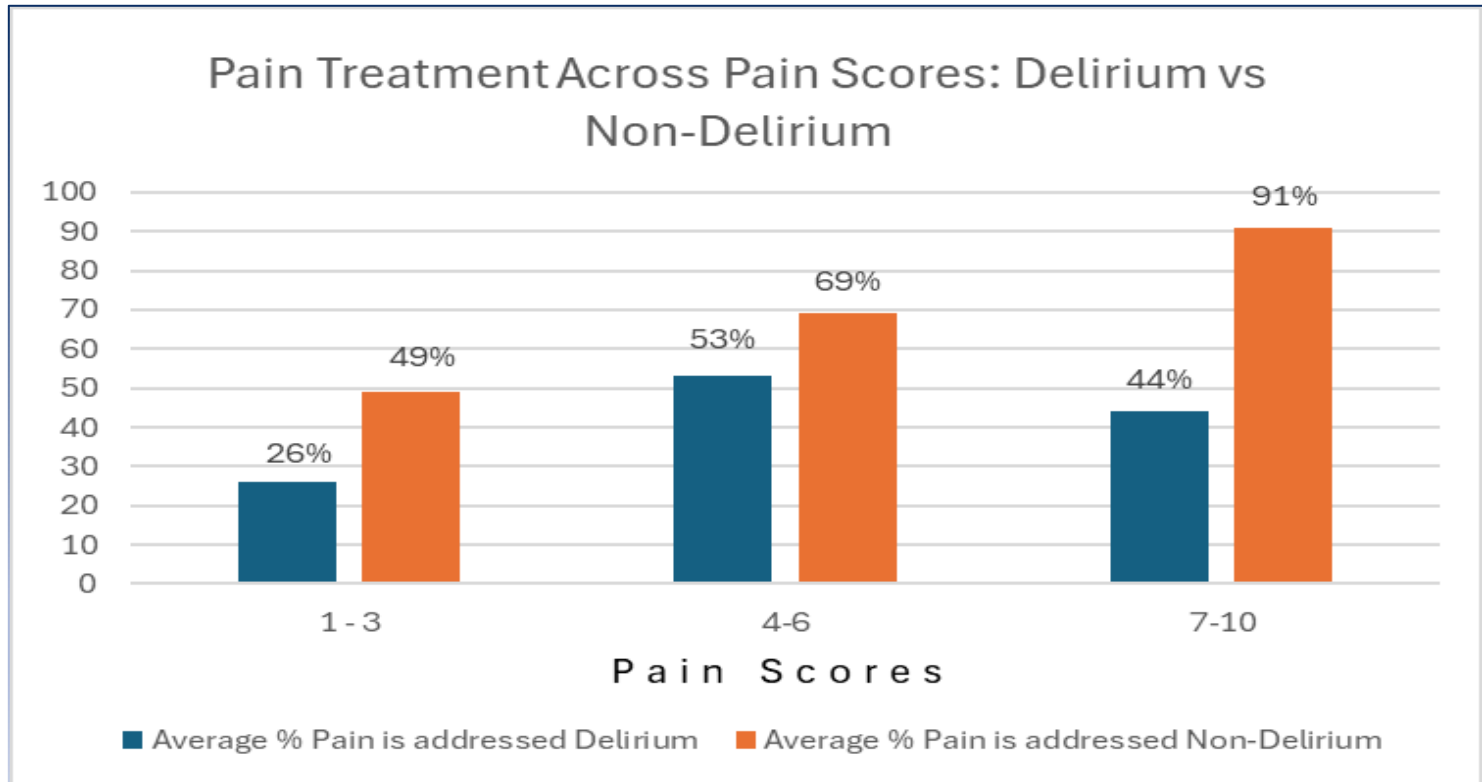
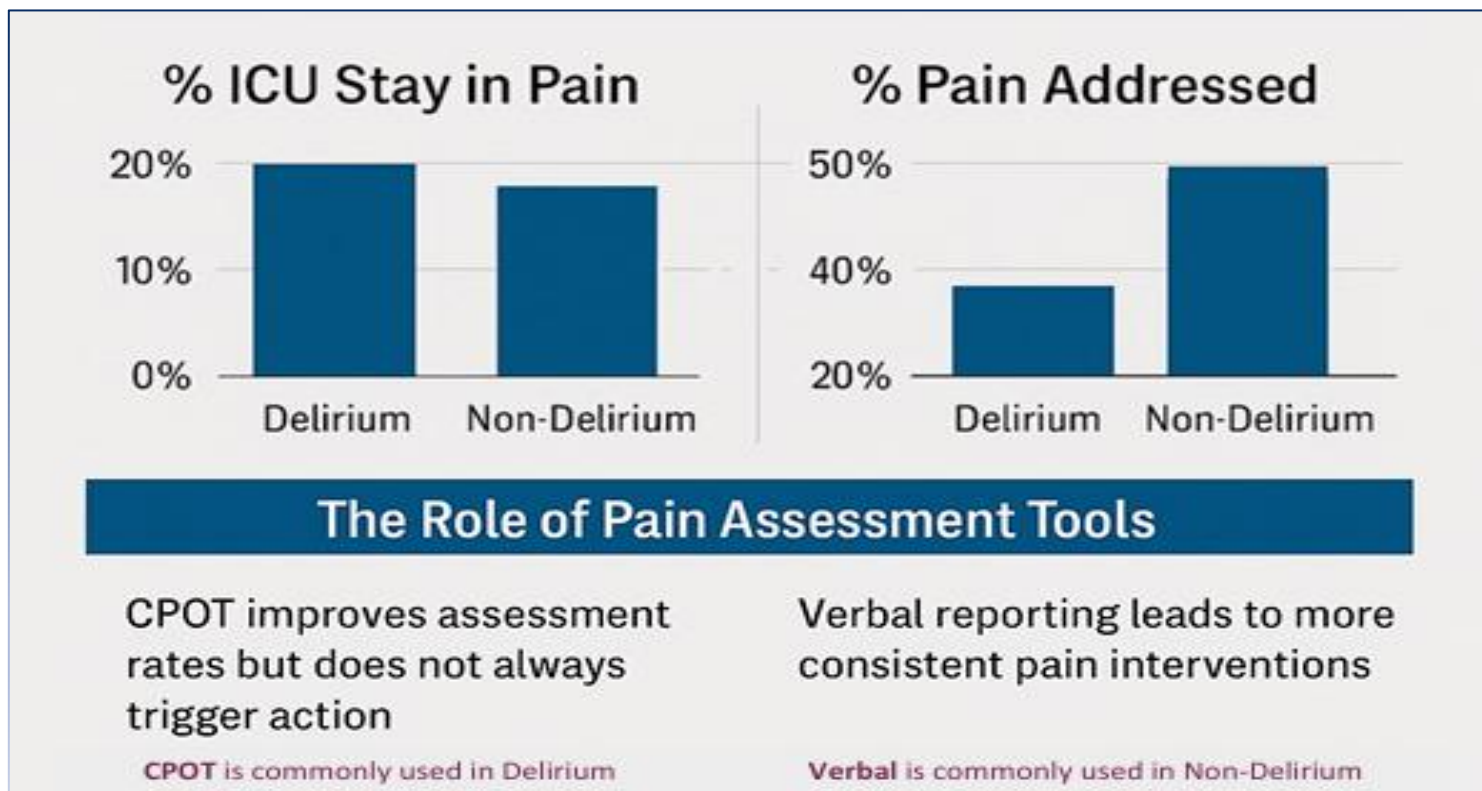
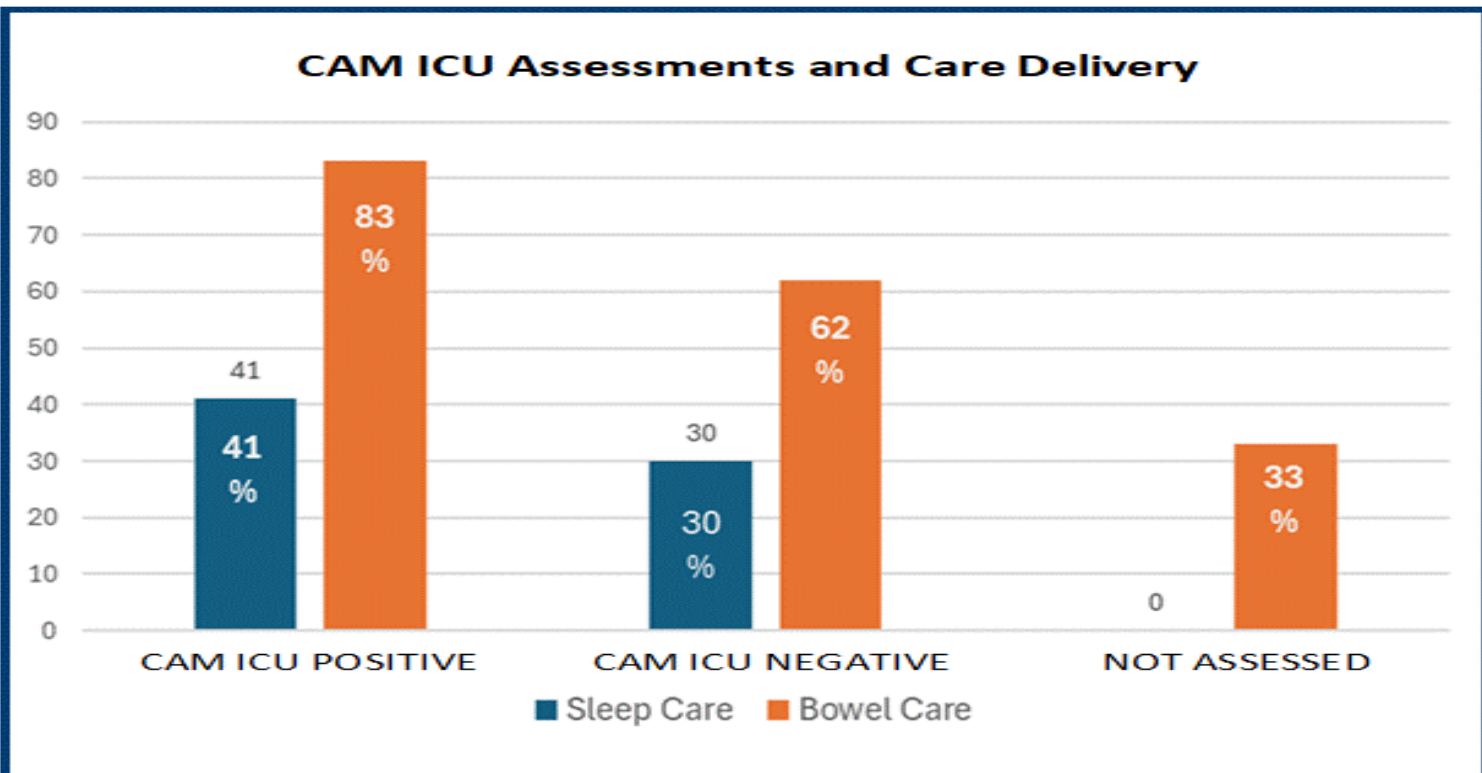
Does CAM-ICU assessment unlock holistic & person-centred care?

In our ICU, delirious patients assessed with CAM-ICU were more likely to receive targeted care. Routine use of CAM-ICU enables person-centred nursing and strengthens future QI initiatives in delirium care.

Is there equitable pain management in delirium?

Delirious patients in our ICU received fewer pain interventions despite comparable pain scores to non-delirious patients.

RESULTS



Pain Responsiveness: Delirium vs Non-Delirium

Delirium Cohort



Pain Intensity	Slope	R ² Value
Mild (1-3)	0.69	0.152
Moderate (4-6)	1.68	0.610
Severe (7-10)	1.56	0.781

Non-Delirium Cohort



Pain Intensity	Slope	R ² Value
Mild (1-3)	2.10	0.494
Moderate (4-6)	1.55	0.639
Severe (7-10)	9.45	0.807

- Delirious patients received significantly fewer pain interventions than non-delirious patients (38.5% vs. 49.9%, $p = 0.04$).
- Mild pain in delirium was least likely to prompt intervention (26%), with poor escalation ($R^2 = 0.152$).
- Moderate (53%) and severe pain (44%) showed stronger intervention patterns ($R^2 = 0.610$ and 0.781).
- CAM-ICU assessments correlated with increased sleep and bowel care.

Key Messages

- Routine CAM-ICU assessment enables more person-centred nursing care in ICU
- Data from this service evaluation shows that pain management in delirium is inconsistent
- Equitable pain management is needed for patients with delirium



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