

BACKGROUND

- Cardiothoracic Nurses within GSTT Trust were reporting violence, and difficulties managing post operative delirious patients.
- Postoperative delirium prevalence is nearly 50% in patients over the age of 60 following cardiac surgery*
- It has been cited in literature that nursing staff believe there is not enough delirium awareness among healthcare staff**

*Jane S. Saczynski N Engl J Med 2012, **Petra Kendall-Raynor RCN older people's forum 2017

METHODS

Nursing staff across 3 cardiothoracic units completed an anonymous 21 point cross-sectional survey, encompassing various aspects of delirium.

AIMS & OBJECTIVES

- To determine;
 - Knowledge and assessment of delirium
 - Confidence, experience, treatment and accountability for delirium
 - Distress and anxiety caused caring for delirious patient

PARTICIPANTS

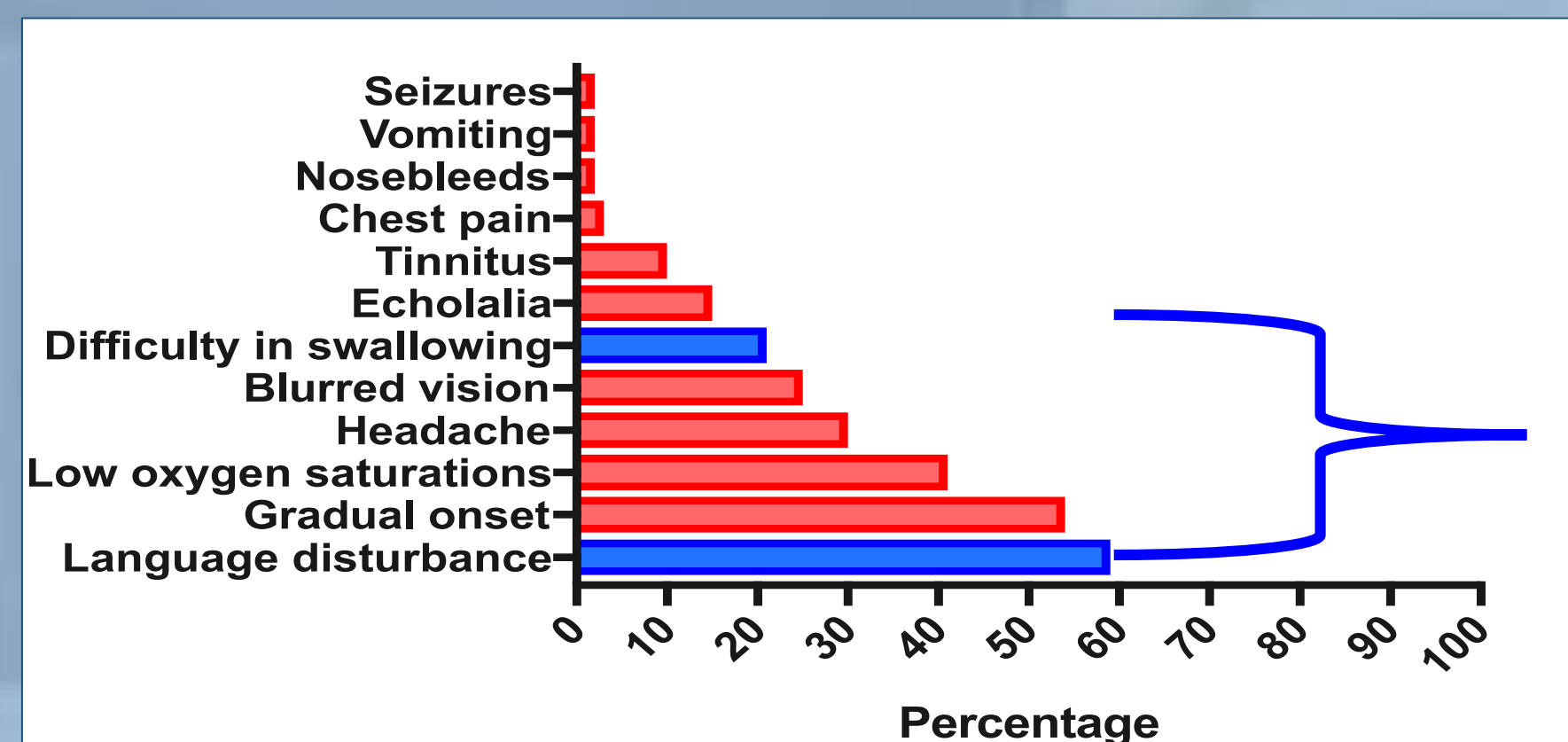
- 61 Nurses (1x band 7, 21x band 6, 34x band 5, 5x unknown band)
- Level 3 care 22 (36%)
 - Level 2 care 22 (36%)
 - Level 1 care 17 (28%)
- 40% previously worked in elderly care ward
 - 45% had received some form of formal training on delirium

RESULTS

1. Knowledge and assessment of delirium

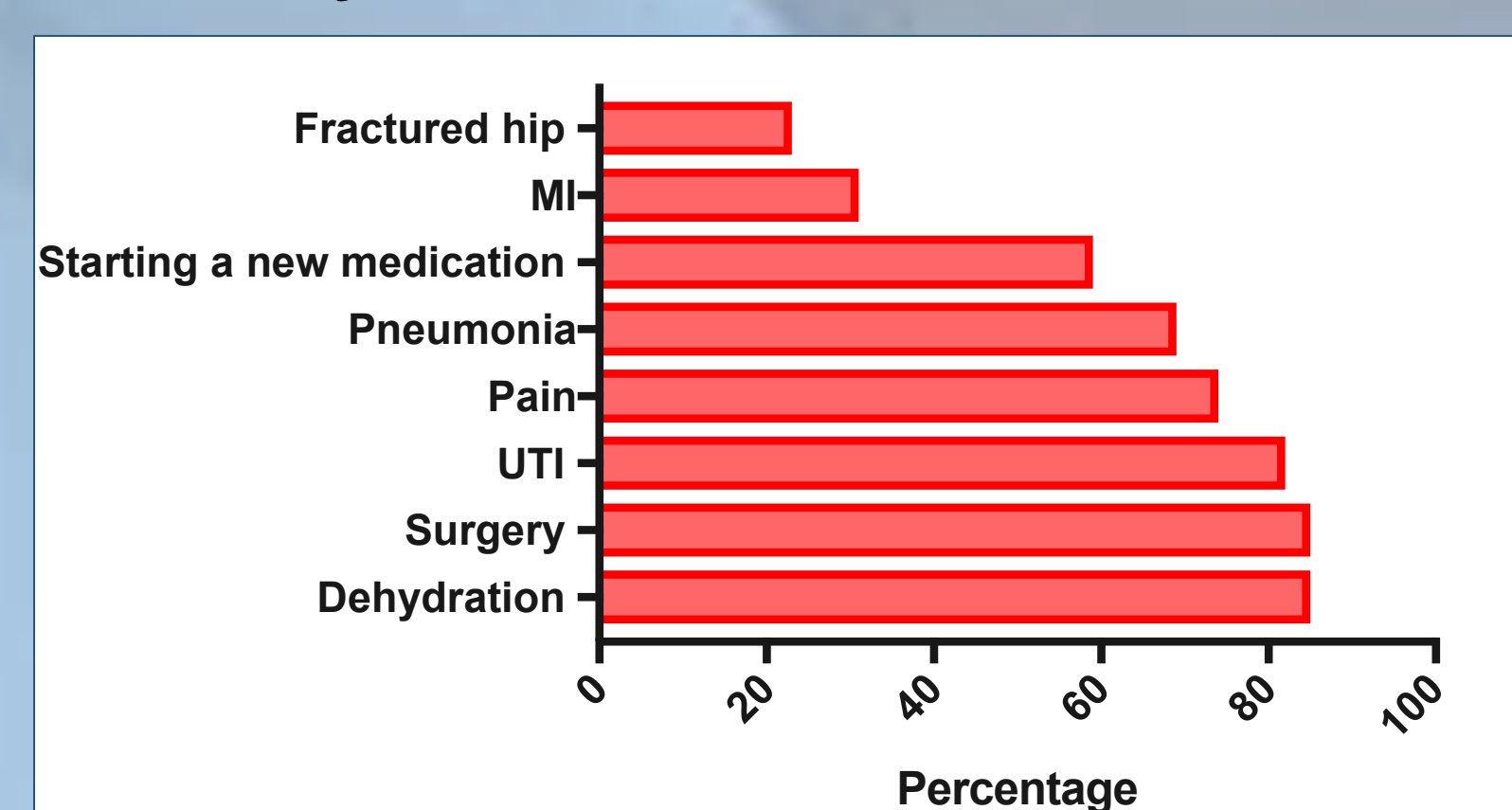
- 20% thought delirium was a type of dementia.
- 63% aware of the Confusion Assessment Method.
- 45% felt agitation was essential in the diagnosis of delirium.
- 30% didn't associate drowsiness as a feature of delirium.
- 30% neither disagreed, nor agreed, with the statement: "the only effective treatment for delirium is sedation."

Incorrectly identified features of delirium

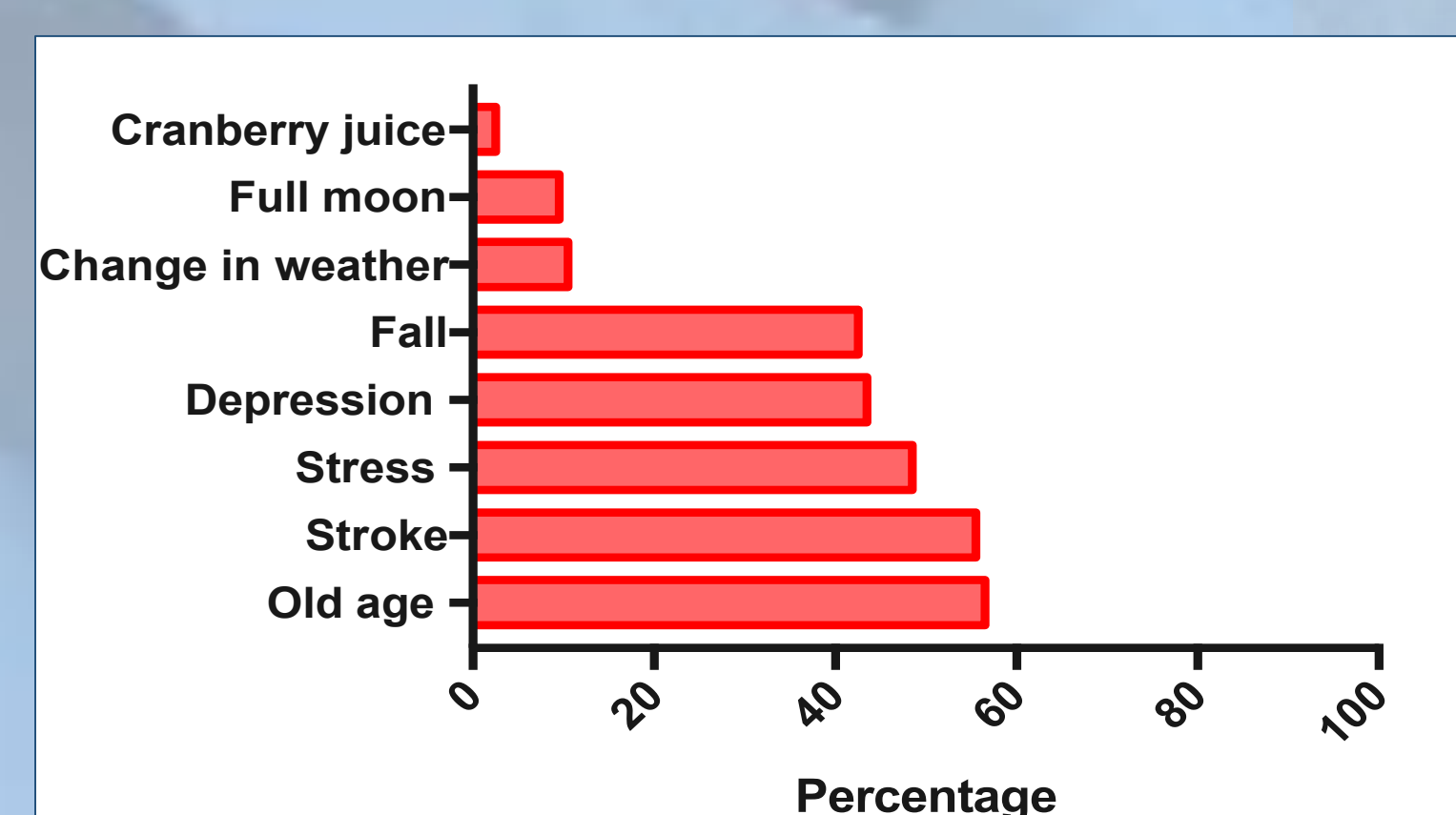


These features highlighted in blue may be part of postoperative stroke

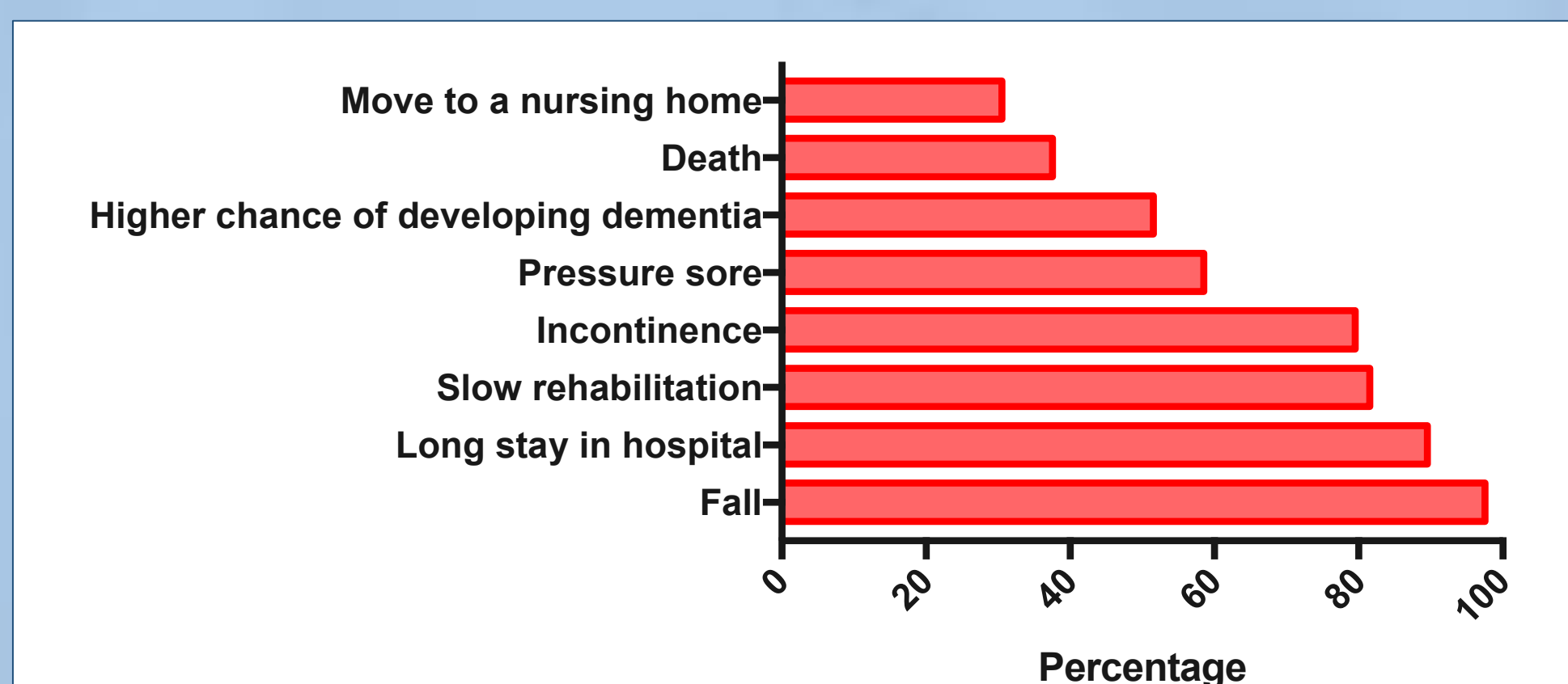
Correctly identified causes of delirium



Incorrectly identified causes of delirium



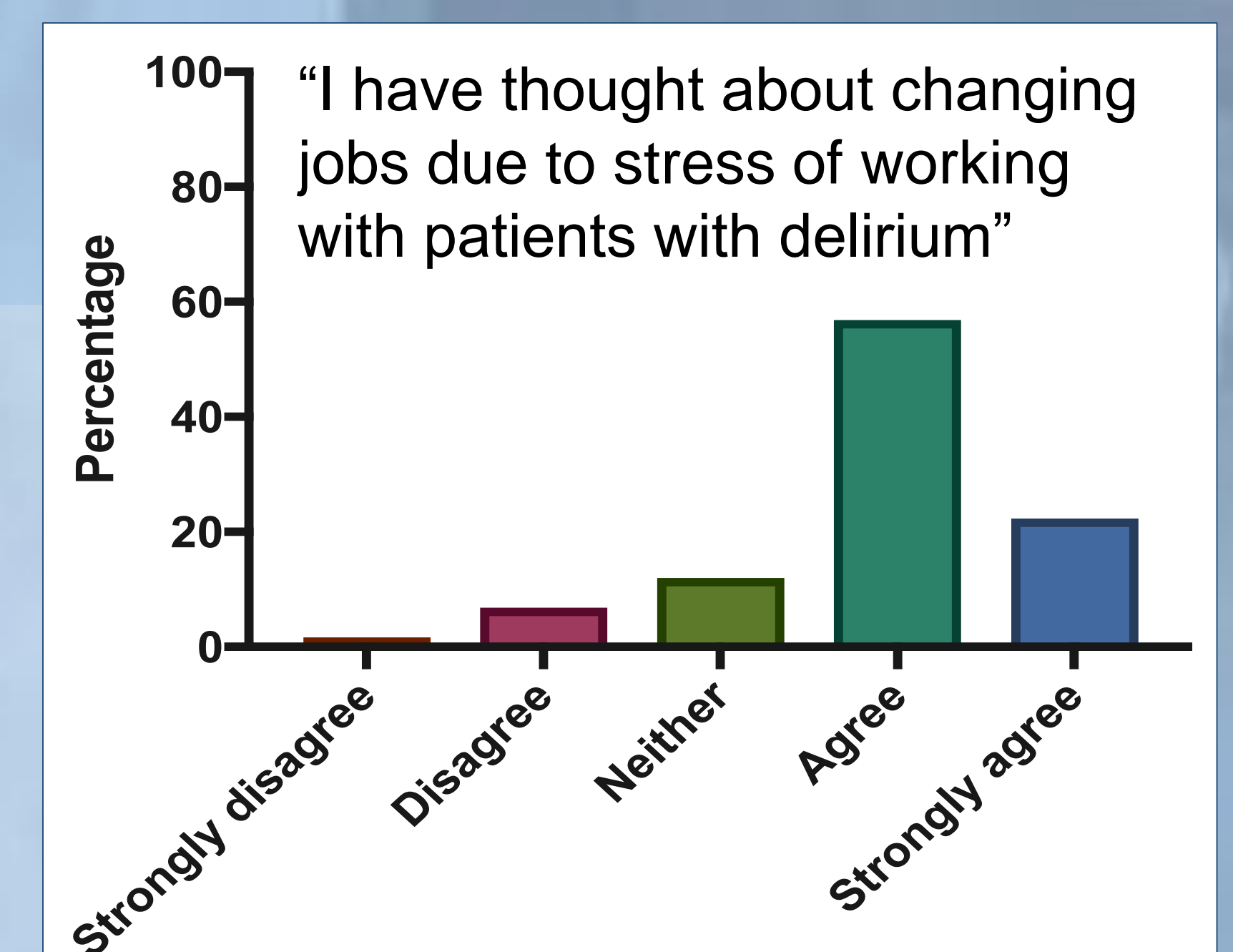
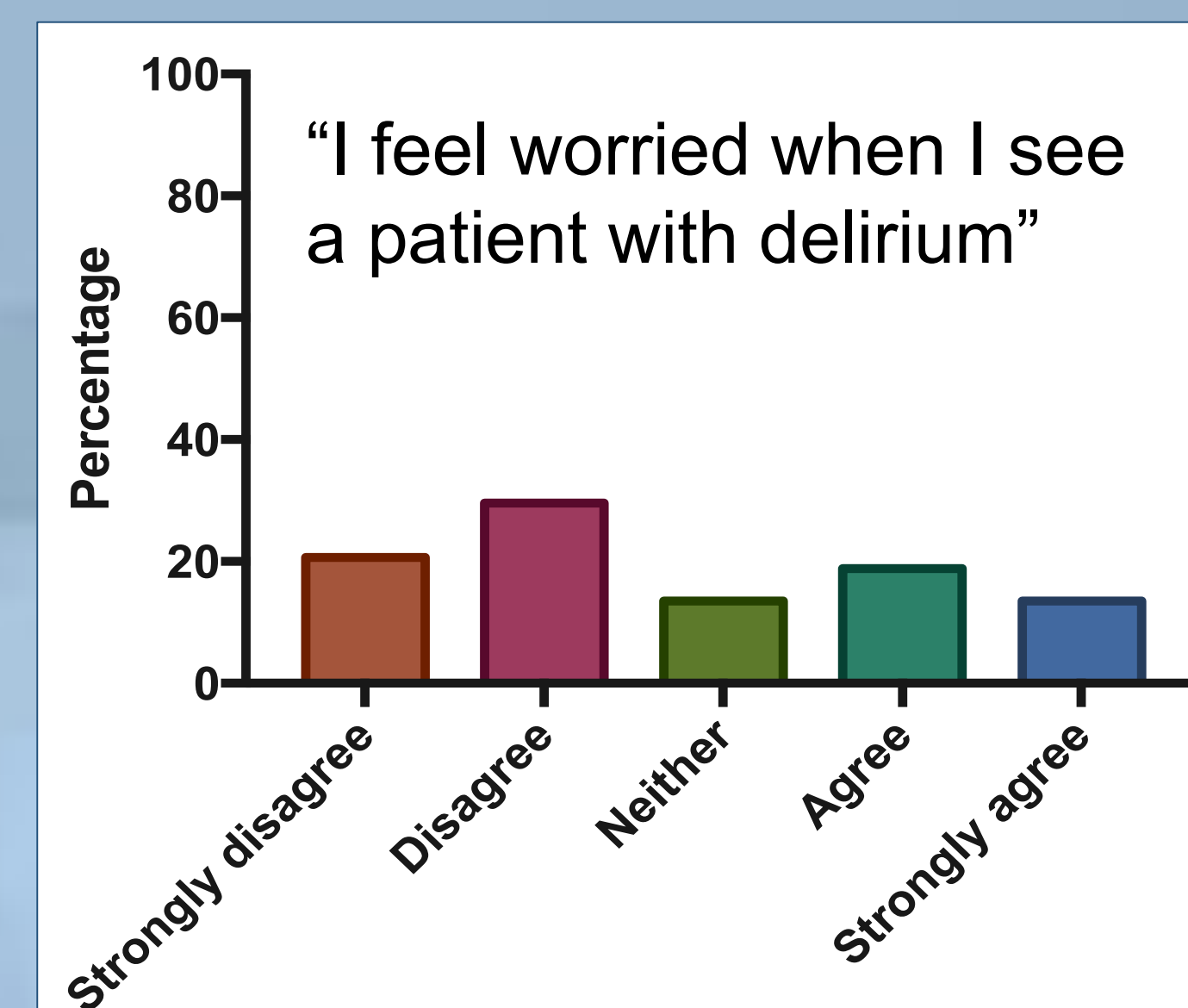
Low identification of consequences of delirium



2. Confidence, treatment and accountability for delirium.

- 70% reported not feeling confident at identifying delirium.
- 30% correctly stated an appropriate dose of haloperidol for sedation.
- 84% said it was nurses' responsibility to recognise delirium.
- 40% thought it was the responsibility of the doctor to diagnosis delirium.

3. Nursing perspective: anxiety and distress from caring for delirious patient.



Conclusions

- Nursing staff are experiencing stress at work from caring for delirious patients.
- 90% of nurses want more training on delirium.
- Key areas for education;
 - Identification of hypoactive delirium.
 - Differentiating delirium from stroke/dementia.
 - Consequences of delirium.
 - Sedation protocol training.

Next steps:

- Training development on ward
- Develop program of assistance with debriefing and psychological support.
- Repeat survey in neighbouring Trusts – King's Health Partnership
- National survey to compare experience