

Introduction:

Post-operative delirium is **extremely common** in elderly surgical patients, yet **under-recognised**.

It causes **increased mortality, morbidity and length of stay for these patients**.

Aims:

To identify if the surgical juniors were able to recognize patients at risk of post-operative delirium

Develop a checklist to help guide surgical juniors in early recognition of post-operative delirium

Education on post operative delirium and referral to the newly established vascular liaison service for patients identified to be at high risk

Methods:

- We analysed over a six-month period, 42 patient's pre-liaison and 52 patient's post-liaison who had post-operative delirium. Mean age was 81.3 and 82.6 respectively.
- Pre-operative risk factors included dementia/cognitive impairment, hearing and vision difficulties, poor nutrition, alcohol abuse, current infection or chronic illness.

- We calculated how many patients had an AMTS done
- We looked into retrospective intervention of all patients who had post-operative delirium, and how many of them were referred to the liaison service

Results:

Pre-POPS 2016:

Known dementia or cognitive impairment	55%
Bad vision/hearing	17%
Poor nutrition	5%
h/o alcohol abuse	10%
Current infection/chronic illness	24%
Pre-op AMTS	2%
Pre-op bloods	98%
Acute confusion on admission	7%
Post op AMTS	0%
Bloods/MSU/CKR	90%
U&E, BM	88%
Pain review	40%
Constipation (documented in the notes)	5%
Urinary Retention (documented in the notes)	12%
Polypharmacy review	2%

Post-POPS 2018:

Known dementia or cognitive impairment	38%
Bad vision/hearing	15%
Poor nutrition	2%
h/o alcohol abuse	12%
Current infection/chronic illness	21%
Pre-op AMTS	0%
Pre-op bloods	96%
Post op AMTS	0%
Bloods/MSU/CKR	88%
U&E, BM	88%
Pain review	30%
Constipation	6%
Urinary Retention	10%
Polypharmacy review	8%
POPS referral	0%

Checklist template:

Delirium Checklist For Vascular Surgical Patients :

- Age 65 years or more
- Dementia or known cognitive impairment
- Poor vision or hearing
- Poor nutrition
- Alcohol abuse
- Present infection or current severe illness

If any of the above factors present:

Pre-op AMTS	
Routine Bloods	
Let POPS know	
Post-op AMTS within 48 hours	

If Post-op AMTS < Pre-op AMTS

Check for infection: Routine bloods/MSU/CKR, Check surgical site	
U&E and BM	
Review pain control	
Constipation and Urinary Retention	
Polypharmacy and introduction of new medications	

Inform POPS for ward review.

Should be written on TTO for GP to review cognition in 6-8/52:

Conclusion:

This clearly highlighted the need for a simple checklist to help the vascular juniors, to recognise those at risk of developing post-operative delirium and refer them early to the liaison team.