

Rehabilitation Considerations for Patients with ICU Delirium and Other Disorders of Consciousness

Meriah Estakhri, OTS

Hawai'i Pacific University, Doctor of Occupational Therapy Program, Honolulu, Hawai'i

Introduction

Delirium, a disorder of consciousness, is a common condition affecting hospital inpatients across several settings including acute and intensive care. Delirium is defined as an acute fluctuation in attention, awareness, and cognition. This condition has a major impact on patient recovery, hospital length of stay, and healthcare costs. Even after discharge from the hospital, patients who had delirium have increased rates of morbidity and mortality in the following years.

This project was performed at medical ICU of Clovis Community Medical Center, a hospital in the central valley of California that serves a diverse patient population and has a busy rehab department.

A needs assessment was performed in the form of an anonymous survey administered to rehab and nursing staff regarding their experience and comfort in recognizing and treating delirium in patients across multiple settings. The results showed that while delirium was commonly encountered by all staff, many were unsure of any existing protocols in place regarding delirium care and in how to best treat these patients.

Project Description

After performing a needs assessment, the goal was to create and provide resources to rehab and nursing staff and to patients and their families regarding delirium and how it can be diagnosed and treated. Treatment of delirium is best approached as a team, and improving outcomes for these patients improves outcomes for the community. In these ways the project embraces the HPU core values of aloha, kuleana, kokua, and laulima.

Purpose/Aims

Three goals were created:

- Create a comprehensive orientation and skill checklist for nursing and rehab staff to reference regarding delirium in clinical practice
- Create a quick reference guide that be more easily used in the busy clinical setting at bedside with patients to facilitate treatment of these patients
- Create a handout for patients and their families to help them understand delirium as a whole and their role in the diagnosis and treatment process

OSL



Badge Buddy



Family Handout



Methods

After the needs assessment was performed, the hospital's current protocols on intensive care delirium were evaluated. Rehab and nursing staff were involved in identifying gaps in the current available education materials and provided information on the most commonly used identification tools and treatments used at this hospital for these patients. With this new information, the orientation and skills checklist, badge buddy, and family guide were created.

Results/Outcomes

A comprehensive orientation and skills checklist was created with information about delirium, data on epidemiology, pathophysiology, patient outcomes, risk factors, a differential diagnosis, and multiple tools for identifying delirium as well as several treatment interventions that can be used for both delirium and other disorders of consciousness. In addition, a badge buddy was created as a quick guide to help staff determine when OT and PT should be consulted for their ICU patients and some sensory stimulation methods that can be helpful for arousal. Finally, a family guide was created with information on delirium with a handout that allows families to identify items that could help the staff maintain orientation and minimize delirium for patients. These materials were printed and disseminated to staff and patients.

Discussion

Delirium is a common condition affecting hospital patients, especially those in the ICU. It has a major impact on outcomes for patients while they are in the hospital and the effects continue even after discharge home. Identifying delirium early and delivering prompt and effective treatment can minimize the onset, duration, and severity of delirium and maximize better outcomes for patients both in and out of the hospital. Staff need to be educated and comfortable in taking care of delirium patients. Families need to be involved in the process as well. Having materials and protocols available for reference can facilitate effective treatment. Areas of improvement include generalizing the materials to other hospitals in the network and including more information regarding other disorders of consciousness.

References

