Screening and Prevention of Delirium in the Intensive Care Unit

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Delirium is a common, life-threatening condition that occurs in the intensive care unit (ICU), and results in increased ICU mortality, ICU length of stay (LOS), restraint usage, and ventilation days. Improving nursing awareness and prevention of delirium is essential to improve safety and quality of care. Delirium prevention is shifting from a pharmacological to a non-pharmacological approach that can be independently implemented by nurses. This project employs an evidence-based nurse-led non-pharmacological delirium prevention bundle (DPB) to reduce the incidence of delirium in a community ICU. A pre-post design was used to evaluate the effectiveness of a DPB consisting of re-orientation, early mobility, and sleep promotion. Nurses received education on the DBP through in-services and nurse huddles. Outcomes were measured from the electronic health record and included delirium incidence using the Confusion Assessment Method-Intensive Care Unit (CAM-ICU), compliance with DPB, ICU LOS, restraint usage, ventilation days, and ICU mortality. The nurse perceived delirium barrier survey measured knowledge deficits, self-confidence, time constraints, and delirium awareness. Education and the DPB significantly reduced delirium incidence by 55%. DPB compliance was optimum. Restraint usage and ICU mortality improved, while ICU LOS and ventilation days did not change. A nurse-led non-pharmacological DPB reduced delirium incidence and improved clinical outcomes in the ICU. Ultimately, nurse education increased ICU nurses' competency and confidence in preventing delirium.

Keywords: delirium, prevention bundle, intensive care unit, outcomes, barriers, education, non-pharmacological.