Title:
Bedside Nurse Recognition of Delirium in the Medical-Surgical Setting

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Session Title:
Rising Stars of Research and Scholarship Invited Student Poster Session 2

Keywords:
Acute confusion, Delirium and Older adult

References:

Abstract Summary:
The educational activity focuses on delirium recognition in the medical-surgical setting. The learner will be able to state the three clinical subtypes of delirium. The learner will be able to state the appropriate prevention/management strategies for delirium. The learner will be able to state the socioeconomic impact of delirium.

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tbody>
<tr>
<td>The learner will be able to state the three clinical subtypes of delirium and identify associated features of each subtype.</td>
<td>The three subtypes of delirium will be provided to the learner as well as the associated features of each subtype.</td>
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<td>The learner will be able to state the appropriate prevention/management strategies for delirium.</td>
<td>Prevention and management strategies will be presented to the learner.</td>
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<tr>
<td>The learner will be able to state the socioeconomic impact of delirium.</td>
<td>The socioeconomic impact of delirium will be presented to the learner.</td>
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Abstract Text:
Delirium in adults aged 65 and older is a common occurrence in the acute care setting and is often unrecognized by bedside nurses. Delirium is considered a medical emergency and can trigger a negative cascade of events resulting in an increase in morbidity and mortality, functional decline, longer length of stay, and high rates of post hospital institutionalization and has a significant socioeconomic impact. The purpose of this quality improvement project was to establish a solid foundation using scholarly literature to support the development of a delirium prevention, recognition, and treatment program in the medical-surgical acute care setting applying the program logic framework. The goal was accomplished by developing a structured program to enhance nurse education (phase 1) using a pretest/posttest design.
Phase 2 will be implemented at a later date. The null hypothesis for the project was there is no difference between the pretest group knowledge of delirium scores and the posttest group scores following education. The results of the 36-paired pretests/posttests indicated a significant difference ($p < 0.05$) following the educational PowerPoint on delirium. Providing education and opportunities for bedside nurses to apply this new knowledge is an effective strategy to increase the identification of delirium, which can lead to improved patient outcomes, reduced socioeconomic burden associated with delirium, and increased positive social change. The economic impact of delirium is considerable with the average cost per day of delirium patients reaching nearly 3 times the cost of patients not having delirium. The rapidly expanding elderly population reached 40.3 million individuals in 2010, the largest level chronicled in the twenty-first century and is projected to continue to rise to over 83 million by the year 2050 which will have a profound impact on hospitals and health care as a whole. Prevention, identification, and treatment of delirium can have a profound impact on the cost of health care not only to the patient but also to the hospital, community, and government given that the majority of these patients are on government-sponsored health care plans. Nursing alone will not be able effect these changes given the magnitude of the problem but will need administrators, policy makers, government agencies, patient advocacy groups, and physicians to promote social change for this high risk patient population.