



Service Priorities and Programmes
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A delirium program 3Es-- Early detection, Early diagnosis, Early intervention in acute geriatric setting.

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Introduction

Delirium is a neuropsychiatric condition characterized by acute decline in cognition and attention. It is an important clinical condition which is prevalent in hospital, especially in geriatric patients. Delirium is often under-diagnosed or mismanaged, as various studies showed that 30-67% delirium is undetected. The main reason is lack of awareness and understanding of delirium among nurses and doctors. Furthermore, delirium is also often mixed up with other diagnosis such as dementia or depression. As a result, 3Es (early detection, early diagnosis and early intervention) program, was piloted in male geriatric ward in United Christian Hospital (UCH) from August 2013 to January 2014.

Objectives

(1)Early detection— by arousing awareness of nursing and medical staff on delirium
(2)Early diagnosis— by qualified personnel (3)Early intervention— to high-risk and delirious patients

Methodology

Early detection— Patients who were reported to have acute confusion sourced from carers or who developed confusion during hospitalization were predicted to have delirium were recruited in the 3Es program. Part 1&2 of a delirium assessment form designed by geriatric team in UCH was completed. Confusion Assessment Method (CAM) was filled in by well-trained nurses. Early diagnosis— Once the patients were recruited in this program, medical officer would complete remaining parts (Part 3-5) of the delirium assessment form. If indicators were present by using CAM, definite diagnosis and type of delirium would be documented. Risk factors were also sought out. Early intervention— After being diagnosed, patients would receive interventions such as reality orientation, minimizing use of restrainers, and encouraging family involvement. On the other hand, if patients were not diagnosed of delirium, risk factors of acute confusion were also identified and preventive measures were provided to prevent patients from developing delirium. Evaluation— A retrospective study was conducted to evaluate the effectiveness of the program. Besides, a questionnaire was

distributed to nurses to explore their understanding on delirium and effectiveness of 3Es program.

Result

Results A total of 67 patients with mean age of 83.3 were recruited and 47 (70.1%) of them were diagnosed of delirium, all of whom received prompt interventions. Of these patients, 7(14.9%) returned their mental status upon discharge or before transfer. However, due to the limitation of short hospital stay in acute setting, 20 (42.5%) recruited cases could not have completed the evaluation. Nevertheless, 90% nurses reported an increased alertness on delirium and generally showed positive response to effectiveness of early detection of delirium of the 3Es program. Nearly half of the nurses wished to have more training on managing delirium. Conclusions The 3Es program enables medical staffs to increase awareness on delirium, and as a result, early detection and prompt diagnosis of delirium can be achieved. Early interventions can then be provided to both delirious patients and high-risk patient group so as to reverse delirium or prevent deterioration. In addition, this program also revealed the problem of under-recognition of delirium in acute geriatric setting.