

Delirium Assessments in an Acute Frailty ward: An Audit of Current Practice

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Delirium – An acute and fluctuation neurobehavioral condition with significant morbidity and mortality for older people.



Prolonged hospital stays



Increased morbidity



Functional decline



Increased healthcare costs

Research question

To what extent does implementing a novel admission proforma improve compliance with NICE Delirium guidelines (CG103) and improve documentation of other pertinent factors including Clinical Frailty Score and resuscitation statuses?

Methods

- Develop an admission proforma with patients and the multidisciplinary team, primarily to prompt staff to complete delirium assessments.
- Audit adherence to proforma (V1) and completion of assessments.
- Modify proforma based on feedback.
- Repeat audit on updated proforma (V2).

Primary outcomes:

Completion of delirium assessments, positive diagnosis of delirium and use of the new proforma.

Secondary outcomes:

Completion of resuscitation and clinical frailty score (CFS) forms and the relationship between length of stay (LOS) and delirium or CFS.

4AT

Alertness (0, 4)

AMT4 (0, 1, 2)

Age, DOB, place, year

Attention (0, 1, 2)

Months of the year backwards

Acute or fluctuating course (0, 4)

Within the last 2 weeks & persistent in last 24 hours

Reviewing consultant:
Date of admission to hospital:
Admitted with:

Issues:
-
-

PMH:
SHx:

Review:
TEP [Complete iClip form]
VTE [Complete AdHoc VTE Risk Ax]
CFS [Complete AdHoc Frailty Ax]
FRAX (if a/hw fall) [Complete FRAX Ax]
NOK/LPA

4-AT NEWS2 [Complete AdHoc Delirium Ax] // = (date of completion)

Bladder
Bowels
E&D/swallow:
Medications review:

Patient Goal:

O/E:

Impression:
NMO/MOFD [Delete as applicable]

Plan:
-
-

Discharge plans:

EDD:

Changes for V2

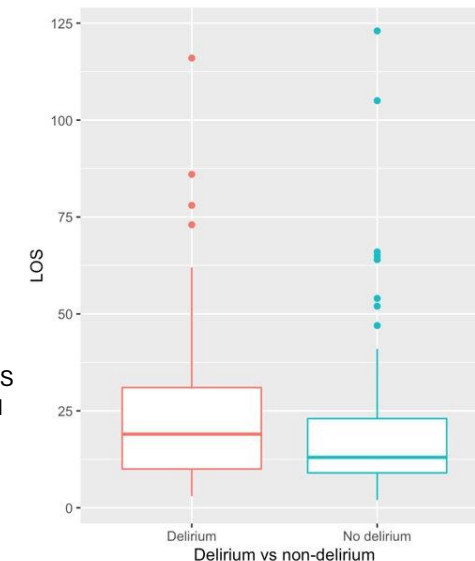
Results

The audit included a total of 320 patients (151 in cycle 1 and 169 in cycle 2).

	Version 1	Version 2
Proforma use	86%	94%
Delirium assessment	53%	79%
Diagnosis of delirium	25%	43%
Resuscitation form	86%	93%
Clinical Frailty Score	60%	79%

A diagnosis of delirium was associated with an increased LOS and the difference in LOS between patient with (19 days) and without (13 days) delirium was statistically significant.

A CFS of 6/7 was associated with a diagnosis of delirium and an increased LOS.



Discussion

- Admission proformas are an effective, low-cost, MDT-based intervention to improve and sustain adherence to guidelines.
- Admission proformas can promote completion of elements of a comprehensive geriatric assessment (CGA).
- Early identification of delirium and other CGA factors can help inform clinical decision making and MDT planning.

