

DELIRIUM SIMULATION TRAINING IN ELDERLY TRAUMA PATIENTS: AN EDUCATIONAL INNOVATION

Madiha Hashmi
Consultant Geriatrician -Hillingdon NHS trust

BACKGROUND

Delirium affects 20-60% of older trauma patients. Often under-recognised, especially hypoactive presentations.

METHODS

- Leads to poor cognition and physical rehab , dysphagia/ aspiration pneumonia, prolonged stays
- Up to one-third of cases are preventable
- Simulation-based education offers experiential learning
- Addresses critical gap in staff training



Length of stay improved from 11 to 8 days with simulation training intervention.

CONCLUSION

Delirium simulation is an effective educational innovation for improving staff understanding, recognition, and management of delirium in elderly trauma patients.

This approach contributes to improved patient safety and outcomes, demonstrating the value of experiential learning in clinical education.

Simulation training transforms delirium care delivery.

Hospital Length of Stay

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RESULTS

Four high-fidelity simulation sessions conducted 2024-2025.

Participants: 27 nurses and 8 HCAs from trauma and orthopaedic wards.

Scenarios: hyperactive delirium with neck collar and hypoactive delirium presentations with acute dysphagia

Included neck collar care, MDT debriefs, SALT discussions.

KEY FINDINGS

- Significant improvement in delirium recognition using 4AT scoring.
- Zero deaths from aspiration pneumonia over preceding year with prompt identification and SALT referrals
- Improve staff confidence in non interventional methods to improve delirium



REFERENCES

British Geriatrics Society. Delirium Guidelines 2023.
NICE Guidelines: Delirium in Adults CG103.
Inouye SK et al. NEJM 2006;354:1157-65.