



A Retrospective Review of Incidences of Delirium in CTMUHB Critical Care Patients

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Life After Critical Illness

- Saving a life vs quality of life.
- Post-intensive care syndrome (PICS) is a collection of physical, mental and cognitive symptoms which affects up to 80% survivors.
- One of the biggest predictors is delirium.
- Guidelines for managing delirium and PICS published in 2018 & 2019 respectively.
- CTMUHB started Follow-Up Clinics in 2018. Locally interest in delirium assessment & management came from this.
- Critical Care Psychologist in post Jan 2020 > Pandemic interrupts standard practice of care in ICU and service improvement projects resume in 2022.

What is Delirium?

A disturbance of consciousness and cognition that develops over a short period of time (hours to days) and fluctuates' **DSM-V**

Main Features:

- Confusion and disorientation
- Fluctuation in consciousness and awareness
- Hallucinations/Delusions

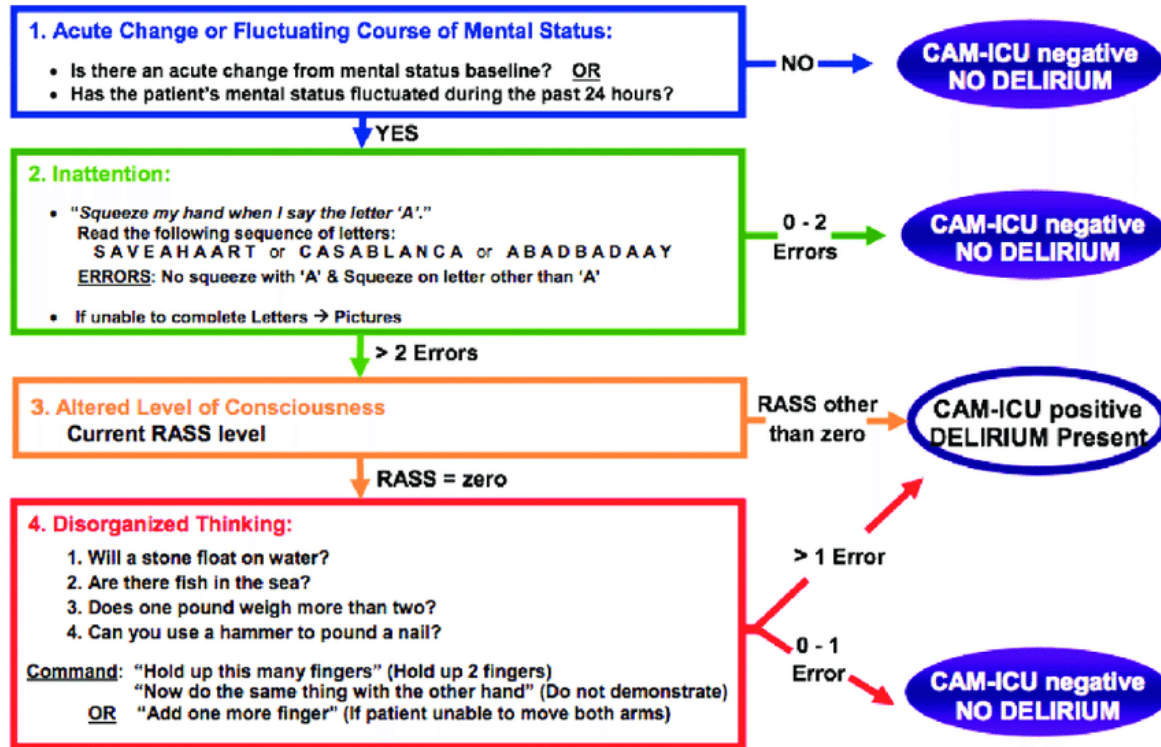
Why is it Important to Understand Delirium?

Studies have shown that delirium affects up to 80% of mechanically ventilated patients, and 30-50% of non-ventilated patients (level 1 and 2 respectively)

- Extended length of stay in ICU
- Increased rates of mortality
- Poorer quality of life post discharge
- Long term cognitive impairment
- Post Traumatic Stress Disorder (PTSD)

How Do We Assess Delirium in ICU?

Confusion Assessment Method for the ICU (CAM-ICU) Flowsheet



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What are the Barriers to Assessment and Detection? (Siddiqi, N., House, A.O., & Holmes, J.D 2006)

- CAM-ICU perceived as confusing tool to use
- Difficulty assessing intubated patients & misunderstanding of who can be assessed
- Perceived time-consuming nature of assessment
- Lack of medical response to positive CAM-ICU results - so why bother?
- Lack of leadership support

Aims

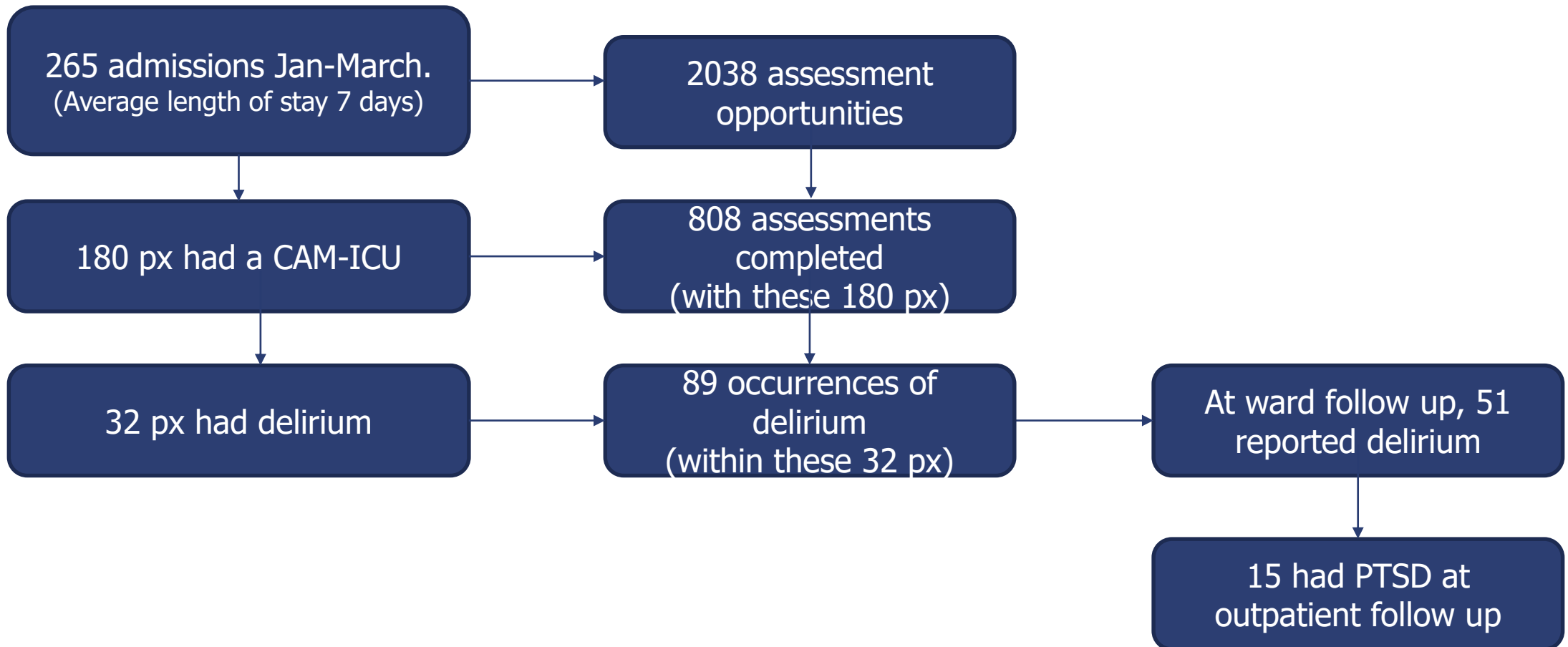
- To overcome the barriers to assessment and management of delirium.
- To identify incidence rates of delirium in the Royal Glamorgan (RGH) and Prince Charles Hospitals (PCH) ICUs.
- To identify common themes of delirium to improve teams' understanding and management of delirium.

Methodology

We retrospectively reviewed 3 months (January-March 2024) of ICU patient notes using two approaches:

- Quantitatively collect the number of assessments conducted in this time period and log the rate of delirium detected by the CAM-ICU
- Qualitatively analyse patients' self-report of delirium and their experiences as documented in our psychology notes.

Results



Themes of Delirium



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Limitations

This retrospective review only captured 3 months' data

There is under reporting of delirium:

- On the ICU, the CAM-ICU was only done 39% of the time and errors were made when assessments did occur.
- Psychology notes only capture episodes of delirium if a patient reported distress related to their delirium.

Discussion

- Delirium management is still a new area of development in the care of a critically ill patient
- Patient stories are a powerful tool when influencing changes in clinical practice
- We are missing opportunities to treat and manage delirium and prevent physical, cognitive and psychological long term effects
- MDT approach to patient centred care is vital
- We will never prevent delirium even with 100% CAM ICU assessment rates
- Optimal management will reduce length of stay, morbidity and mortality

Next Steps

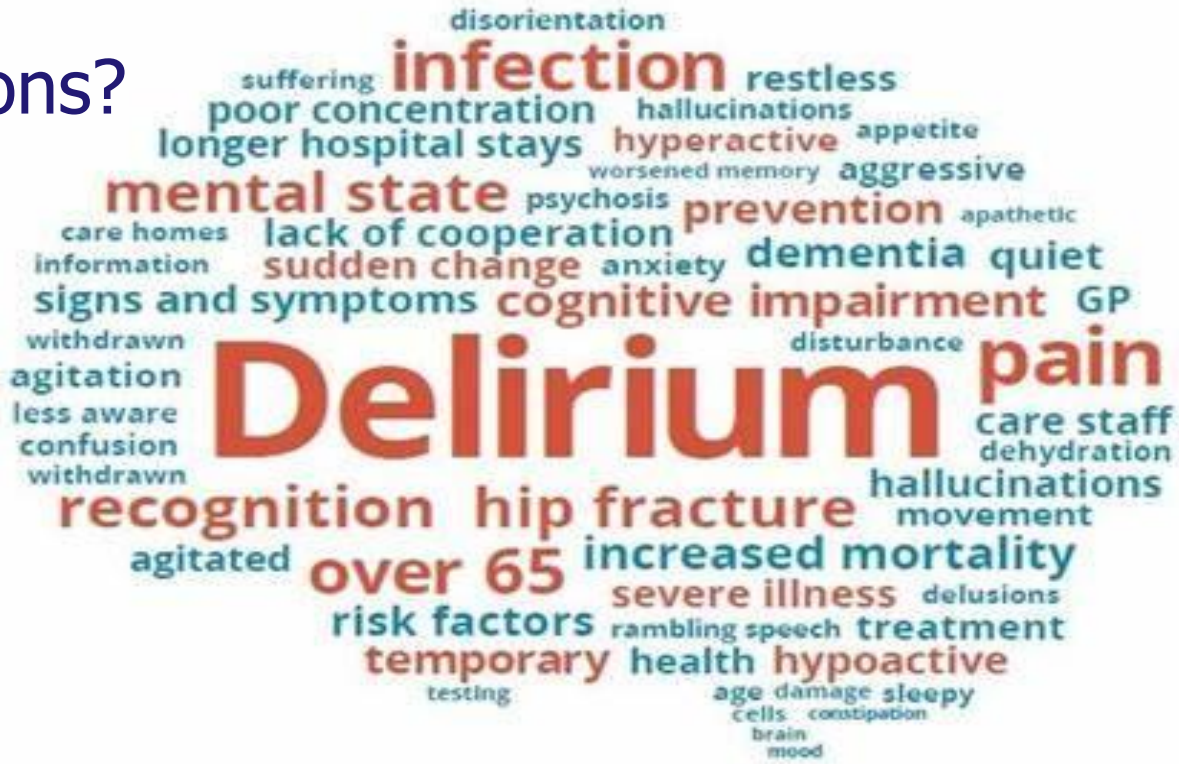
Looking at the original barriers to assessment:

- We have shared this data with ICU leadership teams to drive the importance of annual training
- Content of training has been adapted since this study to include patient stories & SIM training
- Themes also help us to adapt the ICU environment to minimise delirium

Further research –

- What influences the content of delirium?
- Why do some people develop PTSD after delirium and others don't?

Thank you for listening - any questions?



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