

## BACKGROUND

### Abstract

As healthcare has become more complex and versatile the length of stay in the hospital and the intensive care unit have increased. The length of sedation and ventilation time has proportionally gone up, which has increased delirium rates. These patients are at great risk for injury and failure to thrive due to being hyperactive or hypoactive. The purpose of this project is to increase knowledge on the delirium process and how to identify it.

### PICOT Question

- In the intensive care setting, how does a nurse-led non-pharmacology delirium prevention process compared to implementing the traditional Confusion Assessment Method affect the development of ICU delirium from patient admission to the unit to discharge?

### Literature Review

A review of published research articles from the past five years has shown that:

- Pharmaceutical treatment of delirium prolongs delirium symptoms and does not treat the diagnosis.
- Understanding of delirium is limited by healthcare staff.<sup>1</sup>
- Understanding is limited for families of patients with a delirium diagnosis.<sup>2</sup>

## METHODS

The Iowa Model of evidence-based practice is utilized due to its versatility and ability to redesign the project with any new information that is proposed.<sup>3</sup> After conducting the literature review it was determined that healthcare staff did not have adequate knowledge of delirium and it was determined that education staff about it would be a good starting place to decrease delirium rates.

### Plan

- Have a pre-test to determine what the base knowledge of delirium of the staff is.
- Have staff review module on delirium.
- Have staff complete a post-test
- Completion of post-module survey



Figure 1

## EVALUATION

With the help of the unit practice council as well as management of the intensive care unit, five months will be taken to implement and evaluate the effectiveness of this staff delirium education module.

- The pre-test and post-test methods will be utilized to determine if the module has significantly increased knowledge on delirium.<sup>4</sup>
- The anonymous post-test survey will also allow the staff to provide feedback on how the module went and what they felt could be improved or what went well.
- With the data collected from the pre-test, post-test, and survey, the module can be adapted through the Iowa Model of evidence-based practice for further education in the future for staff review or new staff.<sup>3</sup>

## CONCLUSIONS

The literature review indicates that further education is needed in healthcare on delirium. It is a disease process buried under other diagnoses and exacerbated by short-term solutions like sedation medication. To combat the lack of knowledge, the staff that is managing these patients needs to be educated on the disease process, symptoms, identification methods, and possible treatment options.<sup>5</sup>

This education will aid in the identification of delirium and earlier treatment, which will help significantly lower the patient's two-year mortality rate.<sup>5</sup> Although there will be growing pains and mistakes with any implementation of education, it is essential to listen to the staff's concerns and address them promptly.

## REFERENCES

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### Figures

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