SCREENING OF OLDER ADULTS FOR DELIRIUM RISK PRIOR TO ORTHOPEDIC SURGERY

Authors:
Anne Vanderbilt, MSN, CNS, CNP; Sarah Schramm, MA; Jacqueline Fox, RN, BSN; Gloria Hinkle, RN, BSN; Lydia Booher, RN, MSN; Dr. Ajay Kumar, MD; Barbara Messinger-Rapport, MD, PhD

Cleveland Clinic
Cleveland, Ohio

PROBLEM: Prevalence of delirium in older adults following orthopedic surgery.

SOLUTION: Outpatient and inpatient screening prior to surgery.

Problem Identified The Cleveland Clinic discovered that the incidence of delirium after elective hip surgery was up to 15%. The consequences included increased length of stay, greater risk of fall, higher cost of hospitalization, more risk of nursing home placement, and increased mortality. Much of the difficulty in treating delirium in the hospital is the challenge of detection. Early recognition is essential to address correctable factors such as electrolyte imbalance, hypoxia, ischemia, or infection.
Solution Formulated Clinical trials have shown that interventions can reduce the risk of delirium in older adults during hospitalization. Nursing interventions for medical acute care hospitalizations have demonstrated a 40% reduction in risk of delirium. In order to reduce the incidence of delirium further, a nurse/physician research effort at the Cleveland Clinic considered the necessity of outpatient/inpatient screening for high-risk individuals prior to orthopedic surgery.

Goals of the study were:
• Test a previously validated preoperative screening tool, the Cleveland Clinic Confusion Scale, in clinical practice
• Determine what diagnostic and therapeutic actions clinicians take in responding to patients who develop delirium in the hospital

NICHE Role The NICHE Geriatric Resource Nurse (GRN) core curriculum is designed for use by those at NICHE sites who train nurses in best practices for hospitalized older adults. GRNs are the foundation of system-wide improvement to achieve positive outcomes for hospitalized older adults. The NICHE program, available to hospitals throughout North America, offers evidence-based, interdisciplinary approaches to promote improved care for the hospitalized older adult.

Evaluation/Results
Outpatient Screening:
• 41 patients screened
• 15 of 41 patients had a positive score (>2) on the Cleveland Clinic Confusion (CCC)
• 3 of the 15 patients developed delirium—Positive Predictive Value 20%
• 2 of the patients who developed delirium had a negative CCC score—Negative Predictive Value 92%

Inpatient Screening:
• 474 patients screened using the Nursing Delirium Screening Scale (Nu-DESC)
• 27 patients screened positive (score > 2) indicating delirium
• 23 of the 27 patients had clinical notes indicating delirium
• Most common response was to hold all narcotics
• Constant observation by use of companions used in 33% of the cases
• 9 consults: 1 to psychiatry, 1 to neurology, 7 to hospital medicine

Conclusions of the Study:
• Screening for delirium risk factors in a preoperative clinic is feasible
• The Cleveland Clinic Confusion Score is a useful preoperative screening tool
• Nu-DESC is an effective way to screen for post-operative delirium

For more information

NICHE-related resources
2. Need to Know by NICHE - Delirium: http://www.nicheprogram.org/need_to_know
3. Try This: Confusion Assessment Method (CAM) & Try This: Confusion Assessment Method ICU (CAM-ICU): http://hartfordign.org/Resources/Try_This_Series/

About NICHE
NICHE (Nurses Improving Care for Healthsystem Elders) is an international program designed to help hospitals and healthcare organizations improve care of older adults. The vision of NICHE is for all patients 65-and-over to be given sensitive and exemplary care. The mission of NICHE is to provide principles and tools to stimulate a change in the culture of healthcare facilities to achieve patient-centered care for older adults. NICHE, based at NYU College of Nursing, consists of hospitals and healthcare facilities in the U.S., Canada and Bermuda. For more information visit nicheprogram.org.

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