Delirium Prevention and Treatment Protocol in Hospitalized Patients

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Background

• Common and unrecognized
• 2.3 million hospitalizations related to delirium
• 20% of patients >65 develop delirium
• 30% have symptoms beyond 6 months
• Preventable

Incidence

• Hospital prevalence 14-24%
• Hospital incidence 6-56%
• Post-operative 15-53%
• In-hospital mortality 22-76%
• One-year mortality 35-40%

Etiology

• Dementia
• Electrolytes
• Lungs, liver, heart, kidney, brain
• Infection
• Rx
• Injury, pain, stress
• Unfamiliar environment
• Metabolic

Differentiating Delirium from Dementia

• Common Features
  – Disorientation
  – Memory impairment
  – Paranoia
  – Hallucination
  – Emotional lability
  – Sleep cycle reversal

• Specific to Delirium
  – Acute onset
  – Altered level of consciousness
  – Impaired attention

Delirium - Subtypes

• Hyperactive
  – Easily recognized
  – Severe and associated with worst outcomes

• Hypoactive
  – Under recognized

• Combined
Diagnosis

- Confusion Assessment Method (CAM)
  - Sensitivity: 94 – 100%
  - Specificity: 90 – 95%

Confusion Assessment Method (CAM)
- CAM positive, if 1 and 2 plus 3a or 3b are positive
- 1. Acute Onset and Fluctuating Course
- 2. Attention Impairment
- 3a. Disorganized Thinking
- 3b. Altered Level of Consciousness

Project Outline
- Baseline Data Capture
- Training
- Physicians
- Nurses
- Residents
- Partnering with AZ Center for Aging
- Post discharge follow up
- EHR Build
**Project Outline**

- Baseline Data Capture
- Partnering with AZ Center for Aging
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**Other Strategies**

- Medical student volunteers to help with orientation and daily walks
- Providing hearing and visual aids for patients
- Discouraging precipitating factors
- Uninterrupted sleep times
- Identifying at risk individuals
- Team approach

**Future Direction**

- Collecting post implementation data to see effectiveness
- Partnering with ED