Delirium: The Under Recognized Emergency in Geriatrics - Recognition, Assessment, Prevention, and Management

Part 1
Delirium: Recognizing This Emergency and Assessing for the Cause

Facilitator’s Guide

A World of Resources in Geriatric Care
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Delirium: The Under Recognized Emergency in Geriatrics – Recognition, Assessment, Prevention, and Management

Part 1 – Delirium: Recognizing This Emergency and Assessing for the Cause

Delirium remains an under diagnosed and under treated problem despite its association with negative clinical complications such as Falls, Dehydration, Incontinence, Mortality and Re-hospitalizations.

The percentage of residents in long term care with delirium at any given time may be as high as 40% while 20% of seniors in hospitals develop delirium. The mortality rate for those with delirium ranges from 15-30% if untreated, yet it is undiagnosed and untreated 30-50% of the time. This then is truly a medical emergency, beckoning to be prevented, recognized and treated.

Your number one priority is your residents’ health. Your residents and their families trust you to help protect them and their health; the health of people who, in many cases, are more likely to develop delirium. Understanding the signs and risk factors for delirium and the tools for screening and diagnosis will help you to be proactive in preventing it. And above all, by being educated and informed you can help make sure your residents receive the best possible care.

This facilitator’s guide will help you plan for and conduct sessions to help ensure that you maximize the material in this video. Consider your facility protocol in screening and diagnosing delirium, and consider both means and topics to engage in meaningful discussion regarding delirium.

VIEWING GUIDELINES

“Delirium: The Under Recognized Emergency in Geriatrics – Recognition, Assessment, Prevention, and Management” is a video-based learning program. It speaks directly to the needs and motivations of staff member involved in clinical care across your facility, regardless of their position or job description. Conduct learning sessions for:

- All members of your nursing staff
- Other staff members who provide clinical care for residents/patients
- All newly hired staff

“Part 1 - Delirium: Recognizing This Emergency and Assessing for the Cause” can positively influence every member of the care giving team. After viewing this program you will be able to:

- Recognize delirium promptly, using easy to use, proven tools, in any care setting
- Understand the negative clinical outcomes of delirium in any care setting
- Understand why it is a medical emergency and demands prompt action
- Assess for the cause of delirium

SAMPLE GROUP SESSION AGENDA

Use the following sample agenda to structure a session featuring “Part 1 - Delirium: Recognizing This Emergency and Assessing for the Cause.”

Length of videotaped program: approximately 25 minutes

Suggested length of session: 1 hour
Materials needed:

- This facilitator's guide
- Part 1 of the “Delirium: The Under Recognized Emergency in Geriatrics – Recognition, Assessment, Prevention, and Management” video program entitled “Delirium: Recognizing This Emergency and Assessing for the Cause”
- Optional paper and pencils for participant note-taking
- Optional flipchart and markers for writing key ideas

SUGGESTED SESSION AGENDA

Time | Content
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15 min | Welcome the group to your session.

Introduce the “Delirium: The Under Recognized Emergency in Geriatrics – Recognition, Assessment, Prevention, and Management” topic by leading this discussion:

**ASK:** How often do you see delirium in your facility? (PAUSE FOR SHOW OF HANDS) Ask what the symptoms of delirium are. Ask which residents are more likely to develop delirium and what underlying condition or diagnoses are common to these residents/patients?

**ASK:** What are some of the common causes of delirium? (Pause for responses)

**ASK:** Do you believe delirium can be prevented? What can be done to prevent it?

**ASK:** What do you think is the appropriate diagnostic approach if you suspect the presence of delirium?

**DISCUSS** prior knowledge of delirium – its causes and diagnoses. Try to understand the group’s prior knowledge so you can help reinforce good practices and change those that are incorrect. (Encourage discussion to help uncover staff knowledge). With this baseline, you can better understand how to focus later discussion and follow-up exercises. You can also realize how the learning sessions have helped to improve training.

8 min | Show first module of video program – **Definition and Impact of Delirium**

10 min | Engage viewers in a brief discussion about **MODULE 1**. If group members are slow to respond, consider briefly recapping the main ideas emphasized in the first module (or the key situations and behaviors with which you feel your group can most easily relate).

Review the learning objectives -- after viewing this program you will be able to:

- Recognize delirium
- Understand the impact of delirium on the frail elderly
- Understand why it is a medical emergency
- Assess for the presence and cause of delirium

**ASK:** How are these learning objectives relevant to your facility?

**ASK:** In your facility, how common is delirium?

**ASK:** What is your facility protocol for screening and treating delirium in residents/patients?

5 min | Show second module of video program – **Cognitive Assessment Methods**
10 min Engage viewers in a brief discussion about MODULE 2. If group members are slow to respond, consider briefly recapping the main ideas emphasized in the second module (or the key situations and behaviors with which you feel your group can most easily relate).

**ASK:** What are the tests your facility uses to screen for delirium? What are the strengths and weaknesses of these screening procedures?

**ASK:** What are the typical symptoms of delirium you see at your facility? How are these patients or residents handled?

**DISCUSS** the importance of screening and diagnosing delirium in residents. Discuss the negative clinical outcomes most associated with delirium in residents and how these negative outcomes can affect overall resident health.

5 min Show third module of video program – *Clinical Assessment*

10 min Engage viewers in a brief discussion about MODULE 3. If group members are slow to respond, consider briefly recapping the main ideas emphasized in the third module (or the key situations and behaviors with which you feel your group can most easily relate).

**ASK:** What is your facility process for the assessment of delirium in residents?

**ASK:** How does your facility process differ from the standards and modalities mentioned in this training?

**ASK:** Discuss the pros and cons of the modalities presented here.

**DISCUSS** the communication process for informing everyone involved about the diagnosis of a resident with delirium.

Thank group members for their participation and conclude the session.

**EXERCISES AFTER VIDEO**

- How do you rate our current success in providing information regarding delirium in patients?
  - Long Term Care facilities can look at their Quality Indicator/Quality Measure Reports.
- What are some examples you’ve seen in just the last week or two of:
  - possible delirium
  - precautionary measures and screening for delirium in residents
  - proper notification of prescriber staff
  - training or education to help staff and/or residents understand delirium
- What can we do to help staff understand delirium, its diagnosis and clinical impact on resident health?
- Perform a QA study on the process of assessment in your institution.
- Suggest that team members accept a follow-up assignment as a proactive step in improving their understanding of how to screen and diagnose for delirium.
  - For example, each staff person might be assigned a specific area within your facility -- ask them to identify residents with delirium. Ask them to identify how they would screen those patients to quantify the risk. Then, hold a second meeting and ask each staff member to share what they have learned.
- Finally, as a group, decide how you can use what you’ve learned to improving the process for screening and diagnosing delirium in residents/patients in your institution.
Web Sites for CAM (Confusion Assessment Method)

http://cha.emory.edu/reynoldsprogram/topics/module/module5_files/confusion_assessment_method.pdf

For a complete listing of all our other programs available from Geriatric Video Productions go to:

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