

Delirium: Essential Systems for Quality Care

The following information suggests areas to focus on while evaluating facility processes for delirium management.

Systems to Review

Key Interventions to Reduce Delirium

Delirium Screening

- Establish policy for delirium screening for **ALL** new residents on admission to facility
 - Identify residents at high risk for delirium
 - Document resident baseline with input from family
 - Notify physician if symptoms of delirium are present or if resident is identified as high-risk for developing delirium
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Delirium Assessment

- Establish policy for conducting delirium assessment for **ALL** residents who screen positive for delirium symptoms or were identified as high-risk for delirium
 - Develop delirium assessment protocol for your facility that includes evaluation of underlying causes and precipitating factors of delirium, prior medical and psychosocial history, etc.
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High-Risk: Institute Delirium Prevention Care Plan

- Initiate Care Plan Interventions
 - Establish standard prevention protocols for residents identified at high risk
 - Document high risk status in assessment section of chart and MAR
 - Utilize methods to identify high risk residents: color-coded wrist bands, chart color coded, etc.
 - Conduct cognitive assessment each shift.
 - Train staff regarding normal aging process, delirium risk factors, predisposing & precipitating factors, signs and symptoms of delirium including hyperactive and hypoactive forms.
 - Educate family regarding delirium risk factors, signs & symptoms, prevention and supportive measures
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Diagnosis of Delirium: Initiate Care Plan

- Initiate Care Plan Interventions:
 - Tailor interventions to address specific to etiologic cause of delirium and resident symptoms, change if needed
 - Create multidisciplinary approach to care plan for delirium
 - Involve family in plan of care
 - Track duration and outcome(s) of delirium for affected residents.
 - Establish multi-disciplinary, delirium advisory team as a subcommittee of the QI committee for the purpose of evaluating the effectiveness of the Delirium Prevention Plan and recommending improvements.
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This material was developed by the QIO program for CMS' NHQI and is intended as general information. Any individual using the material must consider the possibility of human error, changes in medical sciences, and the need to use clinical judgment in each specific case.