



## Review Article

## Gaps in pain, agitation and delirium management in intensive care: Outputs from a nurse workshop

Carsten Hermes<sup>a,1,\*</sup>, Maria Acevedo-Nuevo<sup>b,c,1</sup>, Andrea Berry<sup>d</sup>, Thomas Kjellgren<sup>e</sup>, Alessandra Negro<sup>f</sup>, Paola Massarotto<sup>g</sup>

<sup>a</sup> Executive Member of the German DELIR Network, Friedrich-Ebert-Straße 60, 53177 Bonn, Germany

<sup>b</sup> Hospital Puerta Hierro-Majadahonda, Calle Manuel de Falla, 1, 28222 Majadahonda, Madrid, Spain

<sup>c</sup> Universidad Autónoma de Madrid, C/ Arzobispo Morcillo, 4, 28029 Madrid, Spain

<sup>d</sup> X-92, C Floor, Leeds General Infirmary, Great George Street, Leeds LS1 3EX, UK

<sup>e</sup> Sahlgrenska University Hospital East, Blå stråket 5, 413 45 Göteborg, Sweden

<sup>f</sup> Ospedale San Raffaele, Via Olgettina 60, 20132 Milano, Italy

<sup>g</sup> UniversitätsSpital Zürich, Medizinbereich Anästhesiologie, Intensivmedizin, Operations Management, Gloriastrasse 19, 8091 Zurich, Switzerland

## ARTICLE INFO

## Article history:

Accepted 28 January 2018

## Keywords:

Delirium  
ICU  
Multidisciplinary  
PAD guidelines  
Sedation

## ABSTRACT

Significant improvements in our understanding of pain, agitation, and delirium management within the Intensive Care Unit have been made in recent years. International guidelines and implementation bundles have become more evidence-based, patient-centred, and provide clear recommendations on the best-practice management of critically ill patients.

However, the intensive care community has highlighted the need for higher-order evidence in several areas of pain, agitation and delirium research and studies suggest that a significant number of intensive care patients still receive outdated treatment as a consequence of inadequate guideline implementation. Where do the gaps exist in pain, agitation and delirium management, what are the barriers to guideline implementation and how can these problems be addressed to ensure patients receive optimised care?

As an international professional consensus exercise, a panel of seven European intensive care nurses convened to discuss how to address these questions and establish how the provision of pain, agitation and delirium management can be improved in the intensive care unit.

© 2018 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## Implications for Clinical Practice

- During the panel workshop and subsequent literature review we identified substantial evidence to suggest that many aspects of the pain, agitation, and delirium management guidelines are not being implemented by a significant number of ICUs.
- Incomplete and inconsistent implementation of guidelines and heterogeneity of care appears to be a universal problem and more needs to be done to promote consistency of care.
- We have proposed a series of interventions to improve awareness and understanding of the guidelines as well as to encourage collaboration and a multidisciplinary approach to ICU care.

\* Corresponding author at: Friedrich-Ebert-Straße 60, 53177 Bonn, Germany.

E-mail addresses: [carsten-hermes@arcor.de](mailto:carsten-hermes@arcor.de) (C. Hermes), [maria.acebedo@salud.madrid.org](mailto:maria.acebedo@salud.madrid.org) (M. Acevedo-Nuevo), [andrea.berry2@nhs.net](mailto:andrea.berry2@nhs.net) (A. Berry), [thomas.kjellgren@v-region.se](mailto:thomas.kjellgren@v-region.se) (T. Kjellgren), [alessandra.negro@hsr.it](mailto:alessandra.negro@hsr.it) (A. Negro), [Paola.Massarotto@usz.ch](mailto:Paola.Massarotto@usz.ch) (P. Massarotto).

<sup>1</sup> These authors contributed equally to this manuscript.

## Consensus exercise overview

The evidence cited within this publication has been established from two sources, an international Intensive care unit (ICU) nurse workshop and a subsequent literature review.

### ICU nurse workshop

Nurses from seven European Union countries were invited to an 'Improving outcomes in ICU sedation' Advisory Workshop on 06 February 2017 at the Hilton hotel, Copenhagen Airport, which was Chaired by Paola Massarotto, an ICU nurse from University Hospital Zurich, Switzerland. The invited nurses were chosen based on their publishing history in the therapy area, those actively involved in appropriate nurse associations and those who had spoken at congresses on relevant topics.

The participants of the workshop were

nurses were aware that they would be discussing details of their current practice and were provided with three scientific publications (Egerod et al., 2013; Trogrlić et al., 2015; Vincent et al., 2016) covering the topics of the advisory workshop for reference purposes.

### Literature review

During the nurse workshop, a series of key topics were identified for discussion. A literature review was performed to address these questions and place the nurses' insights and experiences within the context of the broader published literature.

Publication identification was performed using keyword searches as outlined in the table below. These were combined using Boolean operators [OR] or [AND] and results were limited to manuscripts published in the last 20 years (since 1997/01/01).

Name	Location	Role
Paola Massarotto (Chair)	University Hospital Zurich, Switzerland	Past President of the board of SGI
Andrea Berry	Leeds General Infirmary, United Kingdom	Lead nurse/manager
Karen Fritz	Vienna General Hospital, Austria	Head of nursing department
Carsten Hermes	Self-employed nurse	Head ICU nurse
Thomas Kjellgren	Sahlgrenska University Hospital East, Gothenburg, Sweden	ICU instructor nurse
Alessandra Negro	San Raffaele Hospital, Milan, Italy	ICU nurse
Maria Acevedo-Nuevo	Hospital Puerta Hierro, Madrid, Spain	Critical care (ICU) nurse

The objectives of the meeting were to compare and understand current pain, agitation and delirium (PAD) management practices in each country and to then establish which aspects of the recent guidelines remain to be implemented, the barriers to that implementation, and how patient management could be improved. The

The below table outlines the questions we sought to address to build upon the insights gained at the workshop. In some instances, a series of search criteria were utilised to address a broad question such as the consequences of pain, agitation and delirium on patients within the ICU.

Question	Search criteria	No. returned manuscripts	No. selected manuscripts
What impact do pain, agitation and delirium have on patients in the ICU?	[Pain] AND [ICU] AND [management]	351	11
	[Agitation OR sedation] AND [ICU] AND [management]	397	18
	[Delirium] AND [ICU] AND [management]	199	18
	[Delirium] AND [ICU OR critical care] AND [hospital stay OR cognitive impairment OR mortality]	839	14
What are the effects of non-pharmacological interventions in the ICU on the prevention of delirium?	[ICU OR intensive care] AND [non-pharmacological] AND [delirium]	36	5
Is early mobilisation effectively used in the ICU?	[ICU OR intensive care] AND [early mobilisation OR early mobilization]	501	12
What are the benefits of an MDT approach to ICU care?	[ICU OR intensive care OR critical care] AND [ward OR rounds] AND [pharmacist]	133	5
	[ICU] AND [multidisciplinary] AND [family]	64	3
	[ICU OR intensive care] AND [collaboration OR clinical roles] AND [nurse]	316	5
What are the benefits of interprofessional education?	[Interprofessional education OR interprofessional learning OR interprofessional collaboration] AND [healthcare OR medical]	972	3

Download English Version:

<https://daneshyari.com/en/article/8962536>

Download Persian Version:

<https://daneshyari.com/article/8962536>

[Daneshyari.com](https://daneshyari.com)