Developing a Strategy to Identify and Treat Older Patients With Postoperative Delirium

PAULA BROOKS, DNP, RN, FNP-BC; **JEFFREY J. SPILLANE,** MD, FACS;
KAREN DICK, PhD, RN, GNP-BC, FAANP;
EILEEN STUART-SHOR, PhD, RN, ANP-BC, FAHA, FAAN

3.5 CE

www.aorn.org/CE

Continuing Education Contact Hours

CE indicates that continuing education (CE) contact hours are available for this activity. Earn the CE contact hours by reading this article, reviewing the purpose/goal and objectives, and completing the online Examination and Learner Evaluation at *http://www.aorn.org/CE*. A score of 70% correct on the examination is required for credit. Participants receive feedback on incorrect answers. Each applicant who successfully completes this program can immediately print a certificate of completion.

Event: #14506
Session: #0001
Fee: Members $28, Nonmembers $56

The CE contact hours for this article expire February 28, 2017. Pricing is subject to change.

Purpose/Goal

To provide the learner with knowledge specific to assessing elderly patients for preoperative cognitive status, risk of postoperative delirium, and the presence of postoperative delirium after surgery and for instituting treatment measures if delirium is identified.

Objectives

1. Define postoperative delirium.
2. Describe the manifestations of postoperative delirium.
3. Describe the risk factors for postoperative delirium.
4. Identify assessment tools that help nurses screen patients for postoperative delirium.
5. Discuss options for treating postoperative delirium.

Accreditation

AORN is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Approvals

This program meets criteria for CNOR and CRNFA recertification, as well as other CE requirements.

AORN is provider-approved by the California Board of Registered Nursing, Provider Number CEP 13019. Check with your state board of nursing for acceptance of this activity for relicensure.

Conflict of Interest Disclosures

Paula Brooks, DNP, RN, FNP-BC; Jeffrey J. Spillane, MD, FACS; Karen Dick, PhD, RN, GNP-BC, FAANP; and Eileen Stuart-Shor, PhD, RN, ANP-BC, FAHA, FAAN, have no declared affiliations that could be perceived as posing potential conflicts of interest in the publication of this article.

The behavioral objectives for this program were created by Helen Starbuck Pashley, MA, BSN, CNOR, clinical editor, with consultation from Susan Bakewell, MS, RN-BC, director, Perioperative Education. Ms Starbuck Pashley and Ms Bakewell have no declared affiliations that could be perceived as posing potential conflicts of interest in the publication of this article.

Sponsorship or Commercial Support

No sponsorship or commercial support was received for this article.

Disclaimer

AORN recognizes these activities as CE for RNs. This recognition does not imply that AORN or the American Nurses Credentialing Center approves or endorses products mentioned in the activity.

http://dx.doi.org/10.1016/j.aorn.2013.12.009

Developing a Strategy to Identify and Treat Older Patients With Postoperative Delirium

PAULA BROOKS, DNP, RN, FNP-BC; **JEFFREY J. SPILLANE,** MD, FACS;
KAREN DICK, PhD, RN, GNP-BC, FAANP;
EILEEN STUART-SHOR, PhD, RN, ANP-BC, FAHA, FAAN

3.5 CE

www.aorn.org/CE

ABSTRACT

Postoperative delirium is one of the most common adverse outcomes in elderly patients undergoing surgery and is associated with increased morbidity, length of stay, and patient care costs. The purpose of this quality improvement project was to evaluate the effectiveness of a multicomponent strategy to identify and treat general surgical patients 65 years of age or older at risk for and who develop postoperative delirium at Cape Cod Hospital, a community hospital in southern New England. We evaluated 96 patients using the Mini-Cog assessment tool preoperatively and the Confusion Assessment Method (CAM) delirium screening tool or CAM-Intensive Care Unit (CAM-ICU) assessment tool postoperatively. Patients who tested positive during preoperative assessment underwent a postoperative delirium management protocol. We summarized data using descriptive statistics. The results showed an association between compliance and outcomes. High compliance with implementation of CAM and CAM-ICU assessment tools resulted in increased identification of postoperative delirium in the older surgical population. The use of screening tools helped facilitate early identification of postoperative delirium in elderly surgical patients. *AORN J* 99 (February 2014) 257-273. © AORN, Inc, 2014. http://dx.doi.org/10.1016/j.aorn.2013.12.009

Key words: *delirium, postoperative delirium, postoperative assessment, assessment tools, delirium screening tools, Mini-Cog assessment, cognitive assessment method, CAM, CAM-Intensive Care Unit, CAM-ICU, Richmond Agitation and Sedation Scale, RASS.*

Persons 65 years of age or older comprise the most rapidly growing segment of the US population.[1] As the average life expectancy extends, the incidence of chronic disease and comorbidities in the elderly population also increase.[1] This older population requires more hospitalized care than patients younger than 65 years of age, and a significant part of this care is provided by surgical services.[2] In 2009, for example, patients 65 years of age or older accounted for more than 37% of all interventional and surgical procedures in the United States, more than 57% of all coronary artery bypass graft surgeries, and 50% of all large bowel resections.[3] For those older patients

http://dx.doi.org/10.1016/j.aorn.2013.12.009