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ICU delirium: A survey into nursing and medical staff knowledge of current practices and perceived barriers towards ICU delirium in the intensive care unit

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Research

Summary
Background: Delirium is an independent predictor of mortality and morbidity in the intensive care unit and is associated with a prolonged hospital and intensive care unit stay. National guidelines suggest that intensive care unit delirium is screened for daily using the confusion assessment method for the intensive care unit validated screening tool. Research suggests that there is a lack of knowledge on intensive care unit delirium, its screening tools and that it is inadequately screened for.
Aims: The aim of the study is to assess nursing and medical staff knowledge, understanding and management of intensive care unit delirium and assess the perceived barriers associated with intensive care unit delirium screening using a validated screening tool.
Research design and setting: A survey design was used and a questionnaire designed to collect the data. The sample consisted of 149 nursing and medical staff working in three district intensive care units within the United Kingdom.
Results: The data yielded reveals that 44% ($n = 33$) of the respondents were not educated on ICU delirium. Furthermore the confusion assessment method for the intensive care unit was only being used in one out of the three sites surveyed and this was found to be at best sporadic, this fails to adhere to current delirium guidelines (NICE, 2010). Those using a non structured way of detecting delirium observed for hallucinations and agitation. Common associated barriers quoted in the literature such as time restraints did not appear to be an issue in this study.
Conclusion: This study has shown that despite national guidelines screening with a validated delirium screening tool is not being performed in two of the intensive care unit surveyed and one site employs the confusion assessment method for the intensive care however screening

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is sporadic. This study contributes to the evidence base suggesting that intensive care unit delirium is under recognised and screened for despite current guidelines.

Implications for Clinical Practice

- On-going education and support is required across ICU settings on ICU delirium and use of screening tools.
- A validated ICU delirium screening tool should be implemented in each ICU, with consensus on the frequency of ICU delirium screening needs to be achieved.
- Re-audit of the effectiveness of screening six months post implementation of a screening tool needs to be carried out.

Introduction

Delirium is a common and serious disorder in the intensive care unit (ICU) and it is under recognised by clinical staff (Patel et al., 2009). Ely (2010) defines ICU delirium as an acute fluctuating disturbance in the cognitive or motoric functions which develops over a short period of time. ICU delirium is divided into three subtypes; hyperactive, hypoactive and mixed delirium. Hyperactive is characterised as hallucinations, whereas a withdrawn state represents hypoactive. Mixed ICU delirium fluctuates between hyperactive and hypoactive (Waters, 2008). Hyperactive delirium is reported as rare (<5%) whereas hypoactive and mixed ICU delirium predominate (Devlin et al., 2007). ICU Delirium is associated with prolonged mechanical ventilation, extended ICU and hospital stays, increased costs (Millbrandt et al., 2004) and can be accompanied by an increased six month mortality rate (Ely et al., 2004).

The Intensive Care Society recommends daily screening for ICU delirium using a validated screening tool (Intensive Care Society, 2006). Likewise the National Institute for Health and Care Excellence (NICE) delirium guideline published in 2010 supports screening for ICU delirium employing the confusion assessment method in the intensive care unit (CAM-ICU) and international guidelines support daily screening (Jacobi et al., 2002). Moreover up to two thirds of ICU delirium cases are missed if a validated screening tool is not used (Page et al., 2009).

The data gathered from a United Kingdom (UK) postal questionnaire dispatched to members of the Intensive Care Society found that 170 (25%) out of 681 respondents routinely screened for ICU delirium. Of those respondents who routinely screen for ICU delirium 94 (55%) of them utilise a validated screening tool. Furthermore the survey revealed that the majority of respondents agreed that delirium is a serious condition in ICU (MacSweeny et al., 2010).

Nursing surveys performed in Australia and Jordan on ICU delirium both report a lack of knowledge on ICU delirium, its screening tools and confirm that it is inadequately screened for. The studies do report that nurses consider delirium a significant problem (Eastwood et al., 2012; Hamdan-Mansour et al., 2010). Eastwood et al. (2012) found that nurses did not screen for delirium using a validated screening tool due to a perceived idea that it is time consuming on top of their already busy workload, it was found that nurses preferred observing the patient for signs of delirium. Similarly Devlin et al. (2008) revealed frequent barriers to screening for ICU delirium included a lack of medical support for screening tools, complexity of screening tools and difficulty in evaluating intubated patients. These surveys suggest a divide between the perceived significance of ICU delirium and current practices on ICU delirium management.

A survey questionnaire was developed to assess nursing and medical staff knowledge and understanding of ICU delirium and its screening tools. In addition to probe into their current screening methods and enquire into perceived barriers associated with ICU delirium screening in three district general ICUs within the UK.

Design and methods

In attaining a broad synopsis of nursing and medical staff knowledge and understanding of ICU delirium and its screening tools, a survey study was deemed the most suitable research design. A questionnaire was considered to be the best method of collecting the research data in comparison with an interview as more people could be targeted for recruitment with a large amount of data collected. Watson et al. (2008) adds that a questionnaire can potentially guarantee anonymity, thus encouraging some responders to reveal details, beliefs or behaviours which they may not do at interviews. Nieswiadomy (2008) recognises that questionnaires are structured and predetermined therefore they cannot be varied and as a consequence they carry a fair degree of reliability. Similarly utilising statements with tick box categories to measure knowledge are easily understood and quick to complete (Devlin et al., 2008).

The aims of this survey were to:

(1) Assess the knowledge base of nursing and medical staff regarding ICU delirium.
(2) Determine the extent to which staff performed ICU delirium screening as recommended.
(3) Identify perceived barriers to screening for ICU delirium.