

ORIGINAL ARTICLE

Nursing Management of Delirium in the Postanesthesia Care Unit and Intensive Care Unit

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Purpose: The purpose of the study was to examine nurses' approaches to care of patients with postoperative delirium in the postanesthesia care unit and intensive care unit.

Design: A descriptive survey design was used.

Methods: Eighty-seven nurses who have been working at a Training and Research Hospital in Erzurum, east of Turkey, were enrolled in this study between October 1 and November 20, 2012.

Findings: 83.9% of the nurses reported that they had given pharmacologic therapy for pain management in delirium patients, 39.1% massage, 31.0% rhythmic breathing exercise, and 26.4% music therapy. 90.8% of nurses also stated that they reduced noise and lighting at night to ensure normal sleep pattern.

Conclusions: Nurses need to be supported to take part in courses, conferences, and training seminars. A standard data tool or scale needs to be used to assess delirium routinely in all patients admitted.

Keywords: delirium, intensive care unit, nursing management, postanesthesia care unit, research.

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DELIRIUM, A SYNDROME characterized by acute changes in mental status, including inattention and disorganized thinking,¹⁻³ occurs in up to 15% of patients in postanesthesia care units (PACUs) and 70% of patients in intensive care units (ICUs).⁴ Delirium affects up to 50% of elderly people³ (eg, older than 65 years), and the highest incidence rates are noted in ICU and postoperative

settings.⁵ Patients who develop postoperative delirium have longer PACU and ICU stays, are more challenging to liberate from mechanical ventilation, and are more likely to die in the year after delirium occurs.^{4,6-9} In addition, delirium may particularly impact the elderly transition to dementia, reduce posthospital functionality, and increase mortality rates and health care costs.¹⁰⁻¹²

Postoperative delirium represents the most common manifestation of brain dysfunction in the PACU and the ICU.⁴ Depending on age, type of surgery, and the delirium assessment method, delirium has been found in 2% to 60% of postoperative surgical patients aged 65 years and older.¹³ In surgical ICU patients, postoperative delirium rates up to 92% have been reported.¹⁴ The incidence of delirium in specific surgical populations (eg, orthopedic and cardiac) may be higher in part due to a higher rate of medical comorbidities, lower preoperative cognitive functioning, or specific surgical

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Conflict of interest: None to report.

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risk.^{15,16} Delirium typically develops 1 to 4 days postoperation, can last up to 4 weeks after surgery and may persist after hospital discharge.¹⁷

Critical care and perianesthesia nurses are vital in the effort to improve patients' quality of care and outcomes through early recognition of delirium, determining the likely causes and providing knowledgeable care.¹⁸ It is recommended that, because of the fluctuating nature of delirium, nurses incorporate screening into patient care at least once every 8 to 12 hours.^{19,20}

When nurses consistently assess for delirium by using a delirium diagnostic tool, early identification may occur before symptoms become severe.²¹ By promoting preventative nursing practices (eg, providing fluid balance, controlling pain, maintaining appropriate sensory perception, using reorientation strategies, using nonpharmacologic approaches for sleep and anxiety management, ambulating patients), nurses may also reduce the incidence of delirium.^{3,4,22} Nurses need to be encouraged to take part in courses, conferences, and training seminars on the proper identification and treatment of delirium. A standard data tool or scale needs to be used to evaluate delirium routinely in all patients admitted to the PACU or ICU. This study will examine the nursing practices of a group of Turkish PACU and ICU nurses to suggest techniques to prevent and treat delirium.

Background

Delirium continues to be a syndrome that is unrecognized and misunderstood by health professionals.^{23,24} Unlike patients admitted to medical wards, surgical patients have a greater number of risk factors for delirium (eg, use of catheters, chronic pain, hypothermia, sleep deprivation, hypoxemia, malnutrition, dehydration, medications, postoperative infection, PACU/ICU admission) that should be taken into account in a possible multidimensional approach to delirium management.^{18,24} Certain surgical subgroups, for example, hip fracture patients, are at higher risk due partly to the physiological stress and pain of the injury.²⁴

Several studies in recent years were included in the description of an evidence-based multidimen-

sional approach to improve outcomes of critically ill patients: the ABCDE approach bundle.^{18,25,26} The ABCDE approach bundle includes several features in the daily management of critically ill patients such as awakening and breathing coordination (ABC), delirium nonpharmacologic interventions (D), and early exercise and mobility (E). The various components included in ABCDE reduce in the duration of mechanical ventilation and ICU/hospital length of stay, promote functional recovery following a critical event, and lead to increased survival and better neurologic outcomes.²⁵⁻²⁸ A randomized controlled trial in 104 critically ill patients undergoing invasive mechanical ventilation conducted by Schweickert et al²⁷ found a significant reduction in delirium duration in the intervention group compared with the reference group (2 days vs 4 days), in addition to improved functional results. The beneficial effect of an interventional program (early mobilization, nutritional assistance, and therapeutic measures to activate cognitive abilities) has been confirmed in patients undergoing general surgery, where it was found that the incidence of postoperative delirium was 0% in the intervention group compared with 16.7% in the control group.²⁹

A review of studies related to the care of patients with delirium and randomized trial studies that examined the effect of nonpharmacologic methods on preventing delirium found no literature focusing on interventions by critical care or perianesthesia nurses implemented in patients with delirium.^{4,18,24,29} This study describes the practices of Turkish nurses, their attitudes, and approaches to patients with delirium. In this study, by identifying PACU and ICU nurses' current practices, a baseline for future studies into interventions to improve nursing management of patients with delirium will be established.

Methods

Design and Sample

A descriptive survey design was used to determine nurses' approaches to care of postoperative patients with delirium in the PACU and the ICU. Eighty-seven nurses working in the PACU and ICU of a Training Research Hospital in Erzurum,

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