PROVIDING SAFE CARE IN CARE HOMES

East Midlands Academic Health Science Network
Igniting Innovation

Preventing & Managing Delirium

This resource is one of a series designed to help care home staff to identify and provide safe, effective care. It has been produced by the East Midlands Patient Safety Collaborative, working with 360 Assurance and the National Institute for Health and Care Excellence. Each resource highlights priority areas for quality improvement based on relevant NICE quality standards. Self-assessment questions are suggested to help care home managers and their teams identify any areas where quality and safety can be improved. This paper considers the subject of delirium in adults.

Tip: This NICE resource* explains how you can make use of NICE quality standards, and sets out the improvement opportunities offered by the quality standards in the context of the Care Quality Commission's new framework for inspection.

1: Adults newly admitted to hospital or long-term care who are at risk of delirium are assessed for recent changes in behaviour, including cognition, perception, physical function and social behaviour.

Rationale: Early detection of delirium is important, because it allows supportive care and treatment for reversible causes to be put in place as quickly as possible. People may already have delirium when they are admitted to hospital or to long-term care, so it is important to assess for any recent changes or fluctuations in behaviour that may indicate that the person has delirium. If possible, family members and carers of people at risk of delirium should be involved in identifying any changes in behaviour.

What this means to Care Home providers: Residential care homes and nursing homes ensure that guidance is available on changes in behaviour that may indicate that a person has delirium, and that systems are in place to assess recent changes in behaviour, including cognition, perception, physical function and social behaviour, in adults newly admitted to hospital or long-term care who are at risk of delirium.

Suggested service review questions:

1. Do we routinely assess risk of delirium when we admit residents to our care home?
2. Do staff involved in admitting residents know the risk factors for delirium?
3. Where do we record in resident's notes that we have assessed their risk of developing delirium?
4. For those people at risk of delirium, do care staff know that they should monitor them for recent changes in behaviour , including cognition, perception, physical function and social behaviour?
5. If there are concerns that a resident has developed delirium, do care staff know how to request a clinical assessment?

Hints, Tips & Links:

Link to NICE guideline: Delirium (NICE clinical guideline 103), recommendation 1.2.1:

http://www.nice.org.uk/guidance/CG103/chapter/1-Guidance#indicators-of-delirium-at-presentation

Adults at risk of delirium

If any of these risk factors is present, the person is at risk of delirium:

- Age 65 years or older.
- Cognitive impairment (past or present) and/or dementia. If cognitive impairment is suspected, confirm it using a standardised and validated cognitive impairment measure.
- Current hip fracture.
- Severe illness (a clinical condition that is deteriorating or is at risk of deterioration).

(Continued overleaf)

Tip: See 'Think Delirium!' box on back page for a link to a training & development resource to help raise awareness of delirium diagnosis, prevention and management.

*https://www.nice.org.uk/guidance/sc1/resources/using-quality-standards-to-improve-practice-in-care-homes-for-older-people-62241661

360 ASSURANCE

Hints, Tips & Links For Statement 1—Continued :

Recent changes in behaviour

Recent (within hours or days) changes or fluctuations in behaviour may be reported by the person at risk, or a carer or family member, and may affect:

- Cognitive function. (you can undertake a simple assessment of this by asking people to answer simple questions such as what is their age/date of birth/location/current year or list months of the year in reverse order).
- Perception: for example, visual or auditory hallucinations.
- Physical function: for example, reduced mobility, reduced movement, restlessness, agitation, changes in appetite, sleep disturbance.
- Social behaviour: for example, difficulty with cooperating with reasonable requests, withdrawal, or alterations in communication, mood and/or attitude.

An admission assessment template can be found here: http://www.nice.org.uk/Guidance/CG103/Resources

If any of these behaviour changes are present, a healthcare professional who is trained and competent in diagnosing delirium should carry out a clinical assessment to **confirm the diagnosis**.

2. Adults newly admitted to hospital or long-term care who are at risk of delirium receive a range of tailored interventions to prevent delirium.

Rationale: Delirium is potentially preventable, and interventions can be effective in preventing delirium in adults who are at risk. These preventative measures should be tailored to each person's needs, based on the results of an assessment for clinical factors that may contribute to the development of delirium. Such clinical factors include cognitive impairment, disorientation, dehydration, constipation, poor oxygenation, infection or other acute illness, immobility or limited mobility, pain, effects of medication, poor nutrition, poor hearing or vision and sleep disturbance.

What this means to Care Home providers: Care homes need to ensure that guidance is available on using a range of tailored interventions to prevent delirium. Health and social care practitioners need to ensure that adults newly admitted to long-term care who are at risk of delirium receive a range of tailored interventions to prevent delirium.

Suggested service review questions:

1. Do care staff understand how simple interventions can help prevent delirium?
2. Do care staff know where to access guidance on tailored interventions to prevent delirium?
3. Do we put in place interventions to reduce the risks of our residents developing delirium?

Hints, Tips & Links:

Link to NICE guideline: Delirium (NICE clinical guideline 103), recommendations 1.3.3.1 to 1.3.3.10: http://www.nice.org.uk/guidance/CG103/chapter/1-Guidance#interventions-to-prevent-delirium

Interventions to prevent delirium should be tailored to the care setting and to the person's individual needs, based on the results of an assessment for factors that may contribute to the development of delirium, including cognitive impairment, disorientation, dehydration, constipation, poor oxygenation, infection or other acute illness, immobility or limited mobility, pain, effects of medication, poor nutrition, poor hearing or vision and sleep disturbance.

Interventions could include:

- avoiding swapping resident's bedrooms unless absolutely necessary
- ensuring that the person is cared for by staff who are familiar to them
- providing appropriate lighting and clear signage; for example, a 24-hour clock, a calendar
- talking to the person to re-orientate them
- introducing cognitively stimulating activities
- if possible, encouraging regular visits from family and friends
- ensuring that the person has adequate fluid intake
- looking for and getting treatment for infections
- avoiding unnecessary catheterisation
- encouraging the person to walk or, if this is not possible, to carry out active range-of-motion exercises
- reviewing pain management
- carrying out a medication review
- ensuring that the person's dentures fit properly
- ensuring that any hearing and visual aids are working and are used
- reducing noise during sleep periods
- avoiding nursing and carer interventions during sleep periods.

3. Adults with delirium in hospital or long-term care who are distressed or are a risk to themselves or others are not prescribed antipsychotic medication unless de-escalation techniques are ineffective or inappropriate.

Rationale: Antipsychotic medication is associated with a number of adverse effects. Therefore it should only be considered as a short-term treatment option for delirium if a person is distressed or is a risk to themselves or others and de-escalation techniques have failed or are inappropriate (for example because reversible causes such as pain or urinary retention have not been treated or excluded, if barriers to communication have not been overcome, or for people with specific conditions such as Parkinson's disease or dementia with Lewy bodies).

What this means to Care Home providers: (Residential care homes, nursing homes, GPs) ensure that there are procedures and protocols in place to monitor the use of antipsychotic medication in adults with delirium, to ensure that this is only considered as a treatment option for delirium when the person is distressed or a risk to themselves or others and de-escalation techniques are ineffective or inappropriate.

Suggested service review questions:

1. Is use of antipsychotic medication discussed during medication reviews?
2. Do residents notes confirm that causes of distress were ruled/addressed out prior to them being given antipsychotic medication?
3. Do staff know about and confidently use de-escalation techniques to help reduce distress or confrontation?

Hints, Tips & Links:

Link to NICE guideline: Delirium (NICE clinical guideline 103), recommendation 1.6.4:
http://www.nice.org.uk/guidance/CG103/chapter/1-Guidance#treating-delirium

De-escalation techniques are communication approaches that can help solve problems and reduce the likelihood or impact of confrontation. This includes verbal and non-verbal communication such as signs, symbols, pictures, writing, objects of reference, human and technical aids, eye contact, body language and touch.

[Adapted from Skills for Care's National minimum training standards for healthcare support workers and adult social care workers in England, standard 5.5: Dealing with confrontation and difficult situations]

http://www.reducingdistress.co.uk/reducingdistress/training-videos/ Suitable for both clinical and non-clinical staff working in a range of settings, **these comprehensive videos aim to**:

- Raise awareness of clinically related challenging behaviour in a variety of settings
- Demonstrate positive communication, engagement and de-escalation techniques and other skills that can be used to prevent and manage challenging incidents
- Demonstrate the importance of building staff-patient relationships when planning and delivering care
- Highlight the importance of collaboration, information sharing, and multi-disciplinary teamwork
- Highlight environmental elements that can be incorporated to prevent and manage challenging behaviour and
- Address key learning outcomes recommended in the guidance for staff training.

Other subjects covered by this series of resources for care homes:

- Pressure Ulcers
- Medicines Management
- Falls
- Promoting Continence
- Nutrition

If you would like additional copies of this resource, or would like support in accessing the documents from any of the web links, please call Emma Coates on **0115 7484336**. Visit http://emahsn.org.uk/resource-hub/ for an electronic copy of this resource.

4: Adults with delirium in hospital or long-term care, and their family members and carers, are given information that explains the condition and describes other people's experiences of delirium.

Rationale: Experiencing delirium can be upsetting and distressing, particularly if the person has hallucinations or delusions, and they may go on to have flashbacks. It is important to provide information that describes how others have experienced delirium in order to help adults with delirium, and their family members and carers, to understand the experience and to support recovery.

What this means to Care Home providers: (Residential care homes, nursing homes) ensure that they have protocols and procedures in place so that adults with delirium, and their family members and carers, are given information that explains the condition and describes other people's experiences of delirium

Suggested service review questions:

1. Do we routinely provide people (residents) who have experienced delirium with information that explains the condition and describes symptoms of delirium experienced by other people?
2. Do we routinely provide this information to carers and/or relatives of residents who have experienced delirium?
3. Do care staff know where to find written information to give to residents and their families?

Hints, Tips & Links:

Information for adults with delirium, and their family members and carers

Appropriate verbal and written information, which:

- informs them that delirium is common and usually temporary
- describes people's experiences of delirium
- encourages adults at risk of delirium, and their family members and carers, to tell their healthcare team about any sudden changes or fluctuations in behaviour
- encourages the person who has had delirium to share their experience with the healthcare professional during recovery
- advises the person of any support groups.

[Adapted from NICE clinical guideline 103, recommendation 1.7.1]

The Royal College of Psychiatrists' leaflet on delirium is an example of written information for adults with delirium and their family members and carers.
http://www.nhs.uk/ipgmedia/national/Royal%20College%20of%20Psychiatrists/Assets/Delirium.pdf

Think Delirium!

Be aware that people in hospital or long-term care may be at risk of delirium. This can have serious consequences such as increased risk of dementia and/or death.

It can be difficult to distinguish between delirium and dementia, and some people may have both conditions. Dementia is generally a chronic, progressive disease that is incurable. Delirium is more likely to be temporary if the cause is identified and treated. If clinical uncertainty exists over the diagnosis, initial management should be for delirium. A person may already have delirium when they present to hospital or long-term care or it may develop during a hospital admission or a placement in a care home.

NICE have produced a useful resource, accessible at http://www.nice.org.uk/Guidance/CG103/Resources, that includes a PowerPoint presentation on diagnosing, preventing and managing delirium which has been written for staff working in hospitals, and doctors, GPs, nurses and care assistants working in long-term care. The presentation is accompanied by a workshop session plan, which includes case studies and exercises designed to provide practical training in diagnosing, preventing and treating delirium. After clicking on or navigating to the website at the link above, scroll down to the 'Educational Resource' section on the webpage. Note that the site also contains a link to a detailed advice document on implementing the NICE Clinical Guideline for Delirium in the section 'Implementation Advice.'