

# Geriatric Delirium

Delirium is often undiagnosed in geriatric hospitalized patients

Patients diagnosed with delirium have Feature 1 and 2 and either 3 or 4

## FEATURE 1:

Acute or Fluctuating change in mental status

## FEATURE 2:

Inattention

## FEATURE 3:

Disorganized Thinking

## FEATURE 4:

Altered Level of Consciousness



Performance measurements being monitored

Increase Delirium Order Set Usage Rate



Increase the use of nursing delirium prevention interventions in patients with a positive CAM



Increase adherence to CAM assessment-If patient has exception to the Neuro assessment did the nurse chart the CAM



Lower the number of patient days with a positive CAM



Reduce restraint use among Non-ICU & Non Behavioral Health patients over the age of 65



Improve Patient Perception of Care



How are patients with delirium identified?

An exception to the Neurological assessment will prompt the completion of the Confusion Assessment Model (CAM)

What does the nurse do when a patient has a Positive CAM?

The nurse should notify the provider and suggest that the provider use the Delirium Order Set.

What are some nursing interventions to prevent Delirium?

Promote normal sleep-wake cycle, remove unnecessary equipment, keep updated clocks and calendars visible, assist with meals for adequate nutrition



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