

Addressing Delirium Using NuDESC and a Nurse Driven Practice Bundle

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Background

Older adults in the acute care medical-surgical setting often present with acute confusion and altered cognition. To improve patient outcomes in the inpatient setting, it is important to use screening tools and implement nursing best practices aimed at reducing severity of acute confusion. At a 700+ bed level I trauma center, a new delirium screening tool (Nursing Delirium Screening Scale - NuDESC) was implemented but incidences of positive screens, nursing workflows, and the effectiveness of interventions had not yet been evaluated. The advanced practice nurse is well positioned to evaluate nursing workflows generated by positive screens and evaluate the effectiveness of practices surrounding the care of a patient with delirium while utilizing the NuDESC tool to trend severity.

Purpose

To increase the utilization of NuDESC scores to trend the severity of delirium and implement a nurse driven bundle to guide early management.

Methodology

- 32 pre/post chart reviews and observational rounds completed on 2 med-surg units focusing on NuDESC scores in older adults, presence of contributing factors (Figure 1), and safety interventions
- Staff pre/post perception survey conducted to better understand practice needs surrounding delirium care
- Nurse driven bundle was developed based on pre-implementation results
- In-person education consisted of pre-implementation findings, survey results, and introduction of the nurse driven bundle
- Quick reference pocket cards with the bundle elements were distributed (Figure 2)

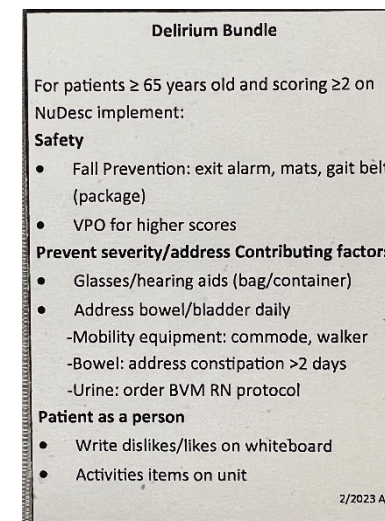
Discussion

- Nurses reflected that nursing practice was strengthened when caring for patients with delirium.
- Project supports need for further exploration of how NuDESC scores can help identify symptoms of delirium and trend severity.
- A system wide approach to early management may reduce the number of older adults with altered cognition in the hospital having a positive impact on patient outcomes.

Figure 1: Contributing factors

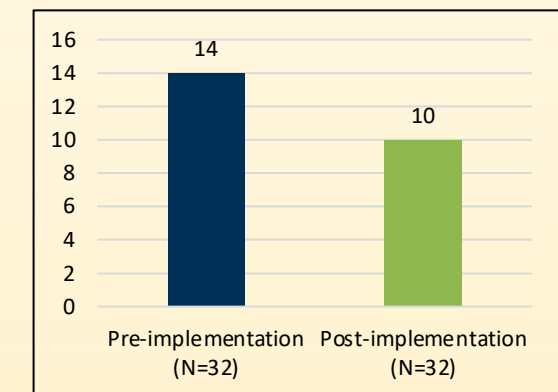
Contributing Factors						
Hypoxia (O2 Sat <92%) Y=1 N=0	Presence of Alteration in Elimination (urine/bowel) Y=1 N=0	Agitation with Personal Care Y=1 N=0	Last Bowel Movement 1 Day=1 2 Days=2 Greater than 2 days=3	Evidence of Sensory Deficit (Glasses/Hearing Aids) Both=2 1 device=1 None=0	Language Barrier Y=1 N=0	Presence of Pain Y=1 N=0

Figure 2: Pocket card

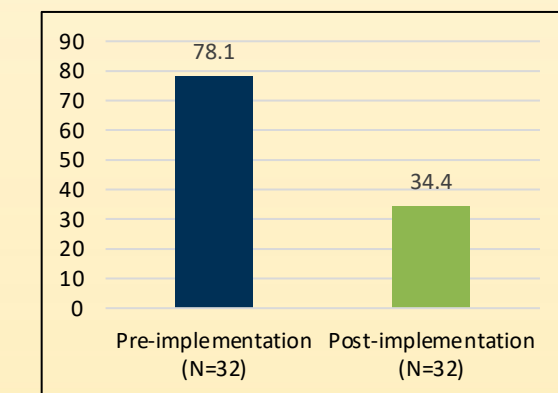


Results

Graph A: % of patients with increase in NuDESC score



Graph B: % of patients presenting with altered elimination



Graph C: % of nurses who review trends in NuDESC scores

