

Delirium in Palliative Patients: Prevention nursing strategies

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1 INTRODUCTION

Delirium is an acute mental disorder marked by alterations in attention, consciousness and cognitive function that can include delusions, misinterpretations or hallucinations.¹

Palliative care adopts a holistic approach to enhance the well-being and quality of life of individuals and their families dealing with life-threatening illnesses.³

Modifiable risk factors:

Medication, Physiological, Symptoms.

Non-modifiable risk factors:

Age, Gender.⁴

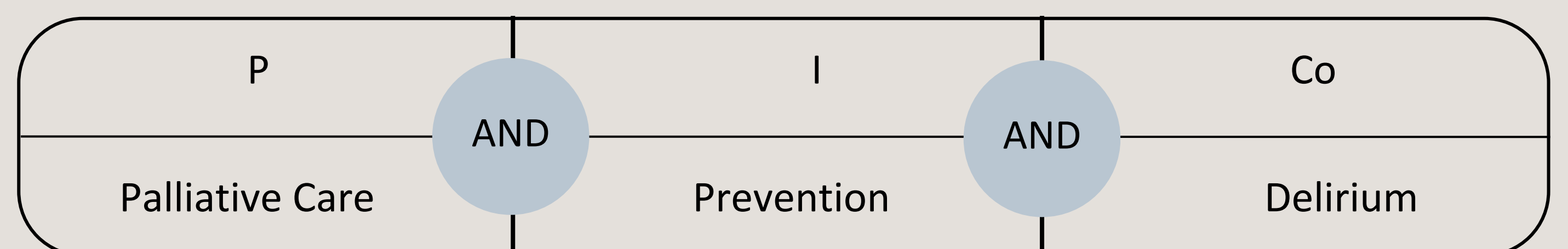
The main objective is to alleviate and prevent suffering by treating pain and early identification of physical, psychosocial and spiritual problems.³

Delirium is a common problem in palliative care patients, especially in the last weeks of life. The prevalence increases by up to 75%.²

Nurses can implement numerous non-pharmacological interventions to prevent delirium in patients with terminal illnesses.

3 METHODOLOGY

DATABASES → PubMed CINAHL PsycINFO®



→ 11 years



→ English and Spanish



→ Bibliographic review

INCLUSION CRITERIA	EXCLUSION CRITERIA
Patients receiving palliative care	Pediatrics patients
Oncologic pathologies	Patients staying in the ICU
Nursing interventions	Post-surgery delirium
	Only pharmacological prevention strategies

FLOWCHART

Articles identified: 117

Articles excluded: 108

Articles selected: 9

2 AIMS

Identify nursing interventions that can prevent delirium in palliative care patients.



4 RESULTS

Interventions to promote:

REORIENTATION

5, 6, 7, 9, 11, 13

- Maintain sensory perception
 - Vision → glasses
 - Hearing → clean ear wax, hearing aids
- Communication
 - Introduce professionals
 - Denture
 - Translation aids
 - Current events
- Simple/ clear instructions
- Appropriate environment
 - White-board/ Calendar/ Clock
 - Temperature/ Noise/ Lightning

MOBILITY

6, 8, 9, 10, 11, 13

- Patient safety
 - Physical, vest, limb restraints
 - Prevent falls
- Disease management
 - Comfort
- ✗ • Non-essential equipment
 - IV
 - Drains
 - Oxygen masks
- Encourage physical activity
 - Exercise therapies
- Physical status
- Supplemental oxygen

HYDRATION AND NUTRITION

6, 7, 8, 9, 10, 13

- Hydration
 - Oral fluids
 - IV supplements
- Nutritional assistance
 - Prevent aspiration
 - Adapt diet
 - Monitor nausea, vomits, sore mouth
- Manage constipation
 - Routine assessment
- Manage urinary retentions
 - Catheterization

RELAXATION/SLEEP

6, 7, 8, 9, 11, 13

- Soft music
- Sleep/wake rhythm
 - Daytime/nighttime
 - Adapt light/noise
 - ✗ Short naps
 - ✗ Caffeine after 4 PM
 - Ear plug/Eye shade (risk of falls)
- Promote relaxation
 - Reduce anxiety/agitation
 - Aromatherapy
 - Massage hands and feet

SUPPORT

5, 6, 7, 9, 11, 13

- Encourage family visits
 - Family partnership
 - Collaborate
 - Know family feelings
 - Familiar objects
- Delirium education
 - Calming voice to understand
 - Information leaflet
 - Know patient behaviour
 - Prevention strategies

5 CONCLUSION

This study confirms which nursing interventions are effective to prevent delirium.

Despite having preventive interventions, it's necessary to:

EDUCATION: At the university, brief workshops based on the theory of delirium prevention and practical cases in the simulation center.

INVESTIGATION: A qualitative study in a palliative care unit of how those interventions help patients to prevent delirium depending on their pathologies, not only oncological.

CLINICAL PRACTICE: Promote the implementation of one specialised nurse to focus on patients receiving palliative care with a risk of developing delirium.

BIBLIOGRAPHY

