

Nursing interventions for preventing postoperative delirium in elderly surgical patients

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Introduction

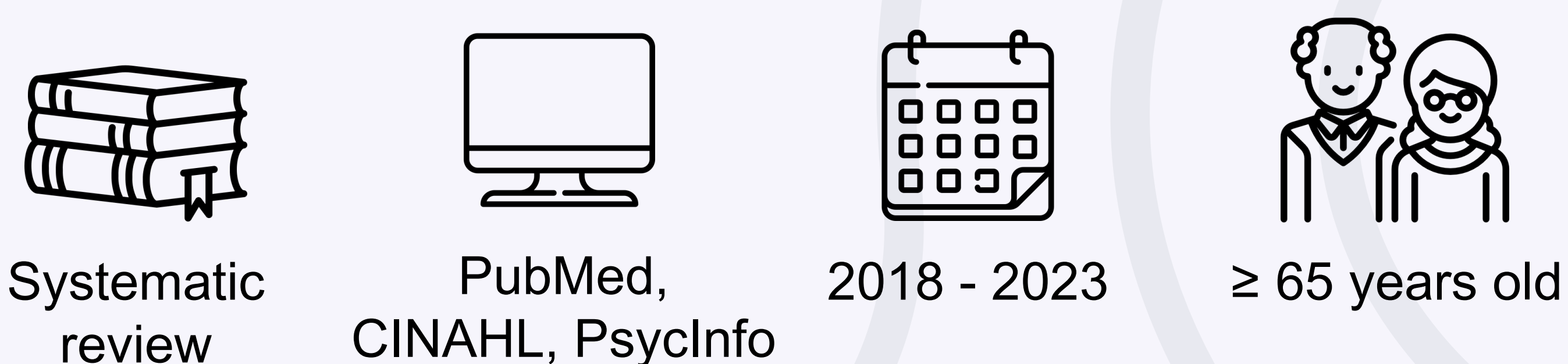
Postoperative delirium (POD) is a **transient organic mental syndrome** characterised by a reduced level of consciousness, reduced ability to focus, perceptual disturbances and memory impairment (1). It is the most common **neuropsychiatric complication** in the postanesthesia care unit (2) and affects **over two thirds of older adults** (3).

POD is a **negative outcome** for patients and leads to a longer hospital stay, reduced quality of life, increased risk of institutionalisation and dependency, increased mortality and increased healthcare costs and nursing workload (4).

Objective

To identify effective **nurse-led interventions** for **preventing** the development of **POD**.

Methodology



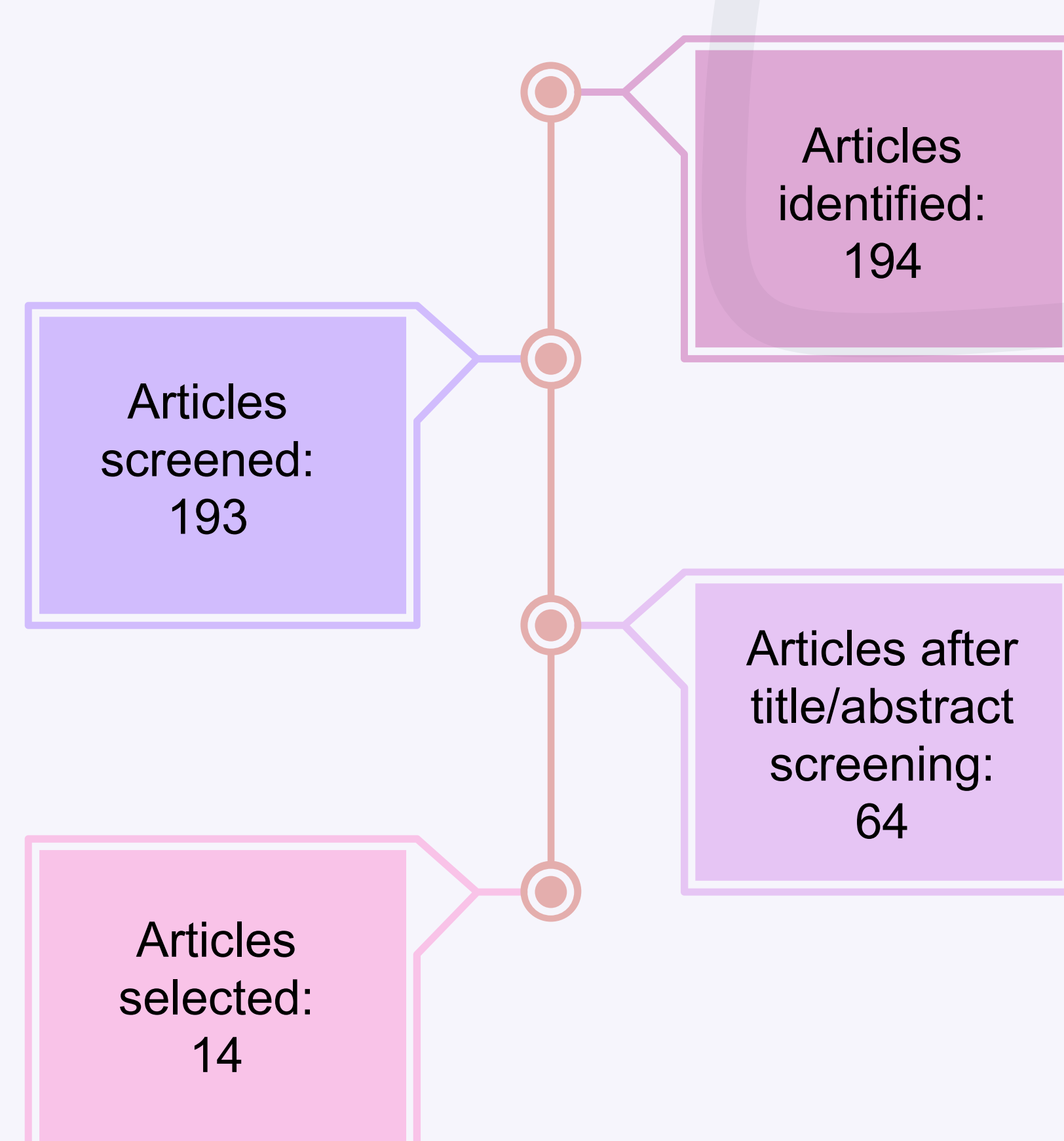
“aged AND surgical procedure AND nursing care AND delirium”

Inclusion criteria:

- Elderly population
- Hospital setting
- Undergoing surgery
- Articles and bibliographic reviews

Exclusion criteria:

- Non-surgical patients
- Non-hospital setting
- Ongoing dementia
- History/ongoing substance abuse

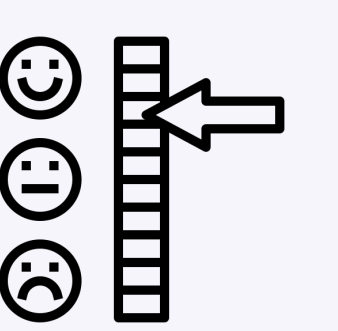


Results

The findings were classified into 3 thematic areas:

1. Use of scales

- Proactive approach to identify at risk patients (4)
- Useful for tailoring personalised interventions (4)
- Scale selection based on patient and screening context (5)
- Timing and frequency considerations due to fluctuation (6)
- To improve accuracy use in combination with nurse's clinical judgement (5)
- CAM is the foremost bedside scale (5)
- Other scales: CHART-DEL (7), Nu-DESC (8), DDT-Pro (9)



2. Risk factors

- old age (≥ 65 years old) (3, 4, 10)
- Heart failure, electrolyte imbalance, anaemia, DM, kidney disease, dementia, psychiatric disorders (10)
- Pain, surgical devices, infection (4)
- ↑ sedation levels (10), benzodiazepine (11) and antipsychotic treatment (7)



3. Preventive interventions

- Nurse-led preoperative visits aimed at increasing patient education (12)
- Effective pain management (13)
- ↑ human interaction (patient-nurse) (13)
- Focus on cognition, sleep and comfort: neurologic monitoring, cognitive stimulation, nutritional status, enhancing communication, maintaining haemodynamic levels, invasive devices removal, enhance mobility, monitoring oxygen saturation and Fowler positioning. (14, 15)



Conclusion

- **POD** episodes can be **prevented** and nurses are in a privileged position to take action
- Nurses are empowered to play a **vital role** in patient care
- It is crucial to identify **risk factors** to implement preventive interventions
- Incorporating **scales** as assessment tools into routine care offers a promising approach.
- It is crucial for healthcare professionals to remain vigilant in their efforts to **reduce** the **incidence** of POD
- Implications:
 - **Education:** POD education should be included in the geriatric nursing care course of the nursing degree
 - **Nursing practice:** nurses need to have skills, tools and face routine care challenges to assess POD
 - **Investigation:** further research with consensus outcomes on POD is needed

Bibliography

