

Prevalence of delirium in ICU- Clinical Audit Results

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Introduction

Delirium assessments aim to identify, monitor and manage delirium early in patients. The National clinical guidelines for delirium (Nice Cg103) and Guidance for delirium management in the critically ill patient intensive care society (UK, 2025).

- > Are patient assessed for delirium using CAM-ICU on admission?
- > Was RASS score obtained prior to CAM-ICU assessment?
- > Are patients who are at risk of delirium given a tailored multicomponent intervention package?
- > Patients should be screened for delirium at each change of nursing shift or in the event of observed changes in behaviour.

If this assessment was unable to be obtained are reason for omission documented/justified. About 50-80% of ICU patients may develop delirium. Without validated assessment up to 75% of delirium will be missed. Implementation of nice guidelines by ICU nurses faces significant barriers, leading to varied and often limited uptake. ICU delirium leads to prolonged hospital stay, rehospitalization, increase in mortality rates and increase health care costs.

Conclusions

Increasing age and presence of multiple co-morbidities were associated with the development of delirium in ICU patients. Nonadherence of validated tools prevents early detection resulting to increased length-of-stay, rehospitalization, death and increase financial costs to the NHS. Delirium adds an estimate of £13,000- £20,000 per patient.

Standard ICU delirium protocols may need to be updated to include age-and comorbidity-based delirium risk assessments upon admission with clear escalation pathways for patients at higher risk, also use of validated screening tools, documenting and communicating delirium risk and screening outcomes during handovers and patient records, supported by a multidisciplinary approach.

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Method

A retrospective audit of Intellispace Critical Care Anaesthesia (ICCA) of 73 patients who developed delirium during their stay in ICU. This was line with the NICE (CG103) and intensive care society guidelines the standard measured were:

- Are patient assessed for delirium using CAM-ICU on admission?
- Was RASS score obtained prior to CAM-ICU assessment?
- Are patients who are at risk of delirium given a tailored multicomponent intervention package?
- Patients should be screened for delirium at each change of nursing shift or in the event of observed changes in behaviour.

Results

73(21%) developed delirium during their stay in ICU. 95% of patients had RASS scoring done before delirium assessment. 92% of patients were assessed using the validated tools CAM-ICU. 63% were male and 43% females. only 1% had a past medical of vascular dementia. 62% of patients over 65 years were not assessed using nice guidelines, highlights a significant gap in adherence. Despite observable behaviour changes, 32% who were diagnosed of delirium were not screened using the validated tool.

