Delirium Prevention, Identification and Management in the Oncology Setting: A Unique Partnership with Patients and Their Family Caregivers

Mary Kate Eannielo
*Hartford Hospital*

Christine M. Waszynski
*Hartford Hospital*

Kerry A. Milner
*Sacred Heart University*

Follow this and additional works at: [https://digitalcommons.sacredheart.edu/nurs_fac](https://digitalcommons.sacredheart.edu/nurs_fac)

Part of the Geriatrics Commons, Medical Education Commons, and the Nursing Commons

**Recommended Citation**

This Poster is brought to you for free and open access by the Dr. Susan L. Davis, R.N. and Richard J. Henley College of Nursing at DigitalCommons@SHU. It has been accepted for inclusion in Nursing Faculty Publications by an authorized administrator of DigitalCommons@SHU. For more information, please contact ferribyp@sacredheart.edu, lysobeyb@sacredheart.edu.
Delirium Prevention, Identification and Management in the Oncology Setting: A unique partnership with patients and their family caregivers

Delirium Prevention, Identification and Management in the Oncology Setting: A unique partnership with patients and their family caregivers.

Significance & Background: Delirium affects a significant number of hospitalized adults each year resulting in negative patient outcomes and family caregiver distress. Clinical identification of delirium by nurses and use of family caregivers as part of a multicomponent delirium prevention strategy are not consistently implemented in the hospital setting despite being an evidence-based practice.

Purpose: An interdisciplinary team in this 800-bed level one trauma center has been created to implement and support the evidence-based delirium protocol. The purpose of this initiative was to incorporate the family caregiver into this existing multicomponent delirium prevention, detection, and management protocol.

Evaluation: Evaluation of the protocol has been measured by hospital safety and quality metrics such as falls, length of stay, delirium/CAM data base, mortality rates as well as patient experience scores.

Discussion: Oncology patients are at high risk for delirium and require a team approach to identify this medical emergency early and to begin evidence-based interventions. Cancer care is most often received in the outpatient setting making partnerships with family caregivers as part of a multicomponent delirium prevention strategy.

Implementation of a hospital wide QSEN campaign to decrease noise and promote sleep hygiene.