

Non-Pharmacologic Interventions for Delirium and Agitation

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Non-Pharmacologic Interventions for Delirium and Agitation

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BACKGROUND

- Cognitively impaired patients experience delirium due to their disease pathophysiology
- Due to cognitive impairment, understanding of the new environment, new people, new schedule can lead to agitation against staff and institutional rules
- Confusion, delirium and agitation can lead to safety concerns, such as falls
- Standard treatment is pharmacological interventions
 - Haldol, Zyprexa, Cogentin, Ativan
 - This can be detrimental in the geriatric population
- RNs questioned if there is a better intervention that could work

PICO

- PICO Question – In neurologically impaired patients does the use of non-pharmacological interventions to address agitation/ delirium reduce the use of polypharmacy interventions.

P- Neurologically impaired patients

I- Non-pharmacological interventions to address agitation/delirium

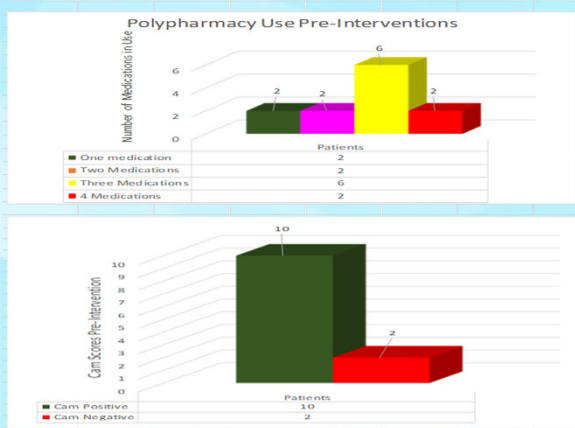
C- Heavy use of polypharmacy

O- Reduce the use of polypharmacy

EVIDENCE

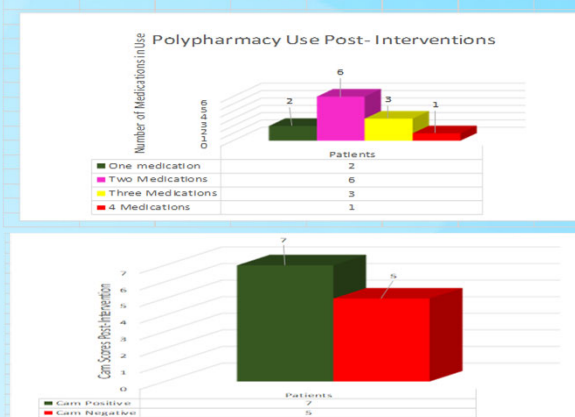
- Non-pharmacological interventions are low cost, easy to provide and safe (Bannon, 2018)
- Music therapy: Using music to help achieve a specific change in behavior, feeling or physiology (Bannon, 2018)
- Family presence facilitation: Facilitation of the family's presence in support of an individual (Bannon, 2018)
- Family involvement promotion: Facilitating family participation in the emotional and physical care of the patient (Yan, et al, 2019)
- Sleep enhancement: Facilitation of regular sleep/wake cycles (e.g. to allow rest periods with no interference from the nurse, medical team and family) (Yan, et al, 2019)
- Environmental management – Reduce stimulation (Gelinas, 2012)

OUTCOMES



Interventions Employed

- Music Therapy – Television Channels
- Therapeutic Communication
- Family Presence
- Family Pictures
- Ear Plugs
- Eye Masks
- Melatonin as sleep aid



IMPLEMENTATION

- Add non-pharmacological equipment to unit PAR
 - Earplugs
 - Eye masks
 - Head phones
- Encourage the use of non-pharm interventions to decrease medication use
- Monitor effects of project
 - Reduction in medication use
 - Improved behaviors
 - Improved quality metrics
 - Decreased 1:1 use
 - Decreased restraint use
 - Increased use of safe video monitor

NEXT STEPS

- Continue to monitor for reduction in Cam positive scores and use of more discernable use of polypharmacy
- Extended staff education related to available non-pharmacological interventions to influence reluctance to transition away from traditional modalities
- Monitor 1:1 hours, falls, and restraint use going forward to determine impact of project long term

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