Delirium and Falls

Jessica Buckner, MSN, RN, AGCNS-BC, Brenda Murphy, MSN, RN, GNP-BC, Barbara Deskins, MSN, RN-BC,
Joanie Waters, MSN, RN, CMSRN, Danyel Johnson, MSN, RN, CNN, CNS, Sat Gupta, PhD

BACKGROUND

- Delirium is an acute state of confusion that can develop in the older adult during hospitalization.
- Nationally, hospitals have increased their attention on fall prevention (Hshieh et al., 2015).
- Delirium can place patients at a higher risk for falls (Lee et al., 2013).
- No data had ever been collected related to delirium prevalence within this health system.
- Delirium awareness and prevention is a priority for a team of Clinical Nurse Specialists (CNS) and Clinical Nurse Educators (CNE) that work on geriatric initiatives at Cone Health.

AIMS

To determine if a correlation exists between delirium and falls within one multi-campus hospital system in the Southeastern United States.

METHODS

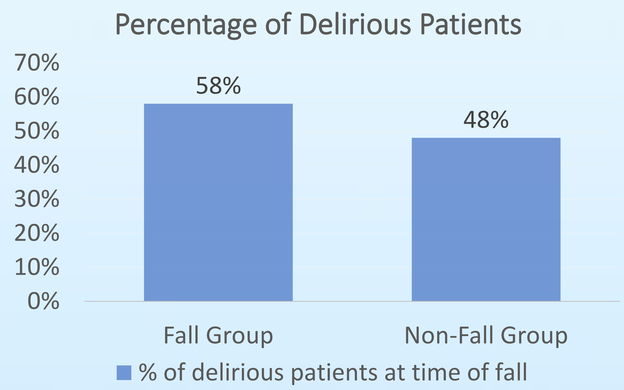
- A retrospective chart review was conducted.
  - Randomly selected patients >60 years old that fell during hospitalization (n= 100).
  - Randomly selected patients >60 years old that did not fall (n=100).
  - Both medical/surgical and ICU units were reviewed.

METHODS

- Confusion Assessment Method (CAM) documentation, progress notes, and assessments were reviewed on each chart to determine if the patient was delirious at the time of the fall.
  - Dr. Inouye's Chart-Based Instrument for Delirium During Hospitalization tool (2005) was used to determine if delirium was present.

RESULTS

- For patients who were positive for delirium, 58% fell during hospitalization (p = 0.16).
- Within the non-delirium group, 48% had a fall occurrence.
- Regarding gender, male patients were 38% more likely to fall than females across both the delirium and non-delirium group (p = 0.09).



CONCLUSIONS

- Overall, this data indicates that delirium assessment and awareness is an important clinical indicator in order to prevent and potentially decrease patient falls.
- Though the results of the study were not statistically significant, the results were clinically significant for our organization.

NURSING IMPLICATIONS

- CNSs/CNEs play a crucial role in delirium awareness and prevention by advocating for nurse and provider attention to this condition.
- Due to the increase risk of falling if delirious, we hope to improve delirium prevention awareness by linking it to fall prevention.
- The chart audits also led us to discover the lack of accurate documentation of delirium.
- CAM assessments by RNs were not documented correctly on a consistent basis.
- There is a need for re-education of delirium risk assessments for RNs.

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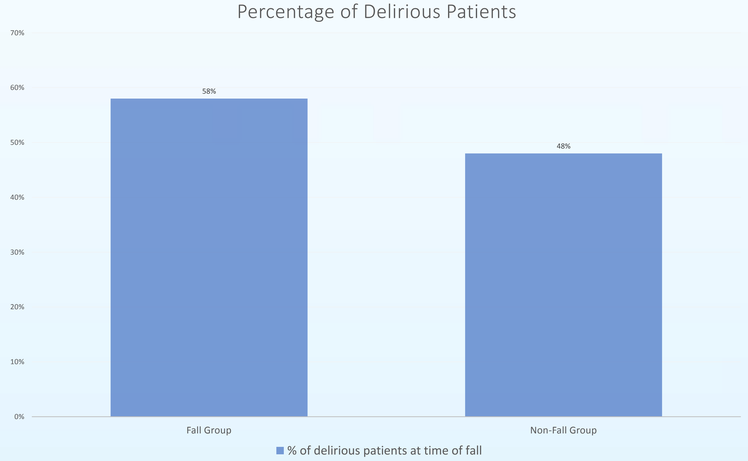

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