

“Rapid Recognition Timely Action– Optimizing Delirium Care in the Ed ”

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Abstract:

Background: Delirium is an ictal, symptomatic, heterogeneous and acute neurocognitive syndrome, characterized by attentional, consciousness and cognitive dysfunction. It frequently occurs in vulnerable populations, with particularly older adults, and is associated with prolonged hospital stays, higher healthcare costs and increased mortality rates. Although clinically important, delirium is unidentified , a fact compounded in the ED when the rapid and stressful emergency room milieu makes identification difficult. The incidence of delirium in emergency department (ED) settings is heterogeneous in elderly patients, but unfortunately it is often underrated or attributed to other diseases such as dementia, psychiatric and substance use disorders .Early detection of delirium in the ED is of immense significance as it enables early management and intervention that can prevent comorbid long-lasting cognitive decline, functional disability and readmissions. However, standard delirium screening is routinely neglected due to competing priorities , lack of awareness and standardized protocols in the emergency settings.

Aims and objectives: This study intends to build upon existing evidence in assessing the utility of DTS screening tools and 4AT scores to identify delirium in the ED population and design a protocol for approach and management in the ED. The study also examines significant patient and system level outcome measures that are associated with delirium, with the aim of discovering potential opportunities for standardization of detection, diagnosis, treatment and management considerations in the ED.

Methods: A prospective observational study was done recruiting 300 patients of age greater than 65 years over a period of one year . All patient underwent delirium screening using 4AT and DTS tools and subsequently history taking , diagnosis and treatment was done in the ED as per the protocol.

Results: The prevalence of delirium was found to be 26 percent and a total of 87 (29%)of patients were identified to have delirium in the ED by using screening tools .Factors associated with delirium include older age, conditions like sepsis ,and polypharmacy .The screening tools were found to have 89% sensitivity and a specificity of 76% in the delirium detection that lends support to its viability and practicality in the ED context .

Conclusion: The study findings show the utility of routine delirium screening and early treatment of patients would improve patient satisfaction and reduce healthcare disparities. This research study would also offer statistical endorsement for expanding the application and adaptation of currently used screening tools and diagnostic approach to delirium in emergency department.

Pearls: This work is intended to address the gap between science and clinical practice, which is then expected to increase the quality of patient care and lead to recommendations for evidence-based interventions in regards to delirium, at the emergency level.

Keywords:

DTS – Delirium Triage Screen, ED – Emergency Department, 4AT Score – 4A's Test Score.