

Delirium screening practice in specialist palliative care units: a survey

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Delirium in Palliative Care

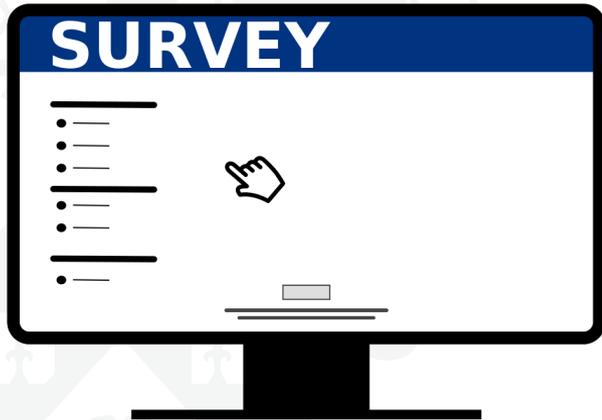
- A **common** and **serious** condition, rapid onset of confusion
- Patients in palliative care settings are at **increased risk** of delirium
- A **third** of palliative care patients have delirium on admission to inpatient palliative care (Watt 2019)
- Due to the **fluctuating** nature of delirium symptoms, screening is recommended on a regular basis. Little is known about how delirium is identified in SPCUs

We developed a survey to gain insight into multidisciplinary practice for identifying delirium in Specialist Palliative Care Units, in the UK.

Screening and Diagnosis

- **Screening:** rapid assessment of patients to identify those with 'possible' delirium.
- **Diagnosis:** A positive 'screen' should be followed by a more thorough assessment to 'diagnose' delirium.

Survey Development and Distribution

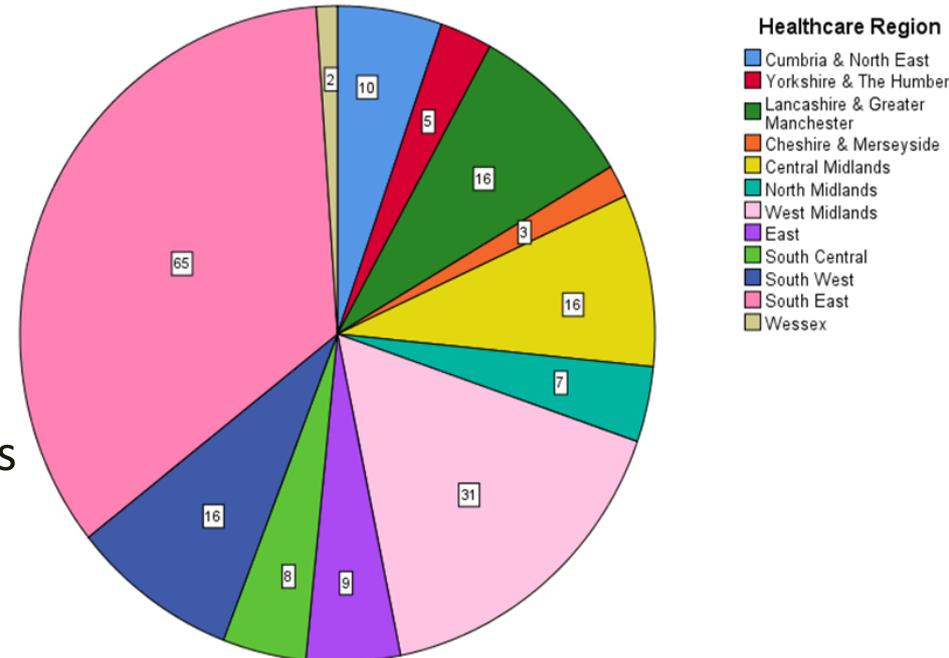


- An **online survey** with 18 questions. Completion of the survey was anonymous
- Distributed by **Hospice UK**, to healthcare staff subscribing to their mailing list and to clinical leads.
- **Specialist Palliative Care Units** – convenience sample staff and managers

Responses

220 SPCU staff completed the survey

- 90% of respondents were female
- 48% nurses; 31% doctors; 10% HCA
- Responses from England (88%), Wales (6%), Scotland (3%), Northern Ireland (2%)
- All healthcare regions in England represented



Findings: Screening for Delirium

- *Q: How often do you screen for delirium?*
 - 68% only screened in response to clinical symptoms of delirium
 - 5% screened **routinely** on-admission
 - 6% screened **routinely** daily during-admission
- Doctors and nurses were the most reported to undertaken screening

Findings: Screening for Delirium

- ***Q: Which assessment tool(s) or methods listed below, if any, do you use to screen for delirium?***
 - 48% clinical judgement only
 - 10% 4AT
 - 6% CAM

 - Overall, **37% used a screening tool** to screen for delirium either on its own (24%) or alongside clinical judgement (14%).

Findings: Diagnosing Delirium

Q: When a patient screens positive for delirium, is the delirium diagnosis confirmed with a further assessment?

- 56% used **clinical judgement** to diagnose delirium following a positive screen
 - Few (1%) used a standard method such as a diagnostic interview (DSM, ICD)
- 6% reported no further assessment was undertaken.

Training and Guidelines

- Of the 220 respondents, 62% had received some delirium training
- 20% reported their SPCU had a training programme about screening for delirium
- Just over a third (36%) reported their SPCU had delirium guidelines

Barriers to Screening

- Main barriers were:
clinical complexity (n=107); lack of training (n=89); lack of guidance (n=76)

“...if someone has confusion in hospice it can be so many variables, disease progression and medication. Very difficult I think.” (Pt 149, nurse)

“...many of our patients are not well enough to communicate on admission so it would not be possible to screen all patients” (Pt 203, doctor)

Facilitators to Screening

Main facilitators were:

Increased education and training on delirium; a suitable screening tool; and clear guidelines.

***“How screening for this may make a conceivable difference”
(Pt 40, doctor)***

***“Specific guidelines to adhere to by all levels of staff involved in patient care
(Pt 59, nurse)”.***

In summary

- Few ***routinely*** screen for delirium – important given the fluctuating nature of delirium symptoms
- Screening mostly in response to clinical symptoms – clinical judgement dependant on staff experience and clinical expertise – cases often missed!
- Screening perceived as burdensome for the patient and clinical complexity makes it difficult to screen.
- **Agreed screening tools, guidelines and training is required for palliative care.**

Thank you. Any questions?



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