E1.1: Nurses' Recognition of Delirium in the Hospitalized Older Adult: A Comparative Analysis of Nurse and Expert Diagnostician Ratings

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Abstract:

Introduction: Delirium affects more than 2.3 million elderly, causes 17.5 million hospital days and costs $152 billion annually, yet it is missed up to 70% of the time. The purpose of this descriptive study was to compare nurse and expert diagnostician ratings for incident delirium in hospitalized older adults admitted to 6 med/surg units in a tertiary care hospital; and identify patient characteristics associated with nurses’ underrecognition of delirium using the diagnostic reasoning model.

Method(s): The convenience sample included patients 65 years and older with English fluency, and able to participate in daily interviews. Delirium on admit and advanced dementia were exclusion criteria. Research methods included baseline assessment by the researcher which included Mini-Mental State Exam (MMSE) and Confusion Assessment Method (CAM) ratings. Daily paired (nurse vs. researcher) CAM ratings were completed until either discharge or delirium detected over the 8-month study period. An adequate sample size of 110 patients was estimated to identify a difference between groups based on a 7% delirium incidence and alpha of 0.05.
**Results:** Results from the 170 patients and 167 nurses completing data collection included: incident delirium in 7% (12/170) and nurses failure to recognize delirium 75% (9/12) of the time with poor agreement (K statistic = 0.34) between the nurse and researcher for all observations (N = 555) (CAM sensitivity = 25.0%, specificity = 99.6%). Delirious patients were hospitalized 6.1 days longer [t (168) = -4.00, p <0.0001] than nondelirious patients. A generalized estimating equation logistic regression model identified independent predictors of nurses' delirium underrecognition that included: increasing age (OR = 1.1), increasing length of stay (OR = 1.1), widowed marital status (OR = 8.4), dementia (OR = 8.5), and hypoactive delirium (OR = 180.4). ROC curve analysis of serial MMSE scores supported a 2-point cutoff as a delirium predictor.

**Discussion & Conclusions:** These findings provide additional insight into nurses’ underrecognition of delirium; thereby, providing direction to improve its recognition through education about delirium screening and atypical symptoms. Research focusing on nurses'decision-making in detecting delirium is warranted.

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No, I (or a member of my immediate family) have not received something of value* from or own stock (or stock options) in a commercial company or institution related directly or indirectly to the subject of my presentation.

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I will not be describing any pharmaceutical and/or medical device.

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