Greater Manchester Critical Care Network

Greater Manchester Critical Care Network Delirium Standards

1	Delirium Assessment	Each eligible* patient has a minimum standard a daily assessment for delirium (CAM-ICU or ICDSC) performed correctly and documented in a way that would allow the process to be audited with an expectation that this assessment will be performed each shift (*level 2 or 3 patients with a RASS score of -3 to +4)
2	Delirium care Bundle	All patients should be on the Delirium Care Bundle i.e. - 2 delirium assessments in 24 hours - Daily sedation hold (if applicable) - Patient to have glasses and hearing aids if required - Provide dentures if required - Able to see a date and time from a clock - Have a mobilisation plan in place - Receive a pain assessment every 4 hours - Patients to be offered a sleep pack - All unnecessary indwelling devices to be removed - Patients to receive personalised care as evidenced by a patient passport for example
3	Training	All staff in the multidisciplinary team to be trained in the management of delirium. Training should include what delirium is and the impact it has on patients; prevention strategies to reduce the risk of developing delirium; how to assess delirium and what to do in the event of positive screening. Training should include patient experiences of delirium. The information should be to be tailored to the specific learning needs of different staff groups.
4	Guidance on Management	Guidance should be available to assist staff managing patients who screen positive for delirium. This should include advice on: Screening for causes of delirium; reviewing medications and providing appropriate treatment; managing the patient's environment; communicating with the patient and relatives and accessing specialist advice; managing severe agitated delirium.
5	Medications	Medicines reconciliation on admission and transfer from critical care should identify drugs known to be associated with high rates of delirium and drugs where withdrawal may need to be managed. Drugs associated with high rates of delirium should only be prescribed after discussion with a consultant and the patient's sedation should be reviewed each day on the consultant ward round.
6	Relatives	Relatives should be provided with written and verbal information about the causes and management of delirium and have an opportunity to help with the management of a patient developing delirium.
7	Specialist Advice	The critical care unit should have access to psychiatric assessment in complex cases.
8	Handover & recording	In patients developing delirium, the diagnosis should be recorded and handed over on transfer from critical care. The patient's diagnosis should be available for audit, so that the rates of delirium can be established.