**Diagnosing Delirium in the Emergency Department**

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**THE PROBLEM...**

Delirium is an insidious syndrome with disturbances in...
- Orientation
- Memory
- Attention
- Thought and behavior
- Affects over 1.5 million elders seen in Emergency Departments annually.

**Despite knowledge of Risk factors and outcomes related to delirium**

**Populations...**

- In 2010, 1 in every 3 Americans will be aged 65 and older.
- In 2009-2010, 19.6 million elders were seen in Emergency Departments.
- Hospitals need to adapt to the influx of geriatric populations and inherent complications.

**The Emergency Department**

No process for delirium screening
- Admits 47% of its elderly patients equaling 262 patients per month

**THE POTENTIAL OUTCOMES OF DELIRIUM**

- Increased mortality
- Reduced functional abilities
- Increased need for ICU admissions
- Increased ICU and hospital LOS
- Increased likelihood of admission to LTC

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**Purpose of this Initiative**

The problem identified is that the emergency department needs to provide a way to identify and effectively manage geriatric patients with acute agitation and delirium. The purpose of this initiative is to evaluate elderly pts to the ER for Delirium using the brief Confusion Assessment Method (bCAM) and.

**The Process**

The patient is placed in an exam room from triage, the admitting nurse opens the patient chart and the first of many best practice acts fires...

1. Then the Nurse clicks the link to complete...

**The only way that this can be overwritten is if the patient is critical**

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Object Placeholders

**Importing text and graphics from external sources**

- Paste or type your text into a pre-existing placeholder or drag in a new placeholder from the left side of the template. Move it anywhere as needed.

**TABLES:**

- Right-click text fits within the cells of a table that has been pasted, then SLIDE MASTER.

**TEXT:**

- Go to the VIEW menu and click on ZOOM to set your or SLIDE MASTER.

**Verifying the quality of your graphics**

- If any errors, the bCAM is positive, if no errors the bCAM is negative. Any time the bCAM is negative, the program automatically brings up the bCAM negative score and no further questions are brought forward and the screening is complete.

**MCAM Positive Patient**

If positive score, BPS for the RN to place bCAM protocol orders.

**bCAM Orders consist of two orders:**

1. ED Clerk consult order to Notify ACE Nurse of bCAM positive pt by calling Geriatric resource team member (which automatically places the patient on the team list as well).
2. Orders for RN to institute supportive measures.

The geriatric resource team would then follow the patient from admission to discharge, implementing measures to decrease and/or eliminate signs and symptoms of delirium while in the hospital setting.

The positive bCAM also fires another BPA to alert the healthcare providers upon opening the patient’s EMR that the patient is positive for Delirium and requires the diagnosis to be placed on the problem list utilized as an admitting diagnosis.

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**Implications for Emergency Nurses**

- Comprehensive interdisciplinary approach
- Established a delirium protocol where there was none
- Comprehensive interdisciplinary approach
- Developed a specific delirium protocol
- Reduced the readmission rate of delirium patients

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**References**

Available upon request