

# An Integrative Literature review on how both general and palliative care nurses identify and assess delirium in patients with palliative care needs.

S. Coffey and D. Tuohy 2017  
University of Limerick



UNIVERSITY of LIMERICK  
O L L S C O I L L U I M N I G H



## Background

*Delirium is a complex neuropsychiatric syndrome which is frequently experienced by palliative care patients (Ryan et al 2012). Research has shown that it is a distressing and under-recognised condition for all involved and it warrants proper assessment and management in order to achieve the best outcome for patients. There is a need therefore for nurses to be able to identify and assess for delirium in order to care for their patients in a holistic manner.*

## Aim

The aim of this review is to examine evidence based literature on how both general and specialist nurses, identify and assess delirium in patients with palliative care needs.

## Method

- An integrative review commenced in September 2016.
- Five databases were searched: CINAHL, Medline, PsycArticles, PsychInfo and Cochrane.
- Grey literature and reference lists were also screened for relevant studies.
- 216 studies were identified with ten studies meeting the inclusion criteria.
- The studies were appraised using the Critical Appraisal Skills Programme (CASP) appraisal tool.

## Results

Four themes were identified by using thematic analysis adapted from Braun and Clarke (2006).

These were: Recognition of delirium, Assessment of delirium, Reversibility of delirium in palliative care and Communication in delirium.

**1** Recognition of delirium

**2** Assessment of delirium



Reversibility of delirium in palliative care **3**

Communication in delirium **4**

## Conclusions

This integrative review revealed that delirium in patients with palliative care needs remains under-recognised by both general and specialist nurses. There is considerable variation in the assessment tools in use and the assessment itself can at times be ad hoc for this patient group. There is evidence to suggest that further research and education is needed in the area of recognition of delirium in order to achieve the delivery of quality patient care.

## DELIRIUM Acronym

<b>D</b>	Drugs e.g. alcohol, opioids, anticonvulsants, recreational, post general anaesthetic
<b>E</b>	Electrolyte imbalance e.g. hypoglycaemia, hypo/hyponatremia
<b>L</b>	Lacking Medication/drugs, alcohol withdrawal or low oxygen saturation
<b>I</b>	Infections e.g. encephalitis, meningitis
<b>R</b>	Reduced sensory input e.g. Lack of sleep
<b>I</b>	Intracranial e.g. Strokes and trauma
<b>U</b>	Urinary/faecal retention
<b>M</b>	Metabolic

## Table 1.2 Five Elements of Delirium

(adapted from the American psychiatric association 2013)

<b>1</b>	Disturbance in attention and awareness
<b>2</b>	Develops over a short period of time and tends to fluctuate during the day
<b>3</b>	Additional disturbance in memory deficit, disorientation, language and perception
<b>4</b>	One of the above three are not better explained by another pre-existing neuro-cognitive disorder
<b>5</b>	The disturbance is a direct physiological consequence of another medical condition

## References:

- Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology, *Qualitative Research in Psychology*, 3(2), 77-101.
- Flaherty J., Tariq S., Raghaven S., Bakshi S., Moinuddin A. and Morley J (2003) A model for managing delirious older inpatients. *Journal of the American Geriatrics society* 51(7), 1031-1035.
- Ryan D., O Regan N. and Caoimh R. (2013) Delirium in an adult acute hospital population: predictors, prevalence and detection. *British Medical Journal*, 3(1).
- American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders*. 5th Edition, DSM-5, USA.