Nurse’s Understanding and Perceptions on Delirium: Assessing Current Knowledge Attitudes and Beliefs in a Burn ICU

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Purpose: To assess nursing knowledge, attitudes, beliefs, and perceptions on delirium in our Burn Intensive Care Unit (ICU) in order to create a targeted educational intervention.

Background/Significance: The number of delirium days in hospitalized patients directly correlates with mortality and long-term cognitive dysfunction. However, limited research exists on nurses’ understanding and comfort using delirium screening tools and interventions.

Description: Burn ICU nurses formed a committee to improve delirium prevention in the eighteen bed unit. After literature review they developed and distributed a 10 question quantitative/qualitative survey to assess nursing knowledge and perceptions of delirium, strategies for prevention and intervention. The survey was distributed over a three (3) week period. The quantitative data which included the Likert scale was reviewed for differences in knowledge between pre and post educational intervention. We used the web-based, confidential program, Dedoose to analyze our qualitative data.

Evaluation and Outcomes: Twenty-seven (38%) anonymous surveys were returned. 96% agreed that nursing interventions were important in preventing delirium. However, only 48% agreed that they had adequate delirium knowledge to explain it to a new nurse. Fifty eight percent (58%) agreed that CAM-ICU identifies delirium, whereas 42% believed that a nurse can identify delirium without a tool. Survey analysis indicated strong support for non-pharmacologic nursing interventions in preventing delirium (i.e. reduced stimulation, day/night cycle and sleep hygiene, frequent re-orientation, and mobilization), as well as reducing sedating medications use, especially benzodiazepines. Sixteen (59%) respondents listed mechanical ventilation as a barrier to using the CAM-ICU tool.

Conclusion: Burn ICU nurses recognize the significance of nursing assessment and interventions for preventing and treating delirium. However, survey results showed they did not fully support CAM-ICU as a delirium assessment tool in the mechanically ventilated patient, along with biased perceptions about delirium. An education project on delirium is being implemented to address bias, improve knowledge, and nursing self-efficacy in identifying and preventing delirium in our burn ICU.

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