Healthcare Innovations How practice has changed

HERSTON HEALTH PRECINCT SYMPOSIUM 2021

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CLIN-0049

Are we deliriously causing patient harm?

Delirium management in accordance with eTG Guidelines

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Aim

To review whether pharmacological management for delirium is in accordance with the Therapeutic Guidelines (eTG) at a 265-bed rural hospital for patients ≥65 years of age admitted in the general medical wards.

Background

eTG Guidelines for the pharmacological treatment of delirium¹:

Olanzapine 2.5mg orally, as a single dose OR Risperidone 0.5mg orally, as a single dose OR Haloperidol 0.5mg orally, as a single dose OR If the oral route is impossible + symptoms are severe use: Haloperidol 0.5mg IM, as a single dose OR Olanzapine 2.5mg IM, as a single dose

Method

A retrospective audit reviewing delirium treatment of patients ≥65 years of age admitted on general medical wards at a rural hospital from July 2019 – June 2020. Patient related data (age, gender, comorbidities, medicines possibly contributing to delirium) and extracted episode of care data (medications, 4AT, follow up plan).



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98 Patients, 47 Men Median Age: 84 years old Average length of stay: 11 Days



were on medications potentially causing delirium on admissions



Received pharmacological treatment



were compliant with the eTG

pathology

queensland

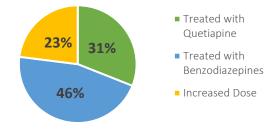
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References: [1] eTG Complete, Delirium [Internet], Melbourne (VIC): Therapeutic Guidelines Ltd, 2019 [cited 2021 Aug 18]; [about 7 screens], Available from: =navigateTopic#toc d1e487 ttps://tgldcdp.tg.org.au/viewTopic?topicfile=delirium&guidelineName=Psychotropic&topicNavigation



Medications Potentially Contributing to Delirium 1 COMT Inhibitors Antihistamines 2 Beta Blockers 3 Corticosteroids 4 Tricyclic Antidepressants 6 Dopamine Agonist Benziodiazepines 10 Opioids 10 Non-Compliance To Recommended Guidelines

Results



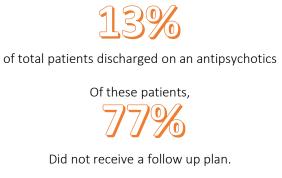
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Conclusion

Results highlight discrepancies in compliance with delirium management compared to eTG and demonstrated that work is required to produce sustainable improvements in delirium care. Following this audit, pharmacists have engaged in a multi-disciplinary hospital-wide delirium committee to investigate strategies to improve delirium management, including multidisciplinary education and process development for discharge follow-up.



