

**DELIRIUM? WHAT DOES THIS HAVE TO DO WITH PREOP OR PACU? INCREASING
PERIANESTHESIA NURSING ROLE AWARENESS TO INCREASE PREVENTION AND EARLY
RECOGNITION OF DELIRIUM IN THE GERIATRIC SURGICAL PATIENT**

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Background Information: Geriatric delirium represents acute brain failure that presents with a sudden decline in cognitive function. The outcomes of delirium in hospitalized older adults are grave. Those who do develop delirium have an increased mortality rate, increased hospital length of stay, and transfer to long-term facilities. However, a significant proportion of delirium cases have been shown to be preventable. By identifying the elderly patient's baseline cognitive status before surgery, and modifiable risk factors that geriatric patients are exposed to and utilizing multi-component interventions. The perianesthesia nurse plays a key role in prevention and recognition of risk factors which place the elderly patient at risk for developing delirium.

Objectives of Project: The purpose of this quality improvement project was to obtain the current geriatric delirium evidence-based practice researched strategies and develop an empathic, interactive, formal delirium educational program. The goal, to increase the perianesthesia nurse's knowledge of geriatric delirium, early recognition and what non-pharmacological nursing interventions can be utilized.

Process of Implementation: Clinical postoperative nurse performed a search of the literature. Utilizing the PICO question: In Geriatric Postoperative delirium surgical patients, what is the best practice or treatment compared with current perianesthesia practice to reduce geriatric delirium. Then developed a formal educational delirium 1-hour program designed to evoke and draw upon empathic creative activities to allow learning to be personally interactive.

Statement of Successful Practice: A total of 85 Attendees took a pre-test before the geriatric delirium educational program so that an evaluation of their baseline knowledge on the concepts of delirium and prevention could be obtained. The pre-test revealed that 59% of the attendees answered the questions correctly. Following the educational offering they took a post-test to evaluate specific concepts identifying elderly patient's baseline cognitive status, modifiable risk factors, and multi-component interventions. The post-test revealed that 98% of the attendees answered the questions correctly.

Implications for Advancing the Practice of Perianesthesia Nursing: The empathic interactive educational program focus created personal perspective learning. Attendees participated in sensory deprivation learning exercises to honor the struggles and challenges of our geriatric elderly patients. The perioperative area is the front door to the surgical elderly patient's hospitalization. Perianesthesia nurses are in a unique position to affect positive change regarding delirium.