

Decreasing Post Operative Emergence Delirium Through Improved Screening and Identification

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Introduction: Emergence Delirium (ED) in the Post Anesthesia Care Unit (PACU) can result in harm to patient or staff, increased length of stay, increased costs, and increased mortality rates. Patients with Post Traumatic Stress Disorder (PTSD) are at an increased risk of ED. Incidence of PTSD in veteran populations is up to 30% higher than the civilian population

Identification of the Problem: 8.8% of Patients in PACU were experiencing emergence delirium.

QI Question/Purpose of the Study: Understanding that Veterans are an increased risk of ED, an Interprofessional team of perioperative staff within the VA medical center sought to adopt and adapt a program to decrease Emergence delirium in the PACU. The project aimed to decrease instances of emergence delirium through improved screening, identification, and subsequent treatment.

Methods: A PDSA framework was used. PTSD screening tool was modified and adapted for use during pre-operative phone calls 2-4 days before surgery. Positive screens were communicated to staff through a daily communication sheet, through specific identifiers on the perioperative boards, and through a laminated informational sheet that would follow the patient throughout their perioperative period to provide all staff tips and tricks for decreasing delirium. Patients were provided education on day of surgery and given a golden cap to serve as a visual indicator for the perioperative team. Interventions for at risk patients include medication management by anesthesia, dim lights, quiet environment, centering personnel, removal of lines and tubes as able, pain management, monitoring for urinary retention, and proper rescue treatment.

Outcomes/Results: Through improved screening, identification, and treatment of those at risk for emergence delirium, the percentage of patients experiencing emergence delirium went from 8.33% to 2.2%.

Discussion: Improved identification and management of ED contributed to this significant decrease.

Conclusion: Proactive screening and targeted interventions for veterans with PTSD can substantially reduce ED in the PACU.

Implications for perianesthesia nurses and future research: These findings underscore the critical role of peri-anesthesia nurses in identifying at-risk patients and implementing evidence-based strategies to improve outcomes.