Delirium in Trauma Patients: Prevalence and Predictors

Delirium is associated with increased mortality, morbidity, hospital costs, and postdischarge cognitive dysfunction. Most research focuses on nontrauma patients receiving mechanical ventilation in the intensive care unit.

- The objective of this study was to determine the prevalence of delirium in trauma patients who reside in intermediate care units or in intensive care units. Secondary aims were to explore and define characteristics and predictors of delirium in trauma patients.
- This cross-sectional descriptive study was conducted at a large, urban academic trauma center and included patients from 3 trauma intermediate care units and intensive care units.
- Eligible patients met the following inclusion criteria: 18 years or older, English speaking, no diagnosed traumatic brain injury, and a score of at least 8 on the Glasgow Coma Scale at the time of data collection.
- Of the 800 patients screened, 215 met eligibility requirements for inclusion.
- In our study, 24% of trauma patients screened with the Confusion Assessment Method for the Intensive Care Unit tested positive for delirium in both intensive care unit and intermediate care units, with delirium affecting more intensive care unit patients (36%).
- In this study, delirium-positive patients were older (mean age, 53.4 years) than patients who were not (mean age, 44 years).
- Although mechanical ventilation was the strongest independent risk factor for delirium, 12% of delirium-positive patients were not receiving mechanical ventilation.
- Other predictors of delirium were use of antipsychotic medications, higher scores on the Acute Physiology and Chronic Health Evaluation III, and lower scores on the Richmond Agitation-Sedation Scale.
- Nurses are in a pivotal position to implement standards for delirium assessment and best practices for prevention of delirium such as the ABCDE bundle described in the American Association of Critical-Care Nurses’ delirium practice alert and the Society for Critical Care Medicine’s interdisciplinary guidelines for pain, agitation, and delirium.
- Other nonpharmacological strategies that are within the nursing scope of practice include interventions such as music or light therapy, use of earplugs, and sleep promotion.
- Through independent interventions, nurses are able to directly influence the outcomes of trauma patients and others who are at risk for delirium developing, by reducing the occurrence of acute delirium and therefore its untoward effects on length of stay, mortality, long-term cognitive function, and cost of care. CCN