

# DELIRIUM ASSESSMENT IN TWO HOSPICE INPATIENT UNITS. AN AUDIT OF CURRENT PRACTICE

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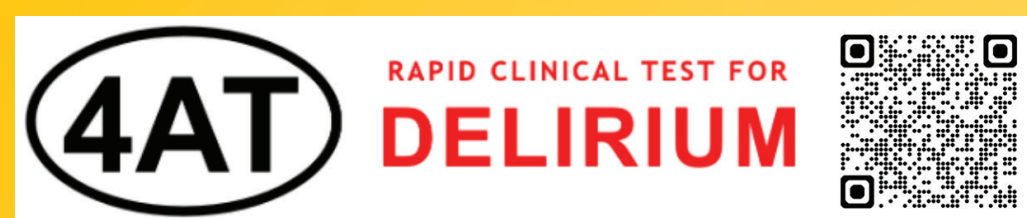
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## Background

Delirium is a serious and distressing neuropsychiatric condition, which commonly affects terminally ill people.

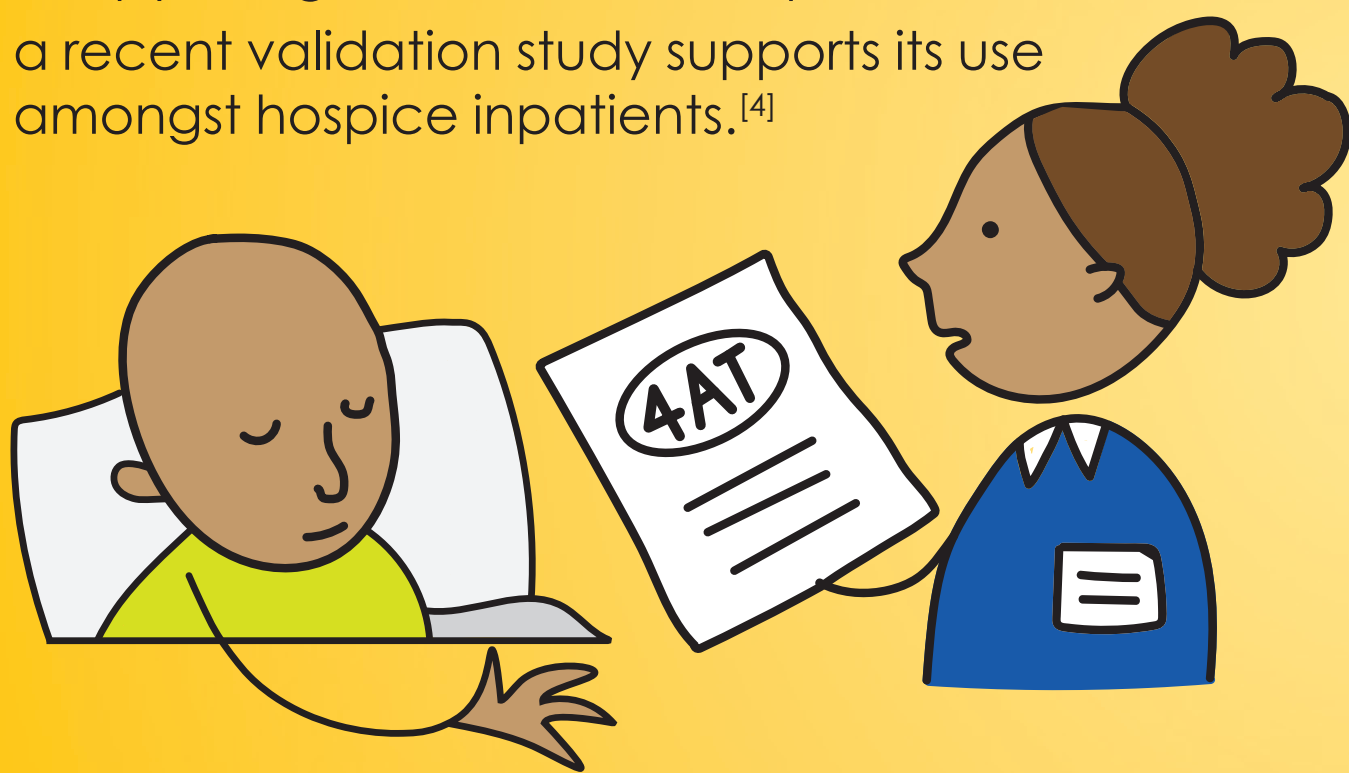
Early identification is important as:

- the condition may be reversible,
- it enables more timely management of symptoms,
- may lead to earlier recognition of poor prognosis,
- allows more time to advise and support terminally ill people and their families.<sup>[1]</sup>



The 4AT is a quick and easy test for detecting delirium ([www.the4at.com](http://www.the4at.com)):<sup>[2]</sup>

- it can be used when delirium is suspected, or to screen for delirium on admission to a new care setting,<sup>[2,3]</sup>
- is appropriate for testing all patients, even those too sleepy or agitated to answer questions,
- a recent validation study supports its use amongst hospice inpatients.<sup>[4]</sup>



## Aim

To audit use of the 4AT delirium detection tool, on admission to two hospice inpatient units.

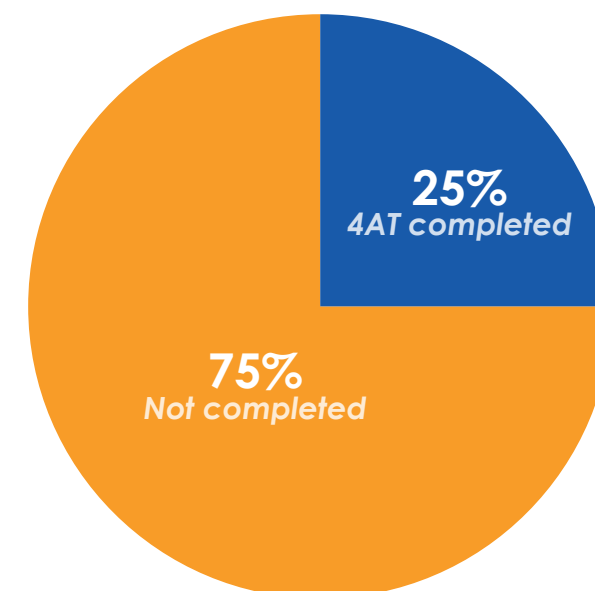
## Methods

- **Retrospective audit of case notes of 100 terminally ill people admitted consecutively to two hospice inpatient units** (50 per hospice) in 2023.
- **Standard:** All patients should be screened for delirium on admission using the 4AT.
- **Delirium prevalence** was assessed using 2 criteria:
  - term 'delirium' documented in case notes, and
  - retrospectively by auditors, using an approximation of DSM-5 delirium criteria.<sup>[5]</sup>

## Results

Only a quarter of all patients (25%, 25/100) were screened for delirium using the 4AT. (Figure 1)

Figure 1: Patients (%) screened for delirium using the 4AT

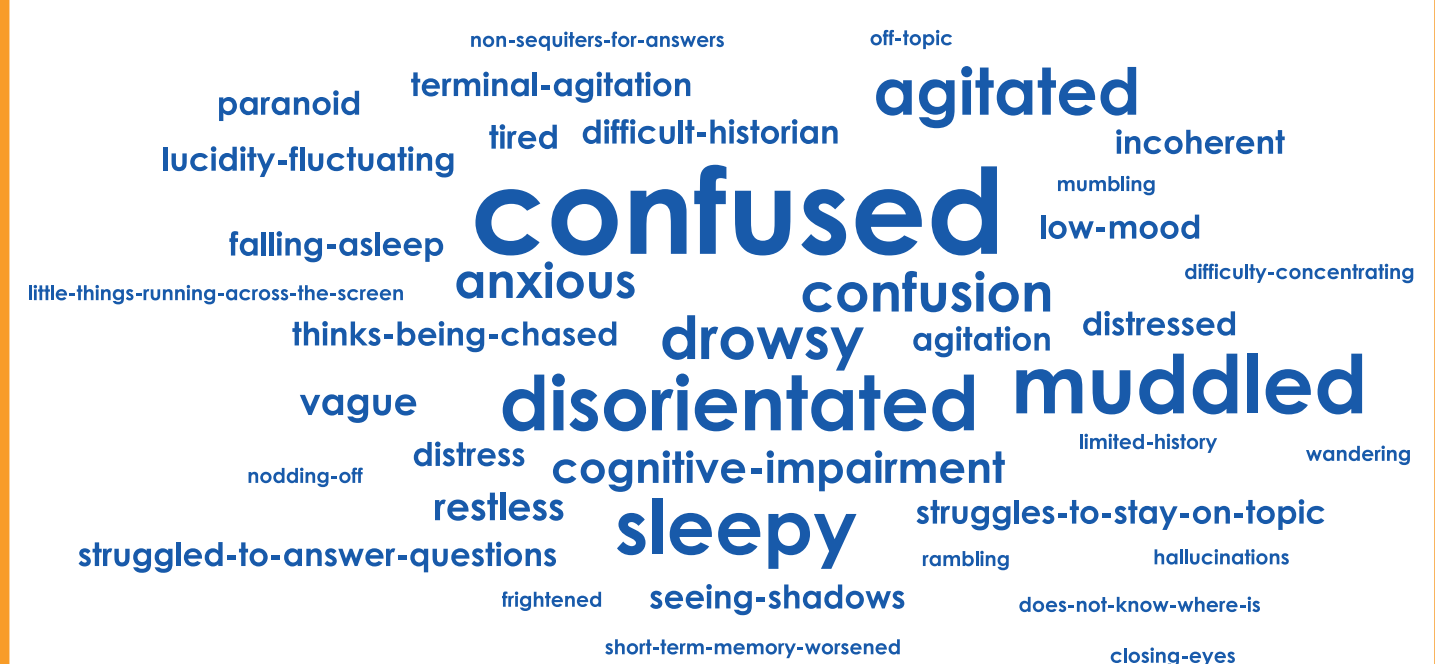


Delirium prevalence (%) varied according to the diagnostic criteria used:

- 10% of patients had the term 'delirium' documented in their case notes, and
- 28% had a retrospective DSM-5 delirium diagnosis.

Delirium synonyms were commonly used in case notes, instead of the term 'delirium'. (Figure 2)

Figure 2: Words used to describe delirium in the case notes of patients with a DSM-5 delirium diagnosis, but who did not have the term 'delirium' documented



## Conclusions

- There was limited delirium screening tool use.
- There was likely under-diagnosis of delirium – with inadequate use of the term 'delirium' in the case notes of patients with delirium.
- Staff training in understanding delirium, its detection and management are recommended.

**Reference:** <sup>[1]</sup>Woodhouse R et al. *BMJ Supportive & Palliative Care*. 2022;12:187-190; <sup>[2]</sup>[www.the4at.com](http://www.the4at.com); <sup>[3]</sup>SIGN 157. Risk Reduction and Management of Delirium; <sup>[4]</sup>Arnold et al. *Palliative Medicine*. 2024;38(5):535-545; <sup>[5]</sup>American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed.2013.

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