

Nursing Care for Delirium Older Patients

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EDITORIAL

Delirium, also known as acute confusional state, is a prevalent, serious, and preventable cause of morbidity and mortality in hospitalised older adults. Delirium is particularly important because individuals over the age of 65 account for nearly half of all hospital days. Delirium complicates hospital stays for more than 2.3 million older adults each year, accounts for more than 17.5 million inpatient days, and costs Medicare more than \$4 billion (in 1994 currency). Because of the increased requirement for hospitalisation, rehabilitation, and home care after discharge from the hospital, significant additional costs arise. Furthermore, as the population ages, the incidence of delirium is likely to rise.

General geriatric techniques, nursing care, family interventions, and anaesthetic have all been employed in previous delirium interventional trials. Although there were indications toward a reduction in delirium in the intervention group in most of the studies, the reduction was not statistically significant in the majority of them. Many studies had methodological flaws, such as small sample sizes, non-targeted therapies, and outcome measures that were relatively insensitive (e.g., screening mental-status tests or confusion checklists). Finally, most previous research has focused on delirium therapy rather than primary prevention, which was the purpose of the current study.

Delirium is rarely caused by a single factor; rather, it is a multifactorial syndrome induced by the combination of the patient's vulnerability (i.e., the presence of predisposing circumstances like cognitive impairment, severe sickness, or visual impairment) with hospital-related insults (i.e., medications and procedures). The likelihood of delirium rises as the number of risk factors increases. As a result, the most clinically relevant and potentially effective

delirium intervention is a multicomponent approach tailored to the patient's risk factors. Delirium is a common problem among elderly individuals in hospitals.

During a hospital stay, about a quarter of people aged 65 and up have delirium. Specific patient categories, such as surgical patients, have a much greater incidence. Delirium is linked to a longer hospital stay, functional impairment, admission to long-term care, and greater death in older individuals. However, studies suggest that during a hospital stay, healthcare staff frequently fail to recognise delirium. This could be due to a lack of understanding of delirium among doctors and nurses.

The Frail Elderly Project (FEP) is part of the Netherlands' national patient safety initiative, which began in 2008. The FEP aims to improve treatment for people aged 70 and up, and includes a delirium management guideline for those who are hospitalised. The initiative and its guidelines are based on current evidence as well as professional advice on how to care for elderly people. The challenge of putting guidelines into practise has been established in previous research. Despite the fact that the FEP advised hospitals on how to apply the rules, there were signs that it was not going smoothly.

Poor care has been linked to a lack of understanding and a failure to recognise people suffering from delirium. E-learning as an educational tool could be beneficial in enhancing delirium care. In health care, e-learning is increasingly being utilised to educate huge groups of professionals. The use of e-learning, often known as "internet-based education," has been linked to improved knowledge, skills, and behaviour among healthcare professionals, as well as improved patient outcomes. Nursing-specific computer-assisted learning has yielded fewer conclusive results.

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