Abstract

Background. Delirium in hospitalized geriatric patients is often overlooked by nurses. The project site did not have a standardized educational modules approach to address delirium in the geriatric population. An evidence-based educational intervention to recognize early signs and symptoms of delirium in this population was implemented to reduce delirium misrecognition, delays in treatment, and further complications.

Methods. This was a single group pre-post-test project. The sample included 43 nursing staff members in two medical-surgical units for the pre-test phase, 38 in the post-test 1 phase (immediately after intervention), and 20 in the post-test 2 phase (four to eight weeks after intervention). An online intervention included instructional lectures and a case scenario to educate nurses about the early signs and symptoms of delirium and to promote the 4AT cognitive assessment instrument. A non-parametric Wilcoxon Signed-Ranks test was performed to analyze the outcomes.

Results. There was a median 1-point improvement in delirium knowledge scores from pre-test to post-test 1 (IQR: 0), but no improvement from pre-test to post-test 2 (IQR: -1). Neither the pre-test and post-test 1 summary scores ($p=0.580$), nor the pre-test and post-test 2 summary scores ($p=0.761$) had statistically significantly differences. For the 4AT outcomes, 64.6% ($n=11$) the post-test 2 group had a higher percentage in utilizing 4AT than the post-test 1 group, at 45.2% ($n=14$).

Conclusions. Although the outcomes from this online delirium educational intervention have not yet met statistical significance, they nonetheless benefit nurse knowledge, recognition skills, and use of the 4AT instrument. These clinical benefits will likely improve health outcomes for geriatric patients, as well as patient safety and quality of care.