

Flash report

SPSP Acute Adult Webinar Series

Managing Delirium to Prevent Falls

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 @SPSP_AcuteAdult

#spspFalls

Introduction

Thank you to those who attended our webinar on 21 April 2021 on Managing Delirium to Prevent Falls.

Dr Lucy McCracken, Clinical Lead for Older People, Healthcare Improvement Scotland and Consultant Geriatrician and Clinical Director for Older People and Stroke Services, NHS Greater Glasgow and Clyde presented on and discussed

- Best practice for assessment of delirium in the acute hospital setting, and
- Shared her experience of managing delirium within a COVID-19 context.

Mhairi MacKinnon, Senior Charge Nurse, NHS Highland, shared her experience of

- Reducing falls by using a quality improvement approach to prevent delirium in older adults.

SPSP Acute Adult Webinar Series Resources



You will find all of the resources including the presentation and recording from this Webinar on the SPSP Acute Adult – Falls [webpage](#) under Events and Presentations.

More information about delirium can be found on the ihub Delirium [webpage](#).

Future Webinars

The next Webinar will be held on **Thursday 10 June 2021**.

A topic of the webinar is Using a Quality Management System (QMS) approach to reduce cardiac arrest rate within NHS Lothian: Where we were and where we are now.

Presented by Dr Gregor McNeill, National Clinical Lead for SPSP Acute Adult, Healthcare Improvement Scotland and Consultant in Intensive Care Medicine, NHS Lothian along with Carolyn Swift, Quality and Safety Improvement Lead, NHS Lothian.

Register for the webinar [here](#).

Feedback from Participants

We had 131 attendees at the webinar and there were 51 responses to our survey. Some of the responses we received:

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“Clear delivery and precise presentations, informative.”

“Both presentations provided a good over view from medical and nursing perspectives with really useful nuggets of information that are transferrable and easy to implement in other areas.”

“Good to have up to date information on treatment of delirium especially in relation to COVID 19 and best practice along with case studies.”

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**92% of survey
responses scored the
Webinar
8 or more out of 10.**

After each presentation a short Q & A session took place. A summary of key discussions with the speakers included:

How do you manage sedation in order to correct all the underlying causes?

We try to use sedation as little as possible. Sometimes we have to use it but try to use as small a dose as possible of haloperidol or lorazepam. Looking for underlying causes and asking the family to sit with patients can often help the situation.

When do you start to think about Dementia post delirium?

Delirium can take up to 6 months to settle. If it doesn't appear to be settling, onward referral to community mental health teams may be appropriate. Follow up can also be provided in day hospital or by community teams.

How much does social isolation due to Covid-19 have an impact?

We are seeing an increase in admissions with patients with delirium as well as patients who have deconditioned physically. This could be related to the social isolation people have been experiencing in the last year.

How do we discharge people appropriately?

When a patient is being discharged it is important to assess risks and to ensure a safe discharge. It is recommended they have a full multidisciplinary team assessment and involvement of carers and family. Patients are often discharged with the support of community services. It can be appropriate for some patients to be discharged prior to their delirium fully settling.