

Perspectives of Palliative Care Clinical Nurse Specialists' regarding the Management of Delirium in Terminally Ill Patients in the Community

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Abbreviated abstract:

- Delirium occurs frequently at the end of life. Managing delirium in community based patients receiving palliative care presents unique challenges.
- We interviewed 10 community palliative care clinical nurse specialists to examine their experiences and current practices relating to delirium management.
- Challenges included limited time with patients, reliance on families for identifying and managing delirium, and access to medications.
- Formal delirium assessment tools (4AT) were used by all CNS's if delirium was suspected but few CNS's used these routinely. Time limited visits and inconsistent retesting were perceived barriers to use.
- CNS's who had facilitated delirium workshops focused more on non-pharmacological management, engaged caregivers in identification and management, and used pharmacological interventions only when necessary to control symptoms.

Related publications:

Harris C, Spiller J, Finucane A. 2020. Managing delirium in terminally ill patients: perspective of palliative care nurse specialists. *Br J Community Nurs.* 25(7):346–352. doi:10.12968/bjcn.2020.25.7.346.

Background



Delirium is as a disturbance in attention and awareness which has developed over a short period of time, with disturbance in cognition, not better explained by a pre-existing or evolving neurocognitive disorder (DSM-5 2013) .

Prevalence: Delirium is common in palliative care settings. Prevalence is up to 12% at initial community assessment and 88% in the final weeks of life (Watt et al. 2019).

Knowledge gap: Many terminally ill people would prefer to be cared for at home. Delirium management can be provided in patient's homes yet delirium may still contribute to unplanned admissions. Few studies have explored delirium management in a community palliative care setting.

Aim:
To examine Palliative Care CNS experience and current practice managing delirium in terminally ill patients in the community

Methods



Design: Qualitative study with face-to-face semi-structured interviews.

Setting: Specialist community palliative care team working from a hospice base in Lothian, Scotland.

Recruitment: 10 female clinical nurse specialists were recruited from two community teams.

Data analysis: A framework approach of structured thematic analysis.

Ethical considerations: Marie Curie research governance approval was granted.

This poster is part of the
SPPC poster
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Results and conclusions



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Challenges of a community setting

- Limited patient contact
- Night-time symptoms
- Lack of delirium awareness among external healthcare professionals

"We are only in for a short period of time in the day, we only get a snapshot" P2

Detection of delirium

- Patient observation
- 4AT assessment tool if delirium suspected
- Barriers - limited time, uncertainty surrounding retesting

"What you are observing might prompt something like the 4AT, but it's not something that I routinely use. P7

Management of delirium

- Non-pharmacological first line
- Pharmacotherapy if insufficiently controlled
- No use of prevention strategies

"We always look at the non-pharmacological approaches first, re-orientating to time and place, trying to reassure a patient where they are and who they are with." P3

Role of informal caregivers

- Significant role in identification and management
- Benefit of early education of informal caregivers from CNSs

"They know their loved one better than anyone else. They can be quite expert" P5

Delirium educational workshops

- Benefit workshop facilitators, i.e. CNSs
- Benefit attendees - external community healthcare professionals

"That is always a refresher to us as well, listening to the presentation" P2

Conclusions

Challenges in identifying and managing delirium in palliative care in the community include access to family carer support; limited time with patients; night-time symptoms; access to and changing medications. Formal delirium assessment tools were only used where delirium was already suspected. More consistent use of these tools may improve early detection. CNSs acknowledged informal caregivers' role in identifying and management of delirium in the community. Early caregiver education on delirium could help identify delirium symptoms and support management.