■ Article

Delirium in Patients With Cancer: What Nurses Need to Know to Improve Care

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Background: Delirium is a serious problem when caring for a patient with cancer in the hospital. Delirium causes major risks and concerns for patients, family members, and healthcare workers, and it often goes unrecognized and has many clinical manifestations.

Objectives: This article aims to evaluate whether a nursing educational program on the topic of delirium would increase the nursing staff's knowledge and confidence in managing patients with delirium.

Methods: A repeated-measures research design using general linear modeling was used for this study. An evidence-based delirium protocol and an educational session were developed for the nursing staff on an inpatient medical-surgical oncology unit. The nurses attended a delirium educational session to learn about risk factors, prevention, assessment, and management of delirium, as well as the use of the delirium protocol.

Findings: The nursing educational program on the topic of delirium increased the nursing staff's knowledge from 69% to 86%, and overall confidence in managing patients with delirium increased from 47% to 66%. This study confirms the benefits of delirium education in the inpatient medical-surgical oncology setting.

Staff at a Catholic community teaching hospital experienced challenges related to the perceived increase in the number of patients with delirious states manifested by profound confusion and agitation. Staff expressed concern for patient and staff safety when patients were experiencing extreme cases of delirium. The staff felt that patients with cancer were at higher risk for delirium than other medical-surgical units and that the problem needed to be addressed. Conversations among staff raised the question of how to identify patients at risk for delirium to permit early interventions prior to the crescendo of agitation in the acute care setting.

Previously, the nursing practice on the inpatient medical-surgical unit did not include a tool for routine assessment of delirium. The question was posed: Could interventions for early identification of delirium enhance the care experience for patients and staff? This question led to the exploration

and development of an evidence-based practice (EBP) project targeted on improvement of the care of patients prior to and during episodes of delirium. The project team was led by the oncology clinical nurse specialist (CNS) and staff nurses on the unit.

The first step of the project was a review of the literature to identify best practice for care of the patient at risk for or experiencing delirium. The literature search was focused on projects conducted by other institutions to address the issue of delirium. Particular attention was paid to what measures were used within institutional projects to integrate interventions and data into best practices within clinical care. The four-item short Confusion Assessment Method (CAM) was selected as the most useful tool for assessing delirium and identifying patients with delirium because it can be completed in less than five minutes, has been validated in hospitalized patients who are aged 65 years or older, can be used for screening or diagnosis, and was