

Delirium News

Spring 2018 Critical Care SCN™



Photos courtesy of SCN : Patient and keynote panel discussion, Dr. Chris Grant (Calgary ICU Recovery Clinic), and poster networking session

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New!

MyHealth Alberta ICU delirium site for patients and families

Learning Session #4 Highlights

Here are some tidbits of what we came together to share:

- 2 patients shared their experience in the adult & pediatric ICUs & motivated staff with inspiring ideas to improve how we provide care
- Dr. Margaret Herridge of Toronto General Hospital & RECOVER program director: sharing that “what we do matters” - challenging teams to think longitudinally —beyond the ICU.
- Dr. Chris Grant of the Calgary Zone Recovery clinic: discussing his experiences with post-ICU patients & the importance of therapeutic interactions
- Dr. Karen Choong of McMaster University Pediatric Critical Care: speaking to functional recovery of children after ICU and the ABCDEF bundles (adding G = good nutrition & H= humanism & hounds)
- Judy Dahl of Child Life at the Stollery Children’s Hospital: telling the story of how Child Life specialists bring humanism and caring into the life of critically ill pediatric patients and their families
- Rapid fire sessions on ICU rounds, physician engagement, & new delirium research projects

What ideas will you steal from LS#4 poster presentations?



Using the bedside delirium checklist from the Foothills ICU
- Grey Nun's attendee

Stopping unnecessary interruptions @ night
- QEII attendee

Using "My Daily Schedule" from ACH
- Stollery Children's hospital attendee

Re-think "casual" restraint use after hearing the patient stories!
- multiple attendees

Promote mobility events during the day and evening shifts like they do at the RAH ICU
- Maz CVICU attendee

Try extubation rounds like they do @ Peter Lougheed ICU
- multiple attendees

Cognitive rehab: "I SPY" kits being used at the MIS ICU
- multiple attendees

Adopt sharing patient stories for staff to reinforce impact of delirium like at the MIS ICU
- Foothills & South Health attendees

#WDAD2018: Prize winners!



Pictured above: Kim Pennell & Alan Sutton (Foothills ICU), Michelle Campbell (Misericordia ICU) and Cindy O'Flaherty (QEII ICU)

What's in the box?

For raising awareness and #staff pledges on World Delirium Day March 14th, these 3 teams were presented with the prize of cognitive boxes at Learning Session #4.

Here's what you will find:
 Magnetic tiles
 Playing cards
 Metal wire puzzles
 Stress balls
 White boards & markers
 Manipulative maze
 Playdough (single use only)
 Colouring books & pencils

Learn more about cognitive rehabilitation from your Occupational Therapist

Unit Success Stories

Misericordia ICU (Edmonton)

Goal: Less restraints (physical and chemical)

Strategy: Focus on cognitive rehabilitation

Lead: Kim Scherr NP & Patricia O'Toole PCM

What are they working on now?

An experience by a team's family member with delirium inspired the creation of a cognitive "I Spy" kit which is currently used for patients who may be restless or agitated. The idea has spread, and the team is looking at having staff get together to build kits in the future.

Peter Lougheed ICU (Calgary)

Goal: Increase # of daily mobilizations

Strategy: 3 moves 3 minutes 3 times campaign

Lead: Maria-Lena Brix, UM & Maureen Tosh PT

What are they working on now?

Promoting mobility in a simple & "new" way has staff focused on manageable mobility moments. Sheets describing the strategy are placed on the door outside each patient room as a visual cue and reminder. Family involvement has also become more of a priority for this team.

Medicine Hat ICU (Regional)

Goal: create consistent approach to patient best practice

Strategy: Establish new standing orders

Lead: Jill Denham, PCM & team

What are they working on now?

New standing orders for day & night routines, ordering goal sedation level, and guidelines for pain management ensure all patients get bundle elements addressed. The new standing orders for day & night routine will support sleep promotion and noise reduction in their unit.

Alberta Children's PICU

Goal: Adopt home routine, conversation about delirium.

Strategy: "My Daily Schedule" bedside tool

Lead: entire ACH team

What are they working on now?

This tool is completed by the bedside RN & family members upon admission. Feedback from families: They love it! It provides an opportunity to impact care & have purpose. The form is hung by the door where staff can see it. This has helped staff understand meaningful ways to prevent and manage delirium.

Did you know? Noise levels in intensive care

The World Health Organization (WHO) suggests that average hospital sound levels should not exceed 35 dB with a maximum of 40 dB overnight¹. (comparable to a stream running or a refrigerator humming)

Many of our provincial teams are implementing strategies to improve sleep hygiene. Part of improving #hours and quality of sleep is **noise reduction**. One of the first steps to reducing noise is finding out what causes noise on your unit. Once you identify the source of the noise, brainstorm one thing you could try to reduce it. Small tests of change (PlanDoStudyAct cycle) can help you determine whether your strategy will work before widespread implementation.

¹Berglund B, Lindvall T, Schwela DH: Guidelines for Community Noise. Geneva: World Health Organization; <http://whqlibdoc.who.int/hq/1999/a68672.pdf>



Want to learn more about noise?

Join us! Telehealth webinar on "Noise in the pediatric CICU"
May 25th 1400h-1430h presented by Dr. Gonzalo Guerra

"Ask a Respiratory Therapist" Blog

Dear Michelle,

I'm fairly new to mobilizing ventilated patients. I want to help walk my ventilated patient today with the team but I'm scared. Can you help me?

- Tracy, RT

Hi Tracy,

I've been working in ICU for awhile now, and I've learned these 4 key points are important to consider when mobilizing a ventilated patient.

Develop a plan with the team

Creating a plan with the RN, PT, HCA and the patient and/or family can help organize the day and be considerate to everyone's workload.

Set up for success—key points:

Do you have enough room to move with your equipment?

Is transport equipment charged?

Do you have enough O2 to last the mobilization event?

Communicate the goals of the mobilization event before initiating is crucial to anticipating how well it will go.

Know your team's limitations

When using lifts, make sure that the airway is still within reach. Have one person responsible for "eyes on the airway" during transfers.

Are extra hands required to help with moving the ventilator/IV poles/etc? Don't forget—with some quick teaching the family can be helpers too!

Does your patient need adjustments to ventilatory support when mobilizing?

Be ready for an emergency

We don't want anything bad to happen, but that is why we do safety checks. Often, it is helpful to have a plan A,B, and C! Ensure your emergency equipment is available during mobilization.

Patients often tire easily, so consider if you have room for increasing support if that happens (i.e. increase FiO₂, ventilator settings). I hope this helps!

Submitted by Misericordia Respiratory Therapist Michelle Campbell



MyHealth.Alberta.ca

Family resource for ICU delirium page is LIVE!

Thousands of people access **MyHealth.Alberta.ca** for health information each year. We are excited to announce that the ICU Delirium health topic is now accessible for everyone! This page was created by critical care patient advisors, frontline staff, and CCSCN staff to improve access to reliable information for those who need it most.

Please visit MyHealth.Alberta.ca and search "ICU Delirium" to share with patients and families who may have or be at risk of developing ICU delirium.

Questions or comments?

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