

1 **TOPIC: IN SUPPORT OF INCREASING AWARENESS AND ADVOCACY FOR**  
2 **PREVENTION OF DELIRIUM IN HOSPITALIZED OLDER ADULTS**

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4 **SUBMITTED BY: NATIONAL UNIVERSITY, SAN DIEGO**

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6 **AUTHORS: NICOLE RUMPF**

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8 WHEREAS, delirium is defined as “a disturbance of consciousness characterized by an acute  
9 onset, disorganized thinking and a fluctuating course of inattention” (Holly,  
10 Cantwell, & Jadotte, 2012, p. 132); and  
11 WHEREAS, Rice et al. characterized delirium as “the most common complication of older  
12 adult hospitalization, affecting approximately 2.3 million patients each year” (as  
13 cited in Phillips, 2013, p. 9); and  
14 WHEREAS, delirium is associated with negative patient outcomes, such as “long-term  
15 cognitive and functional impairment” and “contributes to falls, fractures, long-  
16 term institutionalization, and death” (Conley, 2011, p. 340); and  
17 WHEREAS, delirium “may lead to mortality if not detected early . . . and causes death in as  
18 many as 22-76 percent of patients who are hospitalized with delirium” (Ali et al.,  
19 2011, p. 25); and  
20 WHEREAS, according to Rice et al., “The financial impact of delirium is staggering, with  
21 annual estimated costs of \$38-\$152 billion” (as cited in Phillips, 2013, p. 9); and  
22 WHEREAS, as stated by Rubin et al., “total costs attributable to delirium average from \$3,000  
23 to \$6,000 per patient per hospitalization” (as cited in Conley, 2011, p. 340); and  
24 WHEREAS, “delirium is underrecognized and underdiagnosed, about one third of all delirium  
25 episodes could be prevented, and delirium prevention would be a cost-effective  
26 strategy” (O’Mahony, Murthy, Akunne, & Young, 2011, p. 751); and  
27 WHEREAS, “evidence suggests that most multicomponent interventions are effective in  
28 preventing onset of delirium in at-risk patients in a hospital setting” (Reston &  
29 Schoelles, 2013, p. 376); and  
30 WHEREAS, as part of a multicomponent intervention package, recommended delirium  
31 prevention strategies include “orienting communication, therapeutic activities,  
32 early mobilization and walking, nonpharmacologic approaches to sleep,  
33 maintaining nutrition and hydration, adaptive equipment for vision and hearing  
34 impairment, medication review, infection control, preventing hypoxia, and pain  
35 management” (O’Mahony, Murthy, Akune, & Young, 2011, p. 751); therefore be  
36 it

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38 **RESOLVED,** that the California Nursing Students’ Association (CNSA) encourage its  
39 constituents to work with hospitals and nurses to promote awareness of the  
40 negative impacts of delirium on hospitalized older adults and the effectiveness  
41 and benefits of multicomponent interventions in preventing delirium; and be it  
42 further

Resolution # 2- Prevention of Delirium-Rumpf

43 RESOLVED, that the CNSA publish an article on this topic in the *Range of Motion* magazine  
44 and any other publications, if feasible; and be it further  
45 RESOLVED, that the CNSA increase nursing students' awareness of the issue of delirium in  
46 hospitalized older adults by holding informational and educational sessions at the  
47 annual CNSA convention, if feasible and be it further  
48 RESOLVED, that the CNSA send a copy of this resolution to the American Nurses Association  
49 California, the Association of California Nurse Leaders, the California  
50 Association for Nurse Practitioners, the California Nurses Association, the Nurse  
51 Alliance for California, California Chapters of the American Association of  
52 Critical Care Nurses, the California Association of Clinical Nurse Specialists, the  
53 California Hospital Association, the San Diego Chapter of the National  
54 Gerontological Nursing Association, Inc., and all others deemed appropriate by  
55 the CNSA Board of Directors.