

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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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, and 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.