recognising and management of delirium and agitation after
the educational intervention

**P-96**  DIAGNOSIS AND ASSESSMENT OF DELIRIUM IN
HOSPICE INPATIENTS

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**Background** Delirium may be reversible in up to 50% of
patients with advanced cancer and the majority of patients
who recover from delirium recall it as highly distressing.

**Aims** To retrospectively identify episodes of delirium in
hospice inpatients and explore practice around consideration and
management of potentially reversible causes.

**Methods** A retrospective review of all patients who were in-
patients in the hospice during a two-week period was per-
formed by searching electronic records for use of descriptors
agreed by a group of healthcare professionals to be reasonable
proxy terms for delirium. For each delirium episode the fol-
lowing were considered:
- Whether a diagnosis of delirium was made
- Whether the most likely cause was identified and addressed where appropriate.

**Results** 28 patients were included in the project with 38 ep-
sodes of delirium identified in total. A diagnosis of ‘delirium’
was made in 13 of these 38 episodes. In 23 of the 38 episodes
a most likely cause was identified. An attempt was
made to address the documented most likely cause in 16/23
cases. In seven this was either not possible or thought to be
inappropriate due to the patient’s condition.

**Discussion** Proxy descriptors were used to identify delirium
episodes. The use of proxy descriptors is likely to underes-
timate hypoactive delirium which is thought to represent the
majority of delirium seen in hospice populations. It was more
difficult to assess from descriptors of hypoactive delirium e.g.,
drowsy or sleepy if symptoms are related to delirium or to
disease progression. A quality improvement project has been
established to improve recognition and assessment of delirium.
A validated screening tool has been introduced. Education has
focused on prompt identification and active consideration of
possible causes of delirium, and whether it is possible and
appropriate to reverse these.

**P-97**  AN AUDIT OF THE ASSESSMENT OF DELIRIUM IN
HOSPICE ADMISSIONS THROUGH THE INTRODUCTION OF THE 4AT

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**Background** Delirium is a significant problem in the palliative
care setting, with incidence of delirium ranging from 5%–45%
of inpatients (Hosie et al., 2013). In Scotland there has been
development of a new management pathway for delirium by
Healthcare Improvement Scotland and the Scottish Delirium
Association (2016). This recommends the use of the 4AT to
help diagnose delirium.

**Aims** This is an audit to review the practice of screening for
delirium in the hospice setting. The aim of the audit is to
ensure delirium assessment in the hospice is in line with cur-
cent guideline. The standard is that 100% of patients over the
age of 65 should have a documented cognitive screen on
admission.

**Methods** Notes from patients admitted from 19 June to 19
November 2015 were retrospectively reviewed to assess for
formal documentation of delirium screening and also the inci-
dence of delirium in this population. Patients over the age of
65 were included and patients that were admitted for care in
the last days of life were excluded from the data. Stage two
involved the introduction of the 4AT in the above inpatient
population. The use of the 4AT was then re-audited in
patients who were admitted to the hospice in the following
six months.

**Results** Prior to the intervention only three out of 38 patients
had formal assessment of delirium on admission. Post inter-
vention 26/29 patients had formal assessment with the use of
the 4AT. 58% patients who were admitted over this year
period and fitted the inclusion criteria developed a delirium
during their stay.

**Conclusion** This audit has shown that education and introduc-
tion of simple routine assessment can increase the recogni-
tion of delirium in a palliative care setting, potentially improving
levels of care for patients.