



The Needs Of Post-Operative Delirium Assessment Tool For Clinical Nurse

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ABSTRACT

Purpose: postoperative delirium assessment tool (below, tool) for the needs related to, it is to clear by clinical experience life. Methods: the subject nurse 725 people at the National University Hospital 19 Hospital ward work nationwide. Data analysis methods are divided by years of experience into five groups, the need for tools, use hope, number of items, for the required time, I was a one-way analysis of variance. Results: recovery number 364 parts, was valid responses number 337 copies. Tools required percentage of respondents is 85.5%, the proportion of use desired shows 82.5%, subject the entire tool item

average number of 10.4 item, most group of more than years of experience in '20 and an average of 21 items than by Experience It was. The average of the tools required time was 4.8 minutes. The need for years of experience another tool, use hope, there is no significant difference in the multiple comparison between the five groups related to the time required, compared in the comparison between groups of the number of items, years of experience more than 20 years a group of all of the other four groups significant difference was caused by ($P < .001$). Conclusions: 20 years group, it can be considered about twice as many results as compared to other Experience group has many observation viewpoint based on



empirical knowledge, that it is the order that is observed instantly inferred to.

KEYWORDS: Postoperative delirium, Assessment tools, Needs, clinical nurse

INTRODUCTION

Postoperative delirium and is a kind of delirium, one which refers to a delirium appearing in patients after surgery^[1]. Postoperative delirium is known to provide many difficulties for nurses in performing nursing care. Nurse to many encounters in postoperative delirium in clinical. However, risk assessment and preventive care for postoperative delirium tend to rely on nurse individual experience^[2]. Nurses 95.7% of is aware that it is difficult for the care of the postoperative delirium patient^[3]. Nurses do not fully mastered the knowledge of postoperative delirium, to feel negative emotions such as "anger" and "fear" for postoperative delirium onset patients^[4]. Postoperative delirium Many developed at night the number of nurses is small,

nurses involved in the care physical and mental to exhaustion.

Delirium is based on the arousal level psychomotor activity, low activity type, hyperactive, classified^[5] by the three mixed.

Hypoactive type indicates somnolence tendency to be difficult to discover delirium by nurses in clinical, which may be mistaken for depression.

This also has difficulty in making a care for postoperative delirium patient. Especially low activity type of delirium leads to heavy Atsushi-ka for discovery of nurse is delayed. The proportion of nurses could be identified, it is determined that postoperative delirium patients correctly postoperative delirium stay 19%^[6].

Nursing of postoperative delirium, that early detection of postoperative delirium is important^[7]

]. Nurse is holding a difficulty to care for postoperative delirium patients, busy to the nurses involved in the care of post-operative patients in nursing work, and able to predict the onset in the previous postoperative delirium onset stage assessment tool that can check the possible



prodrome is considered as useful. Currently, the clinical in mainly has been used postoperative delirium assessment tool, Inouye, SK, et al ^[8]. Confusion Assessment Method, which was developed with the (CAM), Bergeron et al ^[9]. to develop, Unoki ^[10]. There are two types of the translated Intensive Care Delirium Screening Checklist (Japanese version ICDSC). Other assessment tools, and the like Machida et al ^[11]. Delirium Screening Tool was developed (DST) and, Delirium Rating Scale Revised-98 that Paula et al ^[12]. Has been developed (DRS-R-98). I do not see the previous studies on the need for postoperative delirium assessment tool.

PURPOSE

Clinical nurse think postoperative delirium assessment tool (below, assessment tool) to reveal the need for.

METHODS

Subject nurses 725 people working in 19 hospital surgical ward system that acceptance of research

cooperation was obtained from the National University Hospital 42 hospitals across the country. Period May to September 2011. Item questionnaire questionnaire, the need for assessment tools, use hope of assessment tools, the ideal number of items of assessment tools, was the four items of the ideal time required at the time of assessment tools used. The "need", and "is somewhat necessary", "neither", "not very necessary," and the five-step Likert method "is not required." Data analysis method, in less than five years by a clinical nursing Experience the subject, 5 - 10 years 11 - '15, 16 in '20, were classified into five groups of more than 20 years. Each less than five years by years of experience for each item, years 5 10, 11 - 15 years were analyzed by one-way analysis of variance between the 16-'20 of four groups and more than 20 years of group.

As ethical considerations, the present study was carried out after obtaining approval of the Mie Prefectural College of Nursing Graduate School Research Ethics Committee (the number 110103).



RESULTS

Questionnaire questionnaire is distributed to 725 people, we received responses from 364 people (recovery rate 50.2%). 337 people who exclude flawed answer (response rate 92.6%) it was analyzed.

| | |
|-----------------|----------------|
| Table1: Age | n=337 |
| Mean (Range) SD | 34.7(24~57)7.4 |
| 20-29 | 146 |
| 30-39 | 121 |
| 40-49 | 58 |
| 50 over | 12 |

| | |
|-------------|-------|
| Table2: Sex | n=337 |
| Male | 18 |
| Female | 319 |

| | |
|---------------------------|-------|
| Table3: Nurses Experience | n=337 |
| Mean | 12 |
| Less than 5years | 75 |
| 5-10years | 150 |
| More in 11years | 112 |

| | |
|----------------------------------|----------------|
| Table4: Surgical area Experience | n=337 |
| Mean (Range) SD | 8.5 (1-30) 5.3 |
| Less than 5 years | 73 |
| 5-10years | 148 |
| More in 11years | 116 |

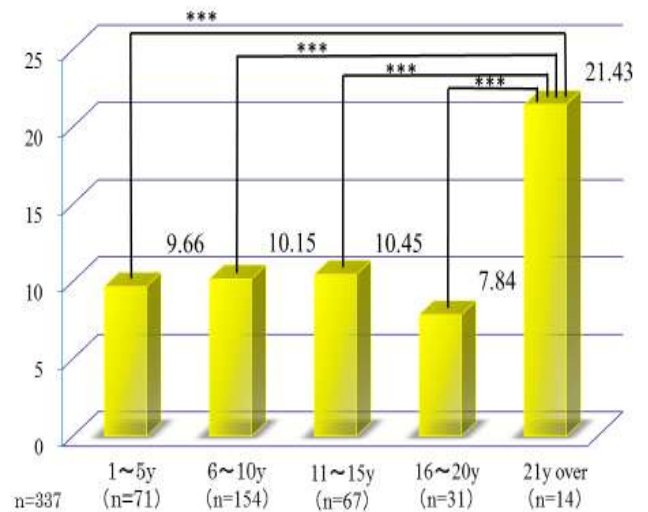


Fig1. Number of Items *** p<0.001 F=17.009

"It is necessary" on the need for assessment tools, the number of people you have answered "is somewhat necessary" was 288 persons 85.5%. The "need to be", in the years of experience group by that responded to be "somewhat necessary",



Experience 5 years less than 46 people (62.6 %), 5 - '10 122 patients (42.3%), 11 - '14 51 people (17.7%), 15 - '19 46 patients (15.9%), it was more than 20 years of 23 patients (7.9%). "Hope" for use hope of assessment tools, the number of people you have answered "somewhat to hope" was 278 persons 82.5%. In the Experience group by that responded to be to "hope", "hope somewhat", Experience 5 years less than 44 people (15.8 percent), 5 - '10 to 120 people (43.1%), 11 - '14 49 patients (17.6 %), 15 - '19 44 patients (15.8%), it was more than 20 years of 21 patients (7.5%). The ideal number of items average of assessment tools was 10.4 item. By Experience group, Experience 5 years less than 9.6 item, five to 10 years 10.1 item 11 to '14 10.4 item 15 to '19 7.8 items, was 21.4 items more than 20 years. The average of the assessment tool ideal time required at the time of use was 4.8 minutes. By Experience group, years of experience less than 5 years 4.3 minutes, five to 10 years 4.8 minutes, 11-14, 2003 minutes, 15-19 years and four minutes, was 6.7 minutes more than 20 years.

For use hope of need and assessment tool of assessment tools and assessment tools ideal time required, it was carried out multiple comparisons between the five groups by years of experience group. A result, there was no significant difference between each item in each of Experience group. For an ideal number of items of assessment tools, it was carried out multiple comparisons between the five groups by years of experience group. A result, a result of years of experience more than 20 years the group has been compared with the other four groups, significant difference has occurred ($P < .001$). fig1.

DISCUSSION

A result of the need for assessment tools, and "it is necessary", the percentage that you answered "is somewhat necessary," was 85.5%. The reason I think two. First, the time period for onset of delirium is often a nighttime in which working number of nurses is reduced. Nurses are struggling to respond delirium patients there are more status quo ^[13]. Hypoactive delirium is that



there is a tendency to delay the discovery from that activity amount is small has become clear in the prior study ^[14]. Clinical Experience of nurses is also different from rookie nurse to an experienced nurse. Nursing at the time of delirium onset early detection and early response is important ^[15]. Little rookie nurse experience is sometimes delayed corresponding overlooked the onset delirium. There is a possibility that the delirium onset can be early detection by that can be evaluated in a common point of view by using the assessment tool. The second, nurses judgment of whether after the onset or before the onset delirium is difficult, relies on nurse individual judgment. Therefore, tend to support at the time of delirium onset is delayed ^[16]. Consider that the delirium onset be assessments at an early stage by using an assessment tool. The need for assessment tools for two reasons or to be inferred that it was a higher result.

A result of the use hope of assessment tools, to "hope", the percentage that was responded "somewhat to hope" was 82.5%. The reason will

be assumed or not is because the nurse believes that it is possible to early detection and early response of delirium by using the assessment tool. Results of the ideal number of items of assessment tools, an average 10.4 item. By Experience group, Experience over 20 years group is an item 21, the result of the between groups comparison with other Experience group of less than 20 years and it was approximately 2-fold more results. This means that years of experience more than 20 years of nurses, because it has mastered the perspective to observe a number of items as compared to other years of experience group at the time of post-operative patient observation instantly, observing the number of items is inevitably I think increased to at whether not.

Assessment tools ideal duration of time of use results were averaged 4.8 minutes. This in a busy nursing business nurses from that, the high it has become clear needs of the development of assessment tools that can be a short period of time conveniently used.



CONCLUSION

4 points were revealed about the needs of post-operative delirium assessment tool from the results of this study. The need for assessment tools, 85.5% of nurses felt the need. About hope of tool use, 82.5% of nurses had hoped. The ideal number of items 10.4 item of tool. Time required to be an ideal at the time of assessment tool used was less than five minutes. Number of items in the tool in the comparison between groups of five groups were classified by years of experience, years of experience more than 20 years of nurses group has become significantly higher results than the other groups.

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