

Reducing delirium days in Critical Care with a sleep bundle

Deborah Seal & the delirium team AIM—Reduce delirium days by 20%

Gloucestershire Hospitals NHS **NHS Foundation Trust**

PDSA Cycles

Cycle 3A: introduce sleep bundle clipped to all charts

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Cycle 2B: introduce sleep package

Cycle 2 Design keep quiet roller banner at the entrances.

Cycle 1a loan a listening ear

About 80 – 90 % of critical care patients develop delirium.

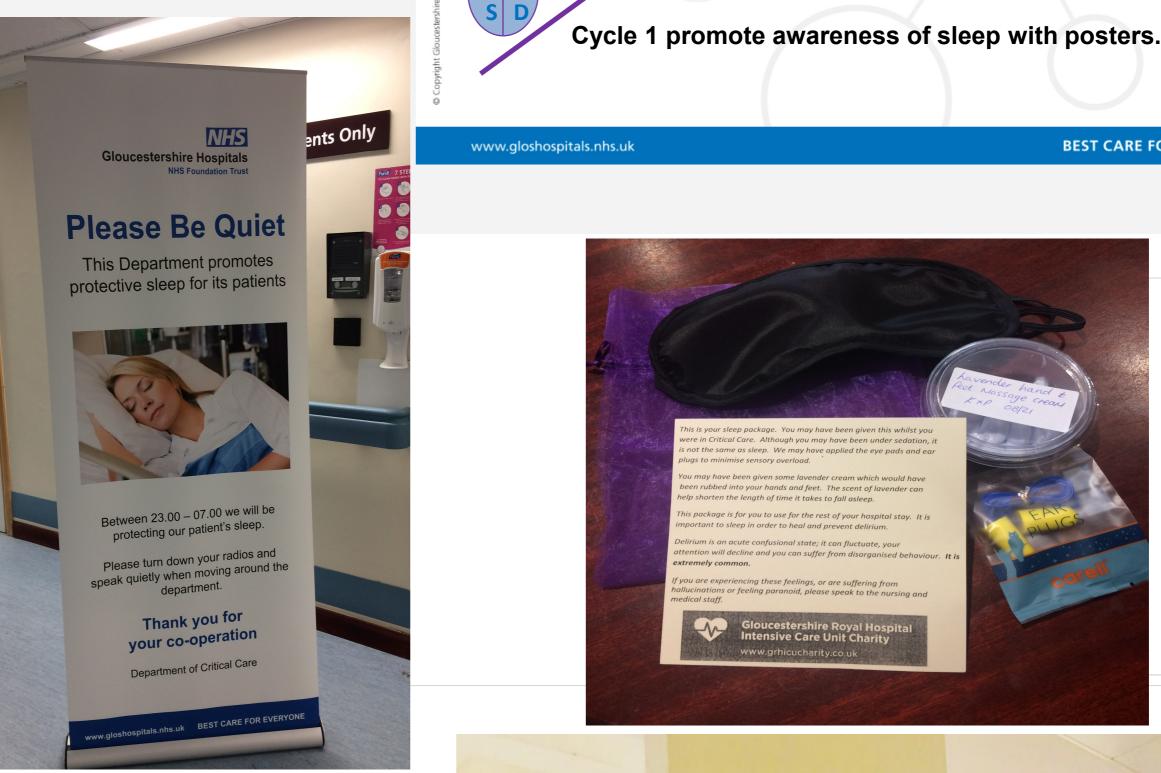
Studies have linked delirium to longer hospital stays and suggest 9 extra days.

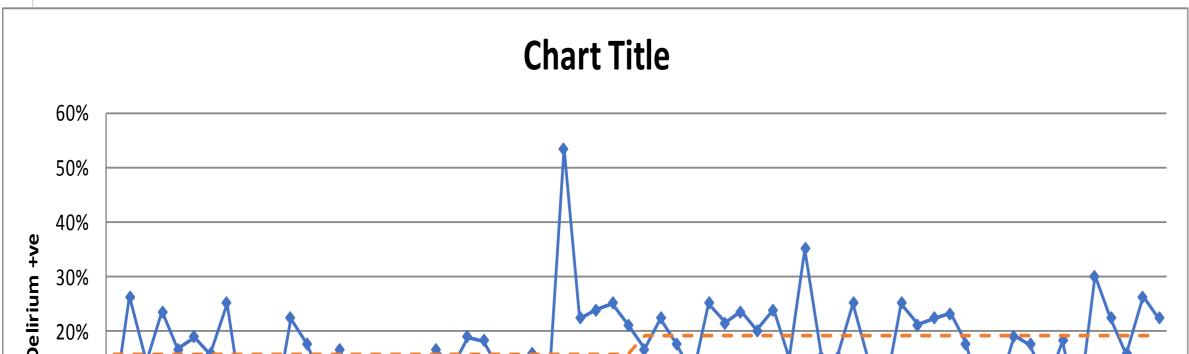
Mortality increases by 11% for every additional 48hrs of active delirium.

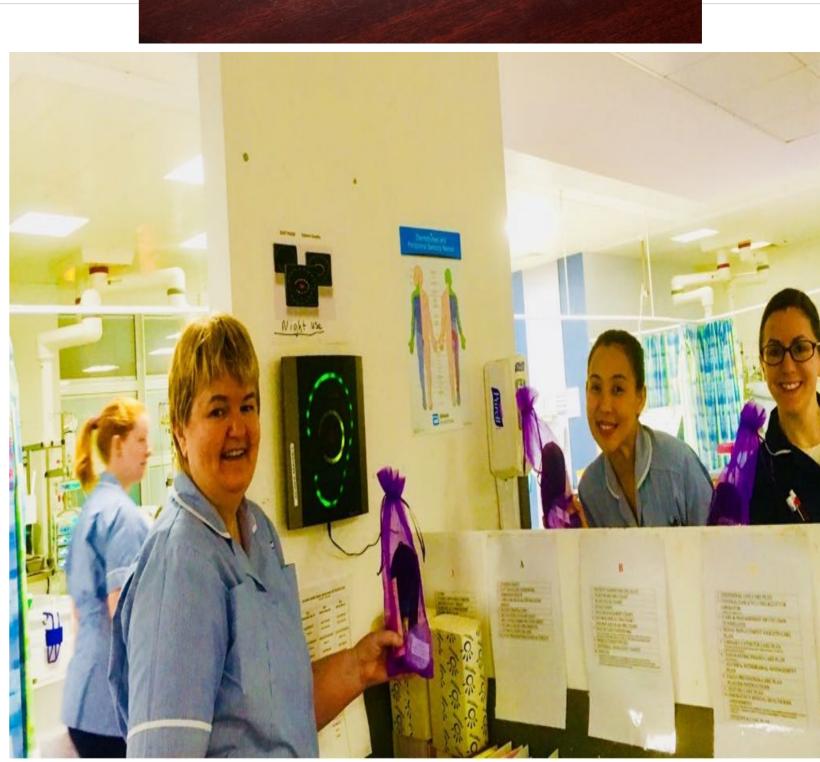
Patients are being discharged with Post Traumatic Stress Disorder.

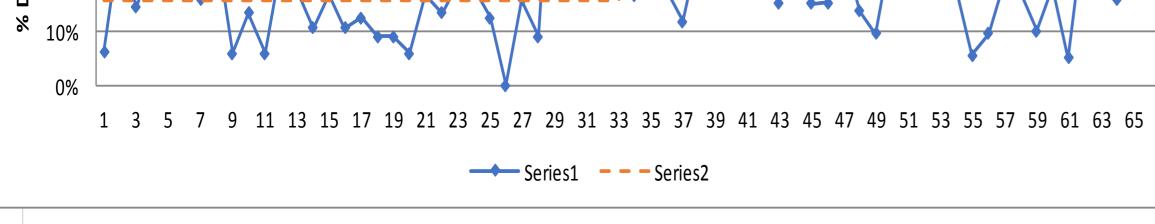
You are 3 times more likely to develop dementia if you have suffered delirium.

Sleep Bundle	tick
Consider melatonin at 20.00hr 1-	
2mg	
Night wash by 22.00hr &	
lavender hand cream if	
appropriate	
Alarm sound to Vol 5- vent	
Lights down by 23.00hr	
Ear plugs applied (take out am)	
Eye mask applied	
Plan your care-	
Consider 4 hourly rolls -	
time	
time	
time	
time	









.NEXT STEPS

- •Continue sleep bundle and re-audit in 3 months time.
- Apply for the BACCN south west delirium innovation award, possible funding.
- •Make contact with ward link nurses, arrange a delirium study day (booked 28th September) with patient speakers. Develop paperwork together that can flow from Critical Care to the wards.
- Attend South West Critical Care meeting to help develop a delirium bundle.

Liaise with the rehab team with potential follow up clinics.

• Move onto the next phases of the project, looking at outdoor space for a sensory garden/rehab garden, pet, music and light therapy.

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