



NURSING HOME CLINICAL ASSIGNMENT

DELIRIUM ASSESSMENT AND MANAGEMENT/PREVENTION

COURSE: NURSING CARE OF THE OLDER ADULT CLIENT

LEVEL OF STUDENT: SOPHOMORE/JUNIOR

SPHERE OF CARE: SPHERE 4 – COMPLEX CHRONIC DISEASE/REHABILITATIVE CARE/SUPPORTIVE CARE

ESSENTIAL DOMAIN(S):
DOMAIN 2: Person-Centered Care
DOMAIN 6: Interprofessional Relationships

ESSENTIAL CONCEPTS:
Clinical Judgement
Communication

ESSENTIAL COMPETENCY(S):
2.3 Integrate Assessment Skills in Practice
6.1: Communicate in a Manner that Facilitates a Partnership Approach to Quality Care Delivery

ESSENTIAL SUB-COMPETENCY(S):
2.3b Obtain a complete and accurate history
2.3c. Perform a health assessment
2.3g. Communicate Findings

LEARNING OUTCOMES:

1. At the end of the clinical assignment the student will be able to define delirium features and conduct a delirium screen and assessment of delirium causes in an older adult.
2. At the end of the clinical assignment, the student will be able to identify the nurses' role and appropriate assessment and reporting behaviors that contribute to the prevention of delirium and delirium superimposed on dementia

PRE-CLINICAL PREPARATION ASSIGNMENT:

Required Readings/Videos Assignment (May be tailored according to student level/expectations.)

1. What is Delirium? Khan Academy: https://youtu.be/dhlkylID_RA?feature=shared

Developed by Donna M Fick, RN, PhD, FAAN, Andrea Yevchak Sillner, PhD, GCNS-BC, RN, Marie Boltz, PhD, GNP-BC, FGSA, FAAN, and Erin Kitt-Lewis, PhD, RN, CNE (2025, Sept) for the Pennsylvania Teaching Nursing Home Collaborative





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2. The Critical Vital Sign of Cognitive Health and Delirium: Whose Responsibility Is It?: <https://doi.org/10.3928/00989134-20180713-03>
3. Delirium Stat Pearls: <https://www.ncbi.nlm.nih.gov/books/NBK470399/>
4. Delirium Stat Pearls Nursing: <https://www.ncbi.nlm.nih.gov/books/NBK568723/>
5. Ultra-Brief Confusion Assessment Method (UB-CAM) Decision Tree: [https://deliriumnetwork.org/measurement/ub-cam/#:~:text=Ultra%2DBrief%20Confusion%20Assessment%20Method,%2DCAM%20PDF%20\(below\).](https://deliriumnetwork.org/measurement/ub-cam/#:~:text=Ultra%2DBrief%20Confusion%20Assessment%20Method,%2DCAM%20PDF%20(below).)
6. Ultra-Brief Confusion Assessment Method (UB-CAM) Instructions: chrome-extension://efaidnbmnnnibpcajpcgclefindmkaj/https://americandeliriumsociety.org/wp-content/uploads/2021/08/UB-CAM_Training-Manual.pdf
7. IHI 4Ms Worksheet <https://www.agefriendlycare.psu.edu/older-adults-and-their-caregivers>
8. Read the following article: Gao, Y., Gao, R., Yang, R., & Gan, X. (2022). Prevalence, risk factors, and outcomes of subsyndromal delirium in older adults in hospital or long-term care settings: a systematic review and meta-analysis. *Geriatric Nursing*, 45, 9-17.

Resources to Explore to Complete Clinical Assignment & Components

1. American Geriatrics Society 2023 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults: <https://doi.org/10.1111/jgs.18372>
- Domain 2: Person-Centered Care
 - 2.3 Integrate assessment skills in practice
 - 2.3a Create an environment during assessment that promotes a dynamic interactive experience.
 - 2.3b Obtain a complete and accurate history in a systematic manner.
 - 2.3c Perform a clinically relevant, holistic health assessment.
 - 2.3d Perform point of care screening/diagnostic testing (e.g., blood glucose, PO2, EKG).
 - 2.3e Distinguish between normal and abnormal health findings.
 - 2.3f Apply nursing knowledge to gain a holistic perspective of the person, family, community, and population.
 - 2.3g Communicate findings of a comprehensive assessment.
 - 2.3h Demonstrate that one's practice is informed by a comprehensive assessment appropriate to the functional area of advanced nursing practice.
- Domain 6: Interprofessional Partnership
 - 6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery.

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- 6.1e Communicate individual information in a professional, accurate, and timely manner.
- 6.1f Communicate as informed by legal, regulatory, and policy guidelines

CLINICAL ASSIGNMENT & COMPONENTS:

PRECLINICAL CONFERENCE

- Ask students to reflect on the challenges of assessing cognition and mental status in the nursing home setting.

CLINICAL ACTIVITIES

The student should collect the following information on their assigned resident. Ideally, for this assignment, students should be assigned residents who are at least 70 years old and have been recently admitted from a hospital or acute care setting.

If this is not possible because of the nursing home setting/unit, then students should be assigned residents who have risk factors for delirium, such as dementia, a recent acute illness, etc.

Students should review chart data for the following items:

- Information about usual mental status, including any recent cognitive exams or assessments noting date and results. If the older adult resident was recently hospitalized, then information about mental status while in the hospital should be reviewed from hospitalized notes and discharge instructions (if available).
- Note important demographic and other background information about the resident, which may raise the risk for delirium such as age, gender (e.g., male), comorbid conditions, known allergies, medications, and diet/nutrition (e.g., B12 deficiency)
- Have students review and document information from the resident's electronic health record/chart relevant to delirium? Have students list and focus on chronic comorbid conditions, acute or recent changes in health, laboratory data (focus on data within the past 30 days, if possible), hydration status, bowel, and bladder information.
- In addition, students should review and document the resident's current routine and PRN medications.

Students should administer a Cognitive Screen for Delirium: Screen the older adults using a delirium screen such as the UB-CAM or other CAM based instrument.

Physical Assessment for Causes and Consequences of Delirium

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- Students should document expected and abnormal findings based on their physical assessment and interview as usual per the school/clinical.
- In addition, students should complete the UB-CAM and integrate their own assessments with any information gathered from the electronic health record.
- Have students search how cognitive status is assessed (i.e., valid tool) in a nursing home resident and the frequency. They can also review where it is documented in the health record.
- Students can suggest when older adults should have cognitive assessments completed in the nursing home. For example, older adults should be screened every 24 hours in the immediate post-acute care period and on admission or if there are acute changes in functional status.

Review of Medications for Causes of Delirium and Potentially Inappropriate Medications for Older Adults

- Students should conduct a detailed review of the residents' medications to identify potential risks for delirium. In addition to listing the details about the routine and PRN medications as indicated above, students should review usual dosage range of medications method of administration, mechanism of action, contraindications, drug interactions, side effects, and potential adverse reactions.
- Report to RN/LPN the results of the delirium screen and any medications on the Beers list for medications to avoid in cases of delirium or dementia, such as anticholinergic medications. If reporting to the RN/LPN is not possible, students could complete an alternative assignment such as recording themselves giving a 'report' to the RN/LPN. They could also write up their report in a narrative fashion as a clinical assignment or other assessment.

Engaging Informal, Family Caregivers for their Perspectives

- Students can interview a family member or close friend who knows the older adult resident in the nursing home best if they are available. Questions can focus on their usual mental status or if they have had any changes in thinking, memory or behavior in the past days or weeks. Or if there has ever been a time when they noted these changes.
- Students can ask questions like, "I'd like you to think about the past (month/week/day have you noticed any changes in his/her thinking or concentration, such as being less attentive,

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appearing confused or disoriented, behaving inappropriately, or being extremely sleepy all day (eating less, moving around less)?

- Compare and contrast informal, family caregiver reported data with chart data.

EVALUATION CRITERIA:

By the end of these activities' students should be able to:

- Report results of delirium screen to clinical instructors with knowledge of features of delirium, understanding of hypoactive delirium, and appropriate follow-up for a positive screen.
- Conduct resident and information, family caregiver interviews to elicit relevant information regarding current and past cognition.
- Provide a thorough report on medication with risk of contributing to delirium or other conditions.
- Discuss three risk factors for delirium

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