

PACU Delirium*Continued from previous page*

pain and oversedation, which may present similarly.

The current assessment of mental status in early recovery stages in PACU



often relies on the Aldrete Score, with 9-10 points meeting eligibility for PACU discharge (*Anesth Analg* 1970;49:924-34). However, the Aldrete incorporates only a quick assessment of consciousness, awarding a maximum of two points for consciousness (a patient who is arousable), which enables a low threshold to meet criteria for PACU discharge. There are several simple-to-use, validated tools specific to delirium that may help improve our assessment of mental status in the PACU (Table). The 4AT and 3D-CAM have been found to be the most accurate to detect delirium in the PACU according to a recent systematic review and meta-analysis, with sensitivities and specificities of 96% and 99%, and 100% and 88%, respectively (*Age Ageing* 2022;51:afac051; *Ann Intern Med* 2014;161:554-61; *Aging Clin Exp Res* 2022;34:1225-35).

The PACU environment may trigger a delirium episode in vulnerable patients for several reasons,

including frequent noise, patient's bed-bound status, inaccessibility of hearing and visual aids, lack of family or familiar faces, lack of clocks, and an often windowless environment. Current practice does little to utilize delirium prevention strategies and represents another area of potential improvement. To enhance care for our patients, we should integrate prevention strategies into clinical practice. These include, but are not limited to: encouraging delirium assessment with validated scales by nursing in PACU, similar to inpatient units; minimizing patient tethers by "de-alarming" patients when possible; avoiding administration of Beers medications in the PACU; and providing PACU providers with postoperative delirium education.

The absence of scoring or assessment of delirium in the PACU is a missed opportunity to identify patients who are more likely to have delirium on subsequent hospital days and mitigate associated

short- and long-term complications with postoperative delirium. This is particularly important in at-risk individuals such as older adults and those with baseline cognitive impairment, in whom the presence of delirium is independently associated with further impairment in cognitive function and decrease in performance of activities of daily living at one month and one year postoperatively (*J Am Geriatr Soc* 2010;58:643-9). Assessing delirium in the PACU offers an opportunity to identify patients who will have problems with delirium during their hospital stay and to implement timely strategies for prevention to improve patient outcomes. ■

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