

Occupational Therapy Services and Delirium in the Geriatric Trauma Patient Population

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DOI: [10.5014/ajot.2024.78S2-PO272](https://doi.org/10.5014/ajot.2024.78S2-PO272)

Date presented: March 22, 24

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There is a wealth of evidence demonstrating the negative and long-lasting effects of delirium. Some effects include prolonged mechanical ventilation and hospital stay, mortality, and worse cognitive performance three months or longer after hospitalization (Goldberg et al., 2020; Thein et al., 2020). Occupational therapy (OT) is well-suited to address these patients, given their role in functional cognition and engagement in daily routine. At a regional Level I adult trauma center in Eastern Pennsylvania, the OT and geriatrics teams partnered to identify a way to address delirium in geriatric trauma patients. These patients were of special interest as they were identified as especially challenging for the medical and nursing teams to manage while admitted and when planning for discharge. The team implemented the use of the Confusion Assessment Method – Severity (CAM-S) to set the OT plan of care treatment frequency. The CAM-S was scored by both the OT and geriatrics teams throughout a patient's admission. Occupational therapists employed evidence-based interventions during evaluation and treatment sessions. A retrospective chart review was completed to pull descriptive data on this patient population regarding areas such as frequency of delirium symptoms, change in delirium symptoms during admission, length of stay, discharge disposition, and readmission rate. Patients seen to OT plan of care had an average length of stay of 6.35 days, while those who were not had an average length of stay of 12.26 days. Of those patients displaying delirium symptoms for fewer days, 45% were discharged to their prior living environment compared to 28% of those displaying delirium symptoms for more days. Additional findings, barriers, positive takeaways, and next steps will be discussed as related to this project. This includes the importance of moving toward a standardized protocol for OT treatment of patients at risk for or displaying delirium symptoms.

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