COMPLIANCE WITH DELIRIUM ASSESSMENT TOOL (4AT)

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

A retrospective audit looking at Elderly patients who are more than 65 years old who presented to the MAU and also got admitted in-patient between April-May 2024

Dr Adel Benyamin (Lead Consultant)
Dr Bibeka Rai (Junior Clinical Fellow)
Dr Hasan Al-Chalabi (Junior Clinical Fellow)
Dr Thel Su Hlaing (Junior Clinical Fellow)

INTRODUCTION

Delirium is a common and serious condition characterised by an acute decline in attention and cognitive function. It often occurs in hospitalized patients, particularly the elderly and those with multiple comorbidity. Early identification and management of delirium are crucial for improving patient outcomes and reducing the length of hospital stays.

This clinical audit aims to evaluate the compliance with the 4AT delirium assessment tool in our NHS Trust. The 4AT is a rapid and simple screening tool for delirium, designed to be used by healthcare professionals at the bedside. It includes assessments of alertness, cognition (through the AMT4), attention, and acute change or fluctuating course.

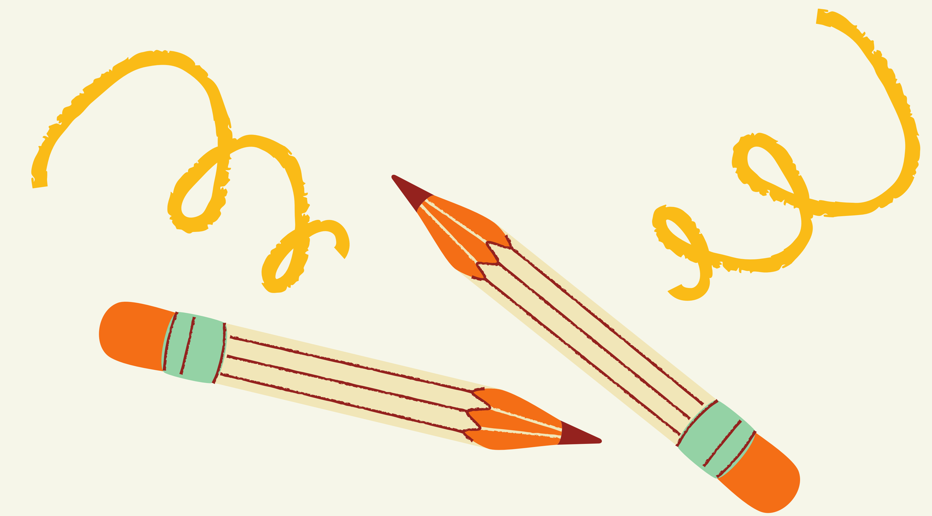
THINK DELIRIUM

- **Age 65 years or older**
- **Cognitive impairment (Past or Present)**
- **Current hip fracture**
- **Severe illness (a clinical condition that is deteriorating or is at risk of deterioration)**

Within 24 hours of admission, assess people at risk for clinical factors contributing to delirium

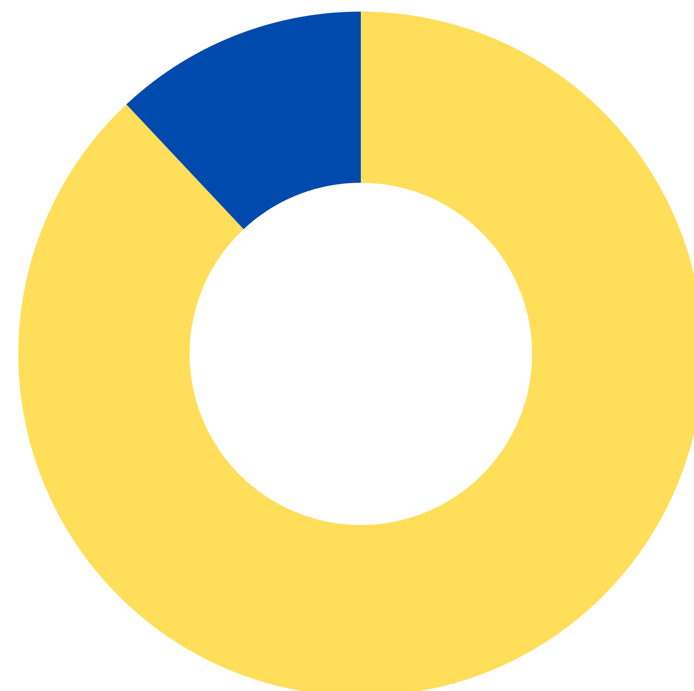
- **Address cognitive impairment**
- **Address dehydration and/or constipation**
- **Assess for hypoxia**
- **Address infection**
- **Address pain**
- **Address immobility or limited mobility**
- **Medication review**
- **Address poor nutrition**
- **Ensure hearing and visual aids are used**
- **Promote sleep hygiene**

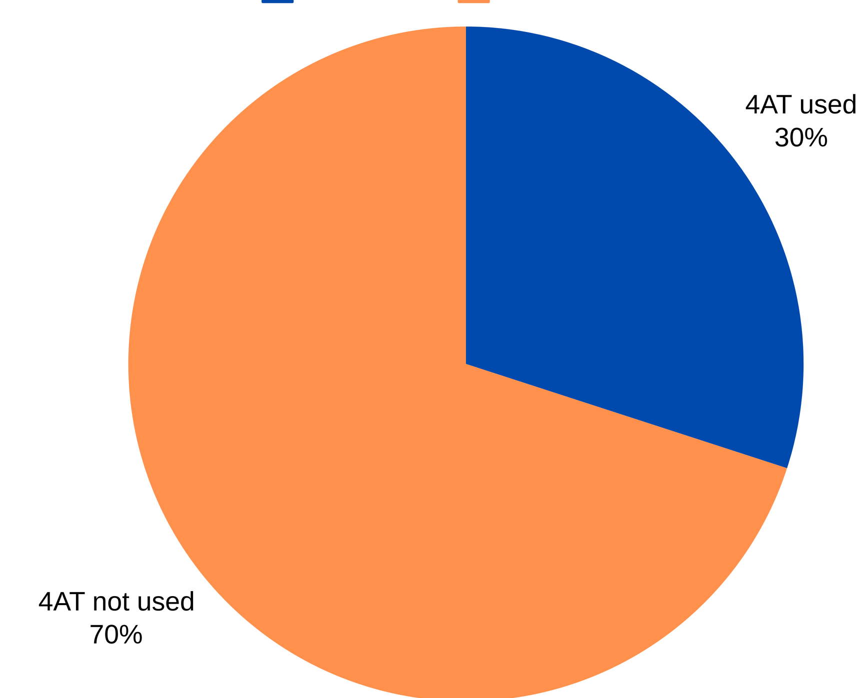
4AT TOOL



ANALYSIS

- **Among the 53 patients identified with delirium, only 30% (16/53) had the 4AT assessment tool used.**
- **A significant 70% (37/53) of the patients identified with delirium did not have the 4AT tool used. This highlights a substantial gap in compliance with the recommended assessment practice.**





CONCLUSION

- **The patient population primarily consists of elderly individuals, underlining the importance of effective delirium screening.**
- **While delirium identification at admission is high, the subsequent use of the 4AT assessment tool is notably low.**
- **There is a clear need for enhanced adherence to the 4AT tool protocol to ensure consistent and accurate delirium assessment.**

REFERENCES

Nice Guidelines
https://www.nice.org.uk/guidance/cg103/chapter/Recommendation#assessment-and-diagnosis