

Title: Using Simulated Family Presence to Decrease Agitation in Hospitalized Delirious Patients

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Purpose and Rationale: Delirium is a serious and common medical condition affecting hospitalized patients. Delirious patients often display agitated behavior, which can be detrimental to patients and can increase healthcare costs. Family presence can be calming to many delirious patients, but constant presence is rarely possible during hospitalization. The purpose of this study is to examine the effect of family video messages on the agitation level of hospitalized, delirious, acutely agitated patients.

Research Questions: Is there a significant difference in agitation levels in hospitalized patients experiencing hyperactive or mixed delirium before, during, immediately after and 30 minutes after viewing a personalized family video, a nature video or usual care?

Synthesis of Review of the Literature: Overall, there is a need for personalized and effective non-pharmacological strategies to prevent and decrease agitated behaviors in persons at risk for these behaviors. The distress this agitation causes to the patient, family and nursing staff has been well documented. The presence of family has been shown to be an effective intervention with many cognitively impaired patients prone to agitation. Simulated presence therapy (SPT) has been studied in persons with dementia. Results are promising that this therapy is at least modestly effective in reducing agitation in some patients with dementia. To date, there have been no studies evaluating the effect of SPT on patients displaying agitated behaviors related to delirium.

Methods/Procedures: Consecutive sampling occurred from 7/1/15-3/3/16 for all patients admitted to Hartford Hospital who met the following inclusive criteria: hyperactive or mixed delirium with RASS >0 assigned to continuous observation without suspected substance withdrawal. Block randomization into 3 study arms (family video, nature video, usual care) occurred. Total enrolled = 126 → 42 per arm (no sig. difference between the groups) with the total receiving the intervention = 111 (no sig. diff between these and the 15 that did not receive the intervention). In total, 34 received family video, 40 received nature video and 37 received usual care. Once recruited, the researcher was notified when the participant was displaying agitated behavior. The researcher inconspicuously videotaped the patient's agitated behavior over 4 one minute intervals: prior to, during, following and 30 minutes following the intervention. A blinded rater watched the 4 recordings of each participant presented to her in random order and scored the participant's behavior using the Agitated Behavioral Scale.

Results: Hyperactive delirious patients can acknowledge and attend to a video. Patients in all three groups showed significant decrease in agitation over the 30 minute time period. Patients shown a video had lower agitation scores during the intervention period. Those shown the family video showed significantly greater decrease in agitation during intervention than those shown the nature video.

Discussion/Application to Practice: Both family videos and nature videos can decrease agitation in hospitalized agitated delirious patients. Additional research is needed to determine if

intermittent exposure to the video can sustain the response and if videos can prevent delirium in high risk patients.