

Family Engagement and Empowerment (FEE) in Delirium Anu Baby, Manchester Royal Infirmary, MFT



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Introduction

- 45% to 87% of ICU patients have delirium (Ali et al., 2021).
- Impact of Delirium



- Patient safety
- Family distress
- Increased resource use
- Increased Cumulative cost

- "Family" : A fundamental component of patient care (CC3N Competencies).

Background

- ABCDEF: Family added by Society of Critical care Medicine to prevent delirium.
- Odds of delirium fell by 88% when a companion present in ICU (Bersaneti and Whitaker, 2022).
- Family experience post-ICU family syndrome (PICS-F) (Davidson et al., 2012).

Method

- Reflected on a patient using Driscoll's reflective model.
- Conducted critical analysis of recent literature and proposed ways of safely and professionally undertaking FEE in ICU.

References

- Ali, M.A., Hashmi, M., Ahmed, W., Raza, S.A., Khan, M.F. and Salim, B. (2021). Incidence and risk factors of delirium in surgical intensive care unit. *Trauma Surgery & Acute Care Open*, 6(1), p.e000564. doi:https://doi.org/10.1136/tsaco-2020-000564.
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- Davidson, J.E., Jones, C. and Bienvenu, O.J. (2012). Family response to critical illness. *Critical Care Medicine*, [online] 40(2), pp.618624. doi:https://doi.org/10.1097/ccm.0b013e318236ebf9.

Discussion

- Family-based reorientation of patient: Visual/auditory (family photographs, favourite toy).
- Visiting: Flexible vs Restricted.
- Cognitive stimulation by family: Reading books/newspapers, doing puzzles, discussing past/current family events.
- Sensory stimulation: Hearing aids and properties.
- Family and patient education on Delirium.

Barriers

- Educating patients and families in an ICU can be tough and time-consuming.
- Issues from safeguarding or challenging or absent family.
- Patient consent to family engagement in delirium is a challenge to nurses.

Implications to practice

- Evidence-based educational toolkit for patients and families.
- Screen delirium risk and include in safety huddles.
- Delirium link nurses to take the lead.
- Introduce delirium diaries.
- Digital family engagement where infection risks and restricted visitations.

Conclusion

FEE is a cost effective non-pharmacological protective variable. The ICU team can better prevent and manage delirium by empowering family members.

Family-centred
ICU

Key messages

- Propagate 'I can prevent Delirium' attitude
- Promote Nurse-led family-based interventions in delirium