

Clinical Pearls is designed to help implement evidence-based care at the bedside by summarizing some of the most clinically useful material from select articles in each issue. Readers are encouraged to photocopy this ready-to-post page and share it with colleagues. Please be advised, however, that any substantive change in patient care protocols should be carefully reviewed and approved by the policy-setting authorities at your institution.

Delirium After Colorectal Surgery in Older Patients

The effects of delirium can lead to behaviors that compromise patient safety, delay recuperation, and increase morbidity or mortality. The 4 cardinal features of delirium are acute onset with fluctuation, inattention, disorganized thinking, and altered level of consciousness. This study by Mangnall and colleagues aimed to determine the prevalence and predictors of postoperative delirium. Using the Confusion Assessment Method, they found the following:

- At least 1 episode of delirium occurred in 1 in 3 patients.
- Patients with delirium were older, unmarried, and had impaired mobility and an intensive care unit admission.
- Delirium, often not detected, is an indicator of physiological abnormalities, such as sepsis, myocardial infarction, or metabolic issues, which are underdiagnosed.
- Nurses are often the first to notice a change in a patient's cognitive function and can talk with family who are familiar with the patient's usual mental functioning.
- Timely recognition and consultation with clinicians specializing in psychogeriatric care is associated with improved patient outcomes.

—Alethea Sment, RN, BSN, CCRN-CSC

See Article, pp 45-55



Comparing Complication Rates After Acute Myocardial Infarction

Although β -blockers are recommended in all patients with acute myocardial infarction, do they decrease the effects of anxiety in these patients? In theory, these medications should limit the stimulating effects of anxiety on the sympathetic nervous system. Abu Ruz and colleagues analyzed secondary data in a larger multicenter study that compared the number of in-hospital complications and length of stay in 322 anxious and nonanxious patients receiving β -blockers after acute myocardial infarctions. They found the following:

- Anxious patients have a significantly higher rate of complications (ischemia, ventricular tachycardia, ventricular fibrillation, reinfarction, and cardiac death) and length of stay than do nonanxious patients.
- The use of β -blockers did not differ in the anxious and nonanxious patients and did not appear to eliminate the effects of anxiety.

Importantly, this study noted that most patients did not receive the recommended dose of β -blockers while hospitalized.

—Maureen Seckel, RN, APN, MSN, APRN-BC, CCRN, CCNS

See Article, pp 67-74

Challenges Encountered by Caregivers After Intensive Care Unit Discharge

We often celebrate intensive care unit discharge with chronically critically ill patients and their family members. But what happens next? We hope they will live happily ever after. But do they? An increasing body of evidence suggests they do not. In this issue, Choi and colleagues revealed that 64% of patients had not returned to their preadmission functional level 6 months after intensive care unit discharge. Caregivers reported the following:

- Substantial lifestyle restrictions in nearly all aspects of daily life, particularly in social life and personal recreation
- Distress as a result of problem behaviors of patients including physical (difficulty doing things for themselves, pain) and psychological (feeling anxious, worried, sad) problems

These results suggest that interventions to promote improved patient mobility may contribute to better caregiver outcomes. Future interventions should attempt to improve patients' functional status as a means to promote greater independence for patients and caregivers.

—Karen L. Johnson, RN, PhD

See Article, pp 12-23