

World Delirium Awareness Day

13 March 2019

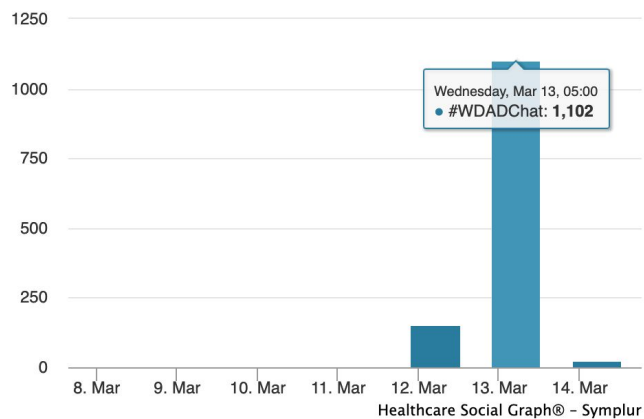


Twitter Chat Digest

Compiled by Heidi Lindroth (@minipixie26) and Federico Carini (@fedescarini)

All the Hashtag stats: <https://www.symplur.com/healthcare-hashtags/wdadchat/>

Tweet Activity of #WDADChat



The influencers of #WDADChat

Top 10 by Mentions

	@minipixie26 465
	@iDelirium_Aware 387
	@A_MacLulich 373
	@TheRakeshArora 290
	@Sparklystar55 267
	@psychinformatic 260
	@KarlaKrewulak 216
	@PharmDuprey 204
	@JimRudolphMD 137
	@leonabannon 127

Tweet

Top 10 by Tweets

	@minipixie26 191
	@robertaevcastro 184
	@PharmDuprey 132
	@OReganNiamh 70
	@A_MacLulich 65
	@TheRakeshArora 62
	@Sparklystar55 54
	@miguelrdggrubio 41
	@iDelirium_Aware 40
	@dr_shibley 28

Tweet

T1: How do we close the gap between research & practice in delirium detection?

[#WDADchat](#)

- [@leonabannon](#):
 - T1: In practice, quick and simple is best for delirium detection.
- [@robertaevcastro](#):
 - Hi, In my practice in Rio, unfortunately we need a big job to transfer our research data to clinical practice...
 - [@A_MacLulich](#): T1. I think it is a global problem - though some results from [@delirious_dr](#) re detection rates across England have been encouraging.
- [@PharmDuprey](#)
 - T1: Obviously the idea of translational research comes to mind here, but I recently learned quite a bit about platform trials. They allow for testing of multiple interventions/domains at once using Bayesian statistics. 1/?
 - T1: By the end of a platform trial, everyone in the study is receiving what is decidedly the best practice. So platform trials may help advance [#delirium](#) research and care in the future 2/2
 - [@emmavardy2](#): You mean QI? Using multiple PDSA?
 - [@PharmDuprey](#): T1 Here's an example clinicaltrials.gov/ct2/show/NCT02...
- [@miguelrdgzru](#):
 - T1: I think that having families and patients in the study panels would be really helpful. We need patient centered outcomes in delirium.
- [@A_MacLulich](#):
 - T1: A complex set of issues. [@andyteodorczuk](#)'s research has shown that attitudes and culture have to be right to make it work. Also need practical tools, and a system such that when a tool is positive, the actions are clear.
- [@DeliriumCare](#):

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- T1: In practice [#delirium](#) detection needs to be intuitive and easy to administer with little training like [#4at @A_MacLulich](#) . Staff must know why screening important and see change/action plan for pt when +ve. Should not be seen as burden.
 - [@A_MacLulich](#): T1 The 4AT came about initially just to solve the issue of underdetection in my hospital - existing tools took too long and we couldn't train people en masse with tool-specific training. So implementation hadn't worked well.
 - [@emmavardy2](#): Been game changer.
- [@jgordonboyd](#)
 - T1. Educational blitzes like today are a good start. Spoke to lots of staff re:non-Pharm mgmt of delirium. Tough to keep momentum up after [#WDAD2019](#) though
- [@dr_shibley](#)
 - "Listen 2 the patient" Laennec
 - A lot to recommend in [@dhj_davis](#)' work; eg looking carefully at the epidemiology - which symptoms are commonest in real life? which patients decline in real life? how are patients actually treated like human beings in real life?
 - [@leonabannon](#): I couldn't agree more! As healthcare professionals we are all working hard to improve care for the patient so we need to listen to what's important to them! Survival is very important but not without some quality of life!
- [@Boyosmama](#)
 - Our regional [#delirium](#) tool-screen, assess,prevent & manage 👍 1 side of A4 page allows staff to record and reflect necessary info. <https://t.co/l3XwJBVTPx>
 - [@DianaSheridan11](#): Thus is a really comprehensive Ax & management tool to ensure all staff are [#deliriumaware](#) for specific patients

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- [@Boyosmama](#): Thank you Diane developed with front line multidisciplinary staff, piloted across NI and implementation ongoing locally using the tools developed inc awareness materials and our [#Frank](#) video m.youtube.com/watch?v=_c9M4F...
- [@JimRudolphMD](#):
 - T1. We keep trying to plug research instruments into clinical practice - We need to think workflow.
 - [@TheRakeshArora](#): T1: Agreed! Workflow, workflow, workflow!
 - [@A_MacLulich](#): Agree [@JimRudolphMD](#) - the whole team needs to have a flow and a rationale for doing things like screening for [#delirium](#). It can work but it doesn't just happen.
 - [@emmavardy2](#): You know what i am thinking!
 - [@PharmDuprey](#): T1: As hard as it is, eliciting input from nursing/medical staff when designing interventions/screening tools will help with implementation down the road.
 - [@KarlaKrewulak](#): Agreed! It is important to identify the facilitators and barriers to implementation. Who better to tell you than the individuals using the screening tools?
 - [@emmavardy2](#): Psychology is very important.
 - [@minipixie26](#): T1-Agreed. Clinicians, patients, and families likely view & interact with [#delirium](#) from a different angle than researchers. Need to start with the end-user. How will they use the [#delirium](#) detection tool?
- [@A_MacLulich](#):
 - T1: But I've found that there is a large knowledge gap about the basics of [#delirium](#) in healthcare workers - it's a problem of poor training at UG and PG levels.
 - T1. Clear need for widespread education addressing attitudes, culture as well as technical knowledge.

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- [@dtbarron](#): Agreed, even though [@janicemcalister](#) has done a lot of work at [@Erskine1916](#), staff still aren't always clear - it's a continuous QI journey, but we're getting there
 - [@janicemcalister](#): Sometimes not a knowledge gap but making the link between knowledge and everyday practice
 - [@dtbarron](#): It's just turning the knowledge into practical application, one day it will all just click
- [@migueldggrubio](#): I completely agree. As a clinician I'd never heard about delirium in children until the end of my speciality training.
- [@Sparklystar55](#): Crucially relatives, caregivers & patients are not involved in delivering this at UG level. Medical & Nursing. Needs to change
- [@PharmDuprey](#): T1: Unfortunately it seems to extend to a lack of training even in residency/fellowship training. Need to have [#delirium](#) detection as part of toolkit
 - [@migueldggrubio](#): And I'd say beyond residency/fellowship.
- [@dr_shibley](#): I agree with Alasdair. This is, I feel, critical because an understanding of how vulnerable people are and how dangerous the syndrome is will motivate people to want to spot delirium.
- [@jgordonboyd](#):
 - T1. Need also to convince funders that delirium research is a priority
- [@dtbarron](#):
 - T1: We've intro'd mandated [#4AT](#) completion when delirium suspected pre referral to our ANP (incl symptoms of delirium [#infection](#) [#confusion](#) [#lethargy](#) [#constipation](#))
- [@KarlaKrewulak](#):
 - T1 I am part of a multidisciplinary delirium working group at the hospital I work at. I learn a lot about delirium in the unit and they learn about what research [@kmfiest](#) group is doing. Communication is key.

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- [@MarkThomHudson](#)
 - T1: I think more patient and family members involvement in the steering of research goals, objectives and would give guidance on the feasibility of its implementation
 - [@KarlaKrewulak](#): T1: I agree. We have patients and family caregivers on our research team. Their lived experience is invaluable.
- [@PharmDuprey](#)
 - [@AleMorandi78](#) handing out delirium quizzes to nurses, physical therapists and doctors at our institution to increase delirium awareness
- [@minipixie26](#)
 - [@pratikpande15](#): Get delirium assessment and management documentation into your EMR. This is EPIC for the ABCDEF bundle

T2: After [#delirium](#) tools are implemented, how do we know we're detecting delirium in real clinical practice? How to monitor? What has worked in your organization?

- [@JimRudolphMD](#):
 - T2. We keep searching for perfection and it is at the cost of good enough! We want 98% sensitivity (so do I) but at the cost of delaying implementation for another decade! No thanks - simpler is better.
 - [@Boyosmama](#): [@lavery_gg](#) Jim highlights our thinking on getting the NI [#Delirium](#) bundle out there ASAP to front line staff to use across all [@risk](#) pts 👍
- [@MarkThomHudson](#)
 - T2: education if you are able to effectively educate people they will for the most part do it. Everyone wants the patient to get better but not everyone a) knows what to look for and B) even knows delirium exists
- [@miguelrdgzrubio](#):

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- T2: benchmarking is key. The o my problem is how to do it. And again, in my case parents are key because they know their children. In fact [@e_ista](#) and colleagues included that into their pediatric delirium assessment scale
- And here is the paper on the validation of their scale
ncbi.nlm.nih.gov/m/pubmed/30458
- [@PharmDuprey](#)
 - T2: Regular monitoring through QI projects is key. Leveraging EMRs can be helpful for regular surveillance
 - [@emmavardy2](#): Absolutely. See [@NCAlliance_GDE](#) delirium project that has been blueprinted
 - [@KarlaKrewulak](#): T2: I agree and this is continuously done in our healthcare system. Furthermore, the audit results are disseminated to units and successes are celebrated.
 - [@PharmDuprey](#): T2: Dissemination to units is great if healthy competition to be better is fostered. Need to make sure reports are not being used in a punitive manner
- [@Sparklystar55](#)
 - T2: regular audit/QI [@NicolaWood5](#) [@Yvonnecairns1](#) have done great work in this. Embedding it in clinical governance key. Benchmarking against guidelines also helpful
- [@JimRudolphMD](#):
 - T2. Anyone ever look at the sensitivity of chest pain for acute coronary syndrome? 38% - 65%. We do this all the time - have an easy, implementable measure, then follow it up with clinical assessment. [#WDAD2019](#) PMC4187491 pubmed/16304077
- [@A_MacLulich](#):
 - T2: Audits, inspections, etc., are useful. But an exciting new development is the use of electronic records - rates of the word "delirium" appearing in whole

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clinical populations. Eg. the [@delirious_dr](#) retrieved data from the whole of NHS England!

- [@delirious_dr](#): The ultimate outcome from [@gemresearchuk](#) delirium audits is a rise in these coding prevalences. I think they demonstrate system wide diagnosis (as it were)
 - [@emmavardy2](#): Will be talking about this in keynote [@EDA_delirium](#) in edinburgh.
- [@leonabannon](#): : T2; nurses are very meticulous at charting in the electronic care records so it makes perfect sense to utilise this data in innovative ways! Show us the way
- [@DeliriumCare](#):
 - T2: 1) Have geriatrics specialists screen ward and compare to staff screening, 2) individual [#delirium](#) screening audits with coaching follow up, and 3) time consuming but can review chart notes to compare with screening outcomes.
- [@HeatherColaco](#)
 - T2: one challenge with our [#AB](#) delirium screening is that not all ICU providers “trust” the screening tool results. Any suggestions to improve physician buy-in when nurses do the screening using a validated tool?
- [@A_MacLulich](#):
 - T2. I think the future is large scale automated recording of detection rates. One very good thing about the term [#delirium](#) is that it is quite specific compared to many other terms. Good area for more research - eg. EPIC data
- [@miguelrdgzrubio](#):
 - T2 more objective tools are being investigated by many intensivists. Trying to include different technologies in improving delirium screening
 - [@TheRakeshArora](#): T2 [@miguelrdgzrubio](#) What tools do you see coming first to the ICU? Can you point to any links or studies?
 - [@miguelrdgzrubio](#): There is a lot ongoing about regional oxygen saturation and EEG as predictive tools. Here are some references

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ncbi.nlm.nih.gov/pmc/articles/P...,

ncbi.nlm.nih.gov/pmc/articles/P.... Unfortunately evidence is conflicting and most studies are centered in prediction

- [@alexandra_DBmed](#)

- T2 - the best way to engage frontline individuals on [#delirium](#) is to expose them to others' first-hand experiences, educated by their insights. Do this via confs, hands-on workshops, virtual simulations, patient stories. [#delirium](#) = better appreciated

- [@TheRakeshArora](#): T2: Patient stories and shared experience are hugely important. [@alexandra_DBmed](#) have you found this to have a "durable" impact on your teams?

- [@alexandra_DBmed](#):

- T2: Agreed [@TheRakeshArora](#) - I say this from a patient point of view, but as a med student I've found that sharing my own personal accounts with colleagues has helped direct appropriate, more-focused care for patients affected by [#delirium](#) when on placements
- T2: A few times, I, as the med student on a multidisciplinary ward round, have been the only one to flag up a patient's potential [#delirium](#) when staff haven't been [#deliriumaware](#). But med students aren't taught on [#delirium](#), I just know from personal patient experience

- [@dr_shibley](#)

- T2, I first became aware of the use of the electronic medical record in the assessment of delirium in the specific context of delirium superimposed on dementia. Agree with all else said in this thread.

ncbi.nlm.nih.gov/pmc/articles/P...

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- [@dtbarron](#):: T2 #WDADchat We used our electronic records to backward audit for #delirium where the term delirium itself may not have been used - interesting results
 - [@dr_shibley](#): Thanks a lot Derek - fascinating.
- [@TheRakeshArora](#): Would you agree that machine learning algorithms are the key to success [#delirium](#) screening protocols?

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T3: Nurses are frontline staff most often responsible for [#delirium](#) detection. What are strategies to provide interdisciplinary support to promote conversations on [#delirium](#) symptoms, prevention & management? [#WDAD2019](#) [#WDADchat](#)

- **T3:** "I think if we could channel our research efforts to show that screening for delirium has an impact on outcomes then nurses would engage more-[@leonabannon](#)"

Agreed-Have we shown the impact of increased [#delirium](#) detection? Would provide context to screen [#WDADChat](#) [#WDAD2019](#)

- [@emmavardy2](#) I must write [@NCAlliance_GDE](#) project data up. Definitely has impact. [#WDAD2019](#) [#WDADchat](#)
- [@vellani_shirin](#) Only nurses? Delirium is missed & unrecognized by all. Prevalent not only in hospitals but in LTCHs, retirement homes too. Geriatric interprofessional practitioners can't be everywhere hence the need to increase everyone's capacity & plan multisectorial & interdisciplinary research
- [@alexandra_DBmed](#) T3: We must make delirium screening standard protocol - not just in the obvious settings eg ICU. [#Delirium](#) patients can be anywhere in the hospital, so ALL staff need to be aware of, and comply with screening efforts. So far, I've only seen this done for [@ICU_delirium](#) [#WDADchat](#)
- [@Boyosmama](#) As our improvements were part of [#dementia](#) strategy we developed & piloted in COE, trauma and AMU to highlight points of entry and process/pathways that contribute to risk of [#delirium](#) being missed or indeed exacerbated due to transfers, lack of info etc [#WDAD2019](#)
- [@Boyosmama](#) Still spreading (as I proudly see today with our areas fully involved long after our pilots ended 👍❤️👍) we began ED discussion & had potential additional engagement with wider teams- unfortunately this [#spread](#) can be difficult to maintain w/out [#deliriumsuperheroes](#) [#needmore](#)
- [@alexandra_DBmed](#) Great changes begin with small steps - thanks for all your hard work on this [@Boyosmama](#). Let's continue all working together in being

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#deliriumaware then, not just on #WDAD2019 but all year round. We need it in med and nursing school curriculums to ensure all are #DeliriumReady

- [@mathews_orla](#) T3 We developed a behaviour chart that monitors & scores behavioural symptoms of delirium. This tool needs to be as important as clinical obs chart. Delirium often preceeds the presentation of medical problem so what aren't we looking at trigger scores in cognition as like NEWS?
- [@kaye_rolls](#) Based on my recent reading Im not sure about this esp in wards where senior drs are reluctant to engage. Nurses often feel like they are bashing their head against a brick wall

[#WDADchat](#)

- [@vellani_shirin](#) Cant agree more

- [@HeatherColaco](#) T3: #WDAD2019 #WDADchat #ICDSC delirium screening results as part of standing item on rounds checklist has been successful in starting the #delirium conversation in ICU
 - [@TheRakeshArora](#) T3: [@HeatherColaco](#) This is great! Have you been able to leverage conversation into action? (i.e. adoption of [#PADIS](#) or other [#delirium](#) prevention strategies?). Please share your successes with us! [#WDAD2019](#) [#WDADChat](#)
 - [@HeatherColaco](#) T3: [#ICU](#) rounds is a multidisciplinary effort. Daily conversations around patient care = many opportunities for physio, pharmacy, OT, and family etc to weigh in on how we modify the care plan if the pt is delirious or at risk [#WDAD2019](#) [#WDADChat](#)
- [@PharmDuprey](#) T3: I think it's also helping nurses understand how [#delirium](#) screening fits into their normal workflow and does not require copious amounts of time to make a difference [#WDAD2019](#) [#WDADChat](#)

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- [@OReganNiamh](#) T3: once again co-design, collaboration, allowing the team own the decisions made in the CQI process, empowering the team to develop novel workable solutions [#WDAD2019](#) [#WDADchat](#)
- [@A_MacLulich](#) T3 Meet more as an interdisciplinary team - open chats about the challenges and working life in each others disciplines can be surprisingly/shockingly/painfully informative! [#WDADchat](#) [#wdad2019](#)
 - [@OReganNiamh](#) T3: true, very harsh realities appearing in our interviews with nurses after implementation but sooo helpful to inform the next CQI cycle [#WDADChat](#) [#WDAD2019](#)
- [@miguelrdgzrubio](#) T3 I think everyone on the team should ideally be involved in screening and that means having everyone up to date and on the same page, including knowledge on the burden of delirium in the short, mid and long terms [#WDAD2019](#) [#WDADChat](#) [#PedsICU](#)
 - [@TheRakeshArora](#) T3: Should this include the family? I say yes! Validation of Caregiver-Centered Delirium Detection Tools: A Systematic Review. - PubMed - NCBI <https://www.ncbi.nlm.nih.gov/pubmed/29671281> . [#WDADChat](#) [#WDAD2019](#)
 - [@miguelrdgzrubio](#) T3 Of course! Family and patient involvement is key! Thanks for the reference [@TheRakeshArora](#) [#WDAD2019](#) [#WDADchat](#) [#PedsICU](#)
- [@DeliriumCare](#) T3- review patients from [#delirium](#) risk perspective at morning huddles. Talk about addressing risk factors and managing [#delirium](#) with team approach. Also, support from leadership vital. [#WDADChat](#)
- [_@dr_shibley](#) T3 Worth noting: nurses are possibly best placed to watch fluctuations in cognition + behaviour and to communicate with family/patients/carers. Therefore essential they're an active part of the ward round, for a start. See also <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3463439/> ... I quoted today. [#WDADchat](#)

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- [@A_MacLulich](#) Alasdair MacLulich Retweeted Delirium Care Network T3 Yes I've seen the huddles approach work very well re [#delirium](#) - good way of sharing info about observations about behaviour - ie. improvement/worsening/particular symptoms. [#wdadchat](#) [#wdad2019](#)
- [@dr_shibley](#) T3: Also worth noting in this context that inter professional communication is not encouraged when the observation charts do not 'capture' changes in cognition or behaviour anyway. [#WDADchat](#)
- [@dr_shibley](#) T3 - another thing they teach you about re organisational learning is interoperability - i.e. harmonisation between professionals is enhanced with the common usage of certain tools and language, e.g. 4AT [#WDADchat](#)
 - [@A_MacLulich](#) .T3 "interoperability" is new term for me, and I like it. Applies well to the issue of [#delirium](#). [#wdad2019](#) [#wdadchat](#)
 - [@emmavardy2](#) Also applies to electronic information systems. Transfer of diagnostic info vital..[#WDAD2019](#) [#WDADchat](#)
- [@TheRakeshArora](#) Rakesh C. Arora Retweeted Matthew Duprey
T3: Any bedside RNs want to weigh in? What have you found that works or doesn't work? [#WDADChat](#) [#WDAD2019](#) [@iDelirium_Aware](#) Ping [@AACNme](#)
[@MarianneShaugh1](#)
 - [@minipixie26](#) T3: I think tying the [#delirium](#) assessment to outcomes is important so the value in detecting is shown. Also, creating a culture where inter-professional [#delirium](#) conversations are inviting & productive
[#WDAD2019](#) [#WDADChat](#)
- [@alexandra_DBmed](#) T3: We must make delirium screening standard protocol - not just in the obvious settings eg ICU. [#Delirium](#) patients can be anywhere in the hospital, so ALL staff need to be aware of, and comply with screening efforts. So far, I've only seen this done for [@ICU_delirium](#) [#WDADchat](#)
 - [@Boyosmama](#) As our improvements were part of [#dementia](#) strategy we developed & piloted in COE, trauma and AMU to highlight points of entry and

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process/pathways that contribute to risk of [#delirium](#) being missed or indeed exacerbated due to transfers, lack of info etc [#WDAD2019](#)

- T3: This is great to hear [@Boyosmama](#) - is this standard for all hospitals yet? What about protocol of screening on general wards? - aside geriatrics and overlapping [#dementia](#) screening, young people can get [#delirium](#) too, we mustn't forget [#paediatrics](#) wards
- [@vellani_shirin](#) Agreed. Plus wherever older adults are cared for. I have treated delirium in retirement homes where people are prescribed a cocktail of high anticholinergic medications that were not really necessary

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T4: Families are integral to detecting subtle changes in their loved ones. How do we integrate families into the clinical setting & engage them in [#delirium](#) symptom detection? How about patients? [#WDAD2019](#) [#WDADchat](#)

- [@PharmDuprey](#) 13 mar. T4: I think we can learn a lot from our [#PedsICU](#) colleagues about family inclusion in [#delirium](#) care [#WDAD2019](#) [#WDADChat](#)
- [@A_MacLulich](#) Alasdair MacLulich Retwitted Heidi L. T4: Needs to be part of workflow. Routine - "what do the family think?" as a normal part of the consultation (if this info is available). [#wdad2019](#) [#wdadchat](#)
- [@OReganNiamh](#) 13 mar. T4: we have to be proactive with this. In ambulatory care, pre-op clinics, at admission about how to prevent delirium. When delirium occurs important to speak with family early and engage them in care [#WDAD2019](#) [#WDADchat](#)
- [@minipixie26](#) T4: Do we ask patients if they are confused? How they are feeling? Do we provide the opportunity for them to weight in on how their brain is working at that moment? [#WDAD2019](#) [#WDADchat](#) [@dr_shibley](#) [@MarkThomHudson](#)
- [@miguelrdgzrubio](#) 13 mar. T4 Definitely yes. I do with all my verbal patients which unfortunately are the least because most of our admissions are infants and small children. I also try to explain what's going on to them and their families [#WDAD2019](#) [#WDADChat](#) [#PedsICU](#)
- [@DeliriumCare](#) T4- [#delirium](#) education (incl detection, prevention) asap and before [#delirium](#) onset if possible. Basic strategies should be part of how to prep for hospital visit ie. Educate Families/pts who wont bring

The infographic is divided into two main sections. The top section has a purple background and features a white brain icon with the text 'I can prevent DELIRIUM' and a QR code. Below the QR code is the text '© created by Dr Krishnan and Dr Fixter' and 'Tees, Esk and Wear Valleys NHS Foundation Trust'. The bottom section has a dark purple background and features the text 'DELIRIUM CAN BE PREVENTED AND TREATED' and 'icanpreventDELIRIUM'. Below this is a table with three columns: 'SUSPECT IT', 'SPOT IT', and 'STOP IT'.

SUSPECT IT	SPOT IT	STOP IT
Age 75 +	Acute confusion	Treat cause
Cognitive impairment	Poor concentration	Explain and reassure
Visual / hearing loss	Poor communication	Environment
Infection / dehydration	Change in behaviour	Physical needs
Pain / trauma	Hallucinations	Psychological needs
	Fluctuations	Social needs

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hearing aids for fear of losing them. #WDADchat

- @leonabannon T4; #WDAD2019 #wdadchat I think we need to see families like the resources that they are. I've done qualitative work with patients and family members and they are very happy to help in anyway they can. This process starts with education and naming delirium
- @psychinformatic T4: Families are key in provide key information on changes as well as baseline function. I give them the prompt card which also has QR code for the video. #WDADchat
- @OReganNiamh O'Regan Retweeted Delirium Care Network T4: absolutely. Knowledge is power. Patients & families want this information. #WDAD2019 #WDADChat
- @Cherri_Zhang T4: FAMCAM and Sour Seven are useful tools to guide families in detecting #delirium and also provide indicators on what to look out for #WDAD2019 #WDADChat
- @dr_shibley There are subtleties at play here. For example, family-friendly visitation hours. Secondly, abolition of all circadian rhythmicity in the ICU - i.e. need to promote sense of light rhythms and a sense of "time" for families too? #WDADchat T4
- @leonabannon T4: #wdadchat #wdad2019 it doesn't matter what screening tool we use, it matters that we use one 👍👉

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T5: What is one final message or thought you would like our [#WDADchat](#) participants to take home? How can we best leverage [#WDAD2019](#) to spread [#delirium](#) awareness every day? [@iDelirium_Aware](#) [@Sparklystar55](#) [@psychinformatic](#) [@A_MacLulich](#) [@TheRakeshArora](#) [@PharmDuprey](#) [@KarlaKrewulak](#)

- [@A_MacLulich](#) .T5 Never fail to tell families when their loved one has [#delirium](#). If you miss this, families suffer needlessly and often badly. The effects can be lasting. Use a leaflet every time, and document the discussion every time. [#WDADCHAT](#) [#WDAD2019](#)
- [@EDA_delirium](#) T5: [#delirium](#) awareness needs global reach. Stories from outside N America/Europe/ANZDA. I know [@HMC_Qatar](#) are doing their country's first [#4AT](#) prevalence study tomorrow. [#WDAD2018](#) [#WDADChat](#)
- [@AlishyaBurrell](#) T5: What is one final message or thought you would like our [#WDADchat](#) participants to take home on [#WDAD2018](#)?
- [@HeatherColaco](#) IMHO, if we provide excellent basic patient care every day (good nutrition, sleep, mobility, appropriate pain mgmt, etc), this is prevention in itself. Don't underestimate the power of the basic human needs! [#WDAD2019](#) [#WDADchat](#)
- [@EDA_delirium](#) T5: [#delirium](#) can affect anyone, affects everyone. Cast the net wide - transcultural studies, policy action in resource-limited settings, reverse innovation from across the globe. [#WDAD2018](#) [#WDADChat](#)
- [@ashkejiwal](#) T5 [#WDADchat](#) [#WDAD2018](#) All expertise kept aside, it is about people. People suffering. People caring. People serving. So... enhance on everything that makes sense and works with people.
- [@nxtstop1](#) T5: Very important for the family / carers to be included in the care of all older adults—throughout hospitalization. [#WDAD2018](#) [#wdadchat](#)
- [@dr_shibley](#) 14 mar. 2018 T5: I'd like all in training to consider that [#delirium](#) is not just another medical topic to learn about, but reflects the complexity of some very vulnerable patients. The distress felt by all has a very human side to this, and lose this insight at your peril. [#wdad2018](#) [#wdadchat](#)

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- [@PharmDuprey](#) 13 mar. **T5:** We need to be incorporating delirium into every part of our care and research. Find ways to convince administrators, caregivers, HCPs, and funders that delirium care is beneficial for the whole health system!
- [@A_MacLulich](#) **T5** Never fail to tell families when their loved one has [#delirium](#). If you miss this, families suffer needlessly and often badly. The effects can be lasting. Use a leaflet every time, and document the discussion every time. [#WDADCHAT](#)
[#WDAD2019](#)
- [@psychinformatic](#) 13 mar. **T5:** ASK the Question.
Awareness- Delirium is Everybody's business
Skill - train all to use non pharmacological interventions
Knowledge - knowing the effects of delirium
[#WDADchat](#)
- [@miguelrdgzbrio](#) 13 mar. **T5** delirium is prevalent across the lifespan and the different clinical settings and should be a research priority. It has been a pleasure to participate in these two [#WDADChat](#) for [#WDAD2019](#). Let's start preparing for [#WDAD2020](#) by enforcing delirium screening everyday! [#PedsICU](#)
- [@Sparklystar55](#) **T5:** awareness loads better. Start trying to influence policy makers around UG/PG education. Build that foundation. Join up governance & strategy eg falls & delirium. Sepsis & delirium. Dementia & delirium
[#partnership](#) [#wdadchat](#) [#wdad2019](#)
- [@KarlaKrewulak](#) 13 mar. **T5** I think communication is important. Including ICU team members in our research meetings (and being included in ICU team meetings) ensures the research is acceptable, feasible and does not affect work flow. We are better together! [#WDADchat](#) [#WDAD2019](#)
- [@alexandra_DBmed](#) **T5** [#Delirium](#) is more common than we think, never underestimate it. The long-lasting psychological effects on patients can be debilitating, which I say via personal experience, so addressing it early is key. We can only do this if whole teams are [#deliriumaware](#) [#WDADchat](#) [#WDAD2019](#)