

Post-Operative Acute Confusional O Delirium Syndrome in the Elderly

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The overall aging of the population has led to the patient with surgical indication may accumulate more chronic diseases (comorbidities) with a consequent increase in the risk of perioperative complications. One of the most common complications is the acute confusional state or delirium, the consequences are devastating: increased mortality and risk of medical complications during hospitalization and increased risk of functional decline, institutionalization and development of long-term cognitive impairment among others [1,2]. Because of this, in order to optimize surgical outcomes, it is essential to identify patients at risk for delirium for proper prevention and early treatment [3]. In this article, we review the current evidence on the management of postoperative delirium in elderly patients.

Delirium is known for sudden changes in cognitive processes, sensory perception and consciousness. It is the second most prevalent syndrome in the hospital sphere especially in highly preventable/reversible only with time recognize the many factors that predispose, its signs and symptoms [4] postoperative stage. The diagnosis of postoperative delirium is basically clinical, that is where the role of the nurse must take action in order to evaluate all patients undergoing cardiac surgery in search of risk factors for postoperative delirium as a preventive measure and evaluate the appearance thereof [5]. This highlights the importance of educating the nurse for screening, assessment and appropriate management of post-operative delirium (DPO); to help reduce hospital stay, the economic cost, rehospitalization and morbidity and mortality in addition to reducing the risk of physical and mental health staff [6] insecurity.

There are a number of studies examining the negative effects of delirium in elderly patients [7,8]. It has been shown that the development of this complication is associated with an increase in both hospital mortality and long term [9] which could be as high as 40% per year [10]. Furthermore, described increased incidence of urinary incontinence, bedsores and malnutrition in hospitalized patients [11], as well as an increase in their hospital stay, higher requirements for nursing care, need to incorporate nursing homes and, therefore, higher costs associated health [12].

Delirium management is based on four pillars: prevention, identification of the cause or triggers, environmental management or support, and finally the drug treatment. Most of the reviewed studies agree that for the management of delirium is more cost effective when dealing with non-pharmacological measures before pharmacological, besides strict adherence to the scale of CAM and management of patient cognitive status [13,14]. Among the most frequently mentioned we are care, monitoring vital signs, hydration, nutrition, sleep, mobility, assessing the state of consciousness, orientation, oxygenation and pain [15,16].

Because of their consequences, it should adopt a multidisciplinary approach based on prevention; anticipating and identifying patients with increased susceptibility to present with postoperative delirium, thereby detecting specific risk factors such as age, alcohol consumption, mental illness and medical, polypharmacy, etc. All this in order to diagnose delirium, manage and treat it promptly and properly.

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