# Delirium Management Using a Multi-Sensory Approach in Occupational Therapy: A case study Allen Romero Espelita, OTD, OTR/L, C/NDT, CEAS I, PAM



#### BACKGROUND

Delirium is an acute disturbance in attention and awareness with other disorders in cognition. The COVID-19 pandemic brought a catastrophic reduction in delirium monitoring, pre- prevention, and patient care due to organizational issues, lack of personnel, increased use of benzodiazepines, and restricted family visitation.

#### PURPOSE

In the burn intensive care unit (ICU), patients suffer from delirium, often detected in acute illness, and related to severe cognitive dysfunction. Evaluation and intervention necessitate a limited period and determination, Occupational Therapists have a vital role in addressing the condition.

### METHODS

Suitable sedation practices can supplement a multisensory approach, enabling non-pharmacologic therapeutic procedures and comfort that can be augmented by balanced pharmacological interventions when necessary. A multi-sensory model, namely tactile, auditory, olfactory, gustatory, visual, vestibular, and proprioception, can facilitate healing that reduces stressors and aids delirium prevention and management. The essential criterion to understand the delirium-free ICU is a conscious, non-sedated, pain-free, comfortable patient whose intervention follows the A to F (A–F) bundle and beyond.



#### CASE STUDY

This is the case of AE, a 43 y/o male who sustained 45% second degree burns on both UE, face, left flank and thighs from a house fire. The patient was brought to UMC hospital for further management and intervention at the Lion's Burn Care Center ICU.

#### RESULTS

A case study in the Lion's Burn Care Center Intensive Care Unit using a multi-sensory approach provides a better understanding of how patients transition using the Richmond Agitation Sedation Scale (RASS). The patient was evaluated from -5 (no response to voice or physical stimulation) to +2 (frequent non-purposeful movement, not aggressive or vigorous) to 0 (spontaneously paying attention to caregiver).

#### Patient feedback:

"Thank you for telling me the date, time, and where I am right now, which validates that I am still alive!"

"Thank you for letting me taste and smell the coffee when you wake me up in the morning!"

## CONCLUSIONS

The multi-sensory approach in the context of delirium identification and management correlates with improved results, incorporating more delirium-free days, which could deem a dose-response relation. Thus, the A–F bundle could be regarded as effective in delirium prevention and reducing the delirium burden.

#### REFERENCES

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders DSM-5* 

Godoy, T. (2021, November 12). *Delirium: What role does it play in criminal cases?* Godoy Medical Forensics. Retrieved September 13, 2022, from https://godoymedical.net/delirium/

Kotfis, K., Irene van Diem-Zaal, Shawniqua, W. R., Sietnicki, M., van den Boogaard, M., Shehabi, Y., & Ely, E. W. (2022). The future of intensive care: Delirium should no longer be an issue. *Critical Care, 26*, 1-11. doi:https://doi.org/10.1186/s13054-022-04077-y

Lange, S., Mędrzycka-Dąbrowska, W., Friganovic, A., Oomen, B., & Krupa, S. (2022). Non-pharmacological nursing interventions to prevent delirium in ICU Patients—An umbrella review with implications for evidence-based practice. *Journal of Personalized Medicine*, 12(5), 760. doi:https://doi.org/10.3390/jpm12050760

