

Delirium is common amongst the older surgical population. It is often under recognised leading to increased length of stay and morbidity<sup>1</sup>. The 4AT is widely used as a validated tool for delirium assessment<sup>2</sup>. The aim of this project was to assess compliance with 4AT completion on admission to an acute surgical receiving unit in patients over the age of 65 years and subsequently promote delirium awareness and recognition across the surgical floor.

## METHOD

We conducted a 'snapshot' audit of all patients admitted to an acute surgical admissions unit over a 7 day period in January 2020. Data collected included age, surgical speciality, 4AT completion rate and 4AT score.

## RESULTS



113 patients were included



The mean age was 57 years  
(range 16 – 95)



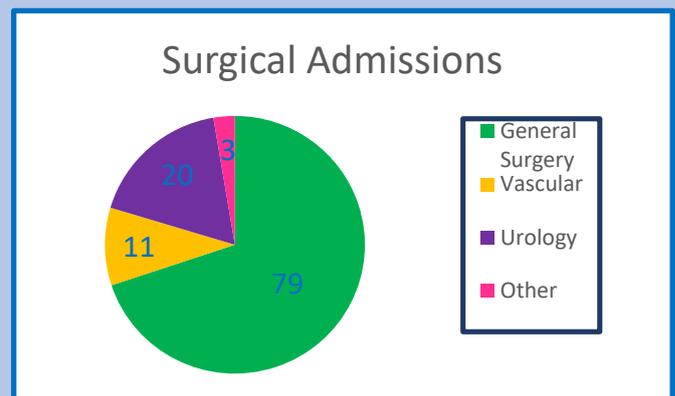
42 patients ≥65 years



55% of patients ≥65 years had a completed 4AT score

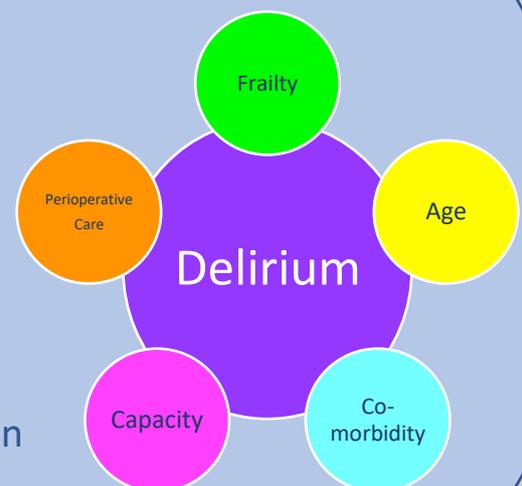


4AT scores ranged from 0-7



## CONCLUSIONS

- Early recognition of delirium in surgical patients is vital for the delivery of patient centred care.
- The 4AT should be completed for all patients aged ≥65 years admitted to surgery.
- The true prevalence of delirium in our institution is likely underestimated.
- Staff engagement and education is essential to ensure compliance with 4AT screening.
- Since February 2021, our surgical frailty team screen all patients ≥65 years on admission for delirium.



## REFERENCES

- 1) Scholz AF, Oldroyd C, McCarthy K, Quinn TJ, Hewitt K. Systematic Review and meta-analysis of risk factors for post-operative delirium among older patients undergoing gastrointestinal surgery. *British Journal of Surgery*. January 2016;103(2):e21-28.
- 2) Bellelli G, Morandi A, Davis DHJ et al. Validation of the 4AT, a new instrument for rapid delirium screening: a study in 234 hospitalised older patients. *Age and Ageing*. July 2014;43(4):496-502.