

NORTHWEST GNA NEWSLETTER

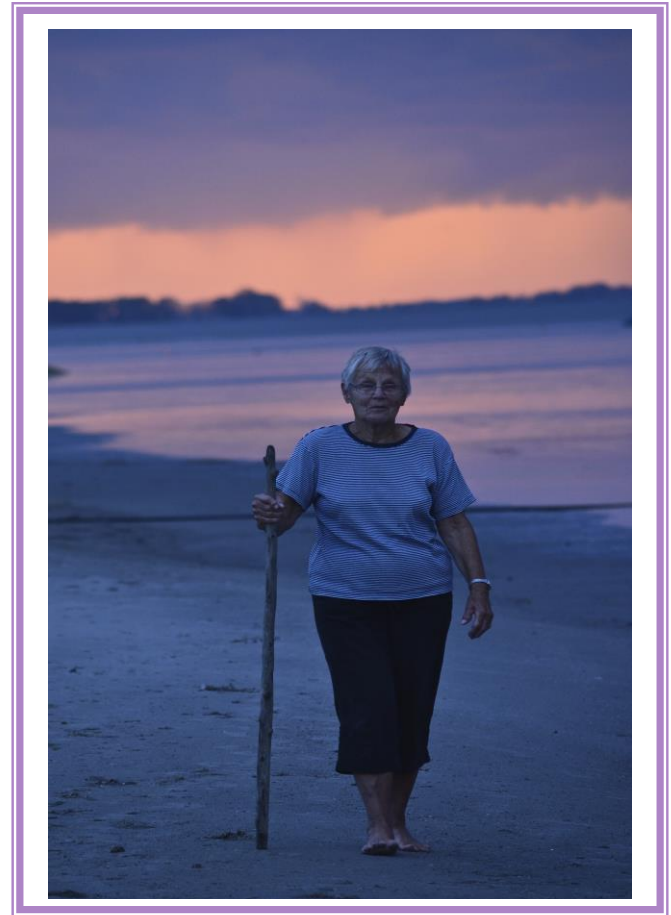
Tip of the Week: Delirium

Christine Johnson, RN MN GNC(C) CNS,
Health Sciences Center Winnipeg

The other day I had the opportunity to speak with a friend who recounted the minutes after she was hit by a vehicle while crossing the street. The blow had knocked her glasses off, she described the panic and disorientation she felt and could not make sense of her surroundings. It was only after her glasses had been found and she put them on that she felt she could focus and get a handle on what was happening. Although she was not delirious her story makes me think about what our patients must feel when do not have their visual and hearing aids in place. This lack of sensory stimulation in a busy hospital environment can lead to the development or worsening of a delirium.

It cannot be stressed enough that Individuals that are hospitalized must have access to their visual and working hearing aids to be safe and to stave off delirium. The above story brings home how the loss of visual and hearing cues can contribute to the appearance of delirium related to loss of environmental cues. As nurses we can decrease or eliminate this risk factor for delirium by providing the individual with their sensory devices and careful assessment. As Christine Johnson stress's, "You can make a difference!"

RNAO Delirium, Dementia and Depression BPG - <http://rnao.ca/bpg/guidelines/assessment-and-care-older-adults-delirium-dementia-and-depression>
This is Not my Mom - Information and Resources about Delirium - <http://thisisnotmymom.ca/>



Public Health Ontario - UTI Program: Causes of delirium and mental status changes fact sheet - http://www.publichealthontario.ca/en/BrowseByTopic/I/PAC/Documents/UTI_Delirium_Mental_Status.pdf

Delirium Differential Diagnosis – I WATCH DEATH <http://www.fammedref.org/mnemonic/differential-diagnosis-i-watch-death>

(Photograph by Bev Hamilton)

UPCOMING EVENTS

Aging as a Disability?, Visiting Scholar, Professor Rev. Renzo Pegoraro, MD, STL, from Padova, Italy, Tuesday May 1, 2018, 7-9pm, Lakehead University Faculty Lounge,

Delirium <http://ltctoolkit.rnao.ca/sites/default/files/resources/BP%20Blogger-Delirium%20LTC%20Apr-May%202008.pdf>

DO YOU KNOW WHAT FORTA IS? READ ON.....

Christine Johnson, RN MN GNC(C) CNS, Health Sciences Center Winnipeg

FORTA is “Fit for the aged”, is a drug classification system designed as a clinical tool for monitoring and optimizing the drug therapy and care management of older adults. The system identifies drugs as belonging to four classes:

Class A: Absolutely

Class B: Beneficial

Class C: Careful

Class D: Don't

The FORTA is an innovative approach aimed at improving the screening and monitoring of drug therapy for older adults. It is similar to the BEERS list, it differs from the BEERS list in that the FORTA approach also lists beneficial medications.

The FORTA list

https://www.umm.uni-heidelberg.de/ag/forta/FORTA_List_2015_English_light_version.pdf

How to Use the FORTA ("Fit for The Aged") List to Improve Pharmacotherapy in the Elderly.

Wehling M1.

FORTA

<https://www.umm.uni-heidelberg.de/ag/forta/>

CAM and I WATCH DEATH delirium is like watching death if it goes on unchecked.

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