

Steps outlined to reduce postop delirium in older adults

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older [surgical patients](#) should be monitored with the use of a baseline delirium screen before surgery; all patients should be screened before discharge from the recovery room and twice thereafter. To prevent delirium, multicomponent nonpharmacologic interventions should be implemented. Postoperative pain control should be optimized by working with surgeons and other clinicians, preferably with minimally sedating multimodal pain management. Antipsychotics and benzodiazepines should be avoided for first-line treatment of delirium unless benefits far outweigh known risks.

"The recommendations are relatively simple evidence-based statements, which if widely implemented could reduce the incidence of delirium in [older patients](#) having surgery," Peden said in a statement. "Reducing the incidence of delirium is not in the hands of physician anesthesiologists alone, but we are well-placed to help lead the organizational initiatives needed to address the problem."

Two authors disclosed financial ties to Merck.

More information: [Abstract/Full Text](#)

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(HealthDay)—In an article published online Jan. 4 in the *British Journal of Anaesthesia*, six recommendations are presented that can be implemented by anesthesiologists and their partners to reduce the incidence of delirium.

Carol J. Peden, M.D., from Keck Medicine of the University of Southern California in Los Angeles, and colleagues reviewed best practice statements and guidelines as part of the American Society of Anesthesiologists Perioperative Brain Health Initiative to reduce the incidence of perioperative neurocognitive disorders (PNDs).

The authors offer six recommendations that can be implemented by anesthesiologists and their partners. Education and training programs should be developed by a multidisciplinary team to support identification of risk factors for [delirium](#) and other PNDs, discuss the risks, and manage patients with delirium. A baseline cognitive screen and assessment of additional risk factors for PNDs should be conducted in at-risk patients. At-risk

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