

NURSING SERVICES GUIDELINE Emergency Department

Guideline: Reducing emergency department delirium in older adults through decreased emergency department length of stay



Effective Date:
5/2026

Guidelines Superseded: N/A

Purpose: To reduce the incidence and severity of emergency department (ED) delirium in adults aged 65 years and older by minimizing prolonged ED exposure and expediting safe transfer from the ED to inpatient units or appropriate care settings.

Initial Effective Date:
5/2026

Responsibility: This guideline applies to all emergency department registered nurses, lead nurses and interdisciplinary team members involved in the care of older adults presenting to the ED.

Guideline Statement: Older adults are at increased risk for delirium during prolonged emergency department stays due to environmental stressors, sleep disruption, sensory deprivation, pain, dehydration, immobility, and delays in definitive inpatient care. Evidence demonstrates that extended ED length of stay is associated with increased delirium risk and poorer outcomes.

The emergency department will implement evidence-based nursing interventions designed to:

1. Reduce ED length of stay for older adults.
 2. Promote early transfer to inpatient units.
 3. Prevent incident delirium.
 4. Improve patient safety and outcomes.
-

Target Population

Patients aged ≥ 65 years presenting to the emergency department who:

- Are admitted to the hospital, observation unit, or geriatric psych unit
 - Have cognitive impairment, dementia, frailty, or sensory deficits
 - Are at high risk for delirium
-

Quality Goal

Primary Goal

Transfer at least **80% of admitted older adults (≥ 65 years)** out of the emergency department:

- Within **8 hours of ED arrival**, and/or
- Within **3 hours of the decision to admit**

Secondary Goals

- Reduce incident ED delirium rates
 - Reduce use of restraints and sedating medications
 - Improve patient and family satisfaction/customer service
 - Reduce hospital length of stay
-

Evidence Summary: Research demonstrates:

- Older adults with prolonged ED stays have significantly higher delirium risk.
 - ED stays >10 hours are associated with more than double the odds of delirium development.
 - Delirium contributes to increased mortality, functional decline, institutionalization, and prolonged hospitalization.
 - Prevention strategies including reorientation, hydration, mobilization, sleep preservation, and reduction in environmental stressors are effective nonpharmacologic interventions.
-

Nursing Practice Guideline

1. Early Identification of High-Risk Older Adults

Nursing Actions: Within 30 minutes of arrival:

- Identify all patients aged ≥ 65 years
 - Complete Neurological assessment with special focus on assessment for delirium risk factors:
 - Dementia or cognitive impairment
 - Sensory impairment
 - Polypharmacy
 - History of delirium
 - Functional dependence
 - Dehydration
 - Infection
 - Pain
 - Sleep deprivation
-

2. ED Throughput and Transfer Prioritization

Nursing Interventions

A. Prioritize Bed Placement for Older Adults

- Notify charge nurse immediately when admission decision is made
- Prioritize inpatient bed assignment for:
 - Cognitive impairment
 - Dementia
 - Delirium symptoms
 - Boarding time >6 hours

B. Escalation Process:

If no inpatient bed assigned within:

- 2 hours of admission decision \rightarrow notify nursing supervisor
- 3 hours \rightarrow escalate to hospital operations/bed management

C. Interdisciplinary Coordination: Collaborate with:

- Bed management
- Hospitalists
- Case management
- Transport services

Rationale

Reducing ED boarding time decreases exposure to delirium-triggering environmental stressors.

3. Nonpharmacologic Delirium Prevention Bundle

Environmental Interventions

Nurses will:

- Maintain normal day/night orientation
- Reduce nighttime noise and unnecessary alarms
- Keep lights on during daytime hours
- Encourage sleep hygiene overnight
- Provide clocks/calendars when available

Sensory Optimization

- Ensure access to:
 - Glasses
 - Hearing aids
 - Dentures
- Speak clearly and reorient frequently

Mobility and Functional Preservation

- Encourage ambulation as medically appropriate
- Avoid prolonged immobilization
- Assist with toileting regularly
- Avoid unnecessary urinary catheters

Hydration and Nutrition

- Monitor hydration status
- Encourage oral intake when safe
- Avoid prolonged NPO status unless clinically indicated

Pain Management

- Assess pain routinely using age-appropriate scales
- Treat pain promptly while minimizing high-risk sedatives

Rationale

Multicomponent nursing interventions are the most effective evidence-based strategy for delirium prevention.

4. Medication Stewardship

Nurses Should discuss with provider use of:

- Benzodiazepines
- Anticholinergics
- Diphenhydramine
- Excessive opioids
- Monitor for medication-induced delirium
- Collaborate with providers regarding safer alternatives

Rationale

Medication-related adverse cognitive effects contribute significantly to delirium in older adults.

5. Family and Caregiver Engagement:

Nursing Actions

- Encourage family presence when appropriate
- Obtain baseline cognitive status from caregivers
- Educate families regarding delirium prevention strategies
- Promote familiar objects and reassurance

Rationale

Frequent reorientation and familiar support reduce delirium severity and distress.

6. Documentation Requirements: Nurses will document:

- Cognitive status assessments
 - Boarding time milestones
 - Nonpharmacologic interventions implemented
 - Family involvement
 - Escalation actions related to transfer delays
-

Outcome Measures/Outcome Metrics

- Restraint utilization
 - Falls
 - Inpatient length of stay
 - ICU transfers
 - 30-day readmissions
-

Staff Education: Annual education should include:

- Delirium recognition
 - Geriatric communication techniques
 - Safe medication practices
 - Throughput escalation procedures
-

References

1. Han JH, et al. *Recognition, prevention, and treatment of delirium in emergency department: An evidence-based narrative review*. American Journal of Emergency Medicine. 2020.
2. Oliveira e Silva LJ, et al. *Risk Factors for Delirium in Older Adults in the Emergency Department: A Systematic Review and Meta-Analysis*. Annals of Emergency Medicine. 2021.

3. Liu SW, et al. *ED-DEL: Development of a change package and toolkit for delirium in the emergency department*. 2021.
4. NICE Guideline. *Delirium: prevention, diagnosis and management in hospital and long-term care*. Updated 2023.
5. Émond M, et al. *Incidence of delirium in the Canadian emergency department and its consequences on hospital length of stay*. *BMJ Open*.
6. *Emergency Department Length of Stay for Older Adults With Dementia*. 2024.

Approved by:

*Kurt Kless, MSN, MBA, RN, NE-BC
Chief Nursing Officer*

*Ken Fry, MBA, MSN, RN, PCCN, CIC,
NE-BC - Assistant Chief Nursing
Officer*

Initial effective date: 5/2026

Review/Revision Date:5/2026

-

Next review date: 5/2029

Review/Revision Completed by:

*Julia Benfield, BSN. RN, CEN
Director, Emergency Department*