

## Oral presentations

### 221 DELIRIUM DETECTION IN THE ED UTILIZING THE 4AT DELIRIUM SCREENING TOOL

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**Background:** Delirium is a medical emergency and is associated with increased risk of mortality, in-hospital complications, length of stay and institutionalisation. Delirium screening is recommended for patients at risk on admission. Despite this, delirium screening

is frequently not undertaken in the acute setting leading to undiagnosed delirium and sub-optimal clinical care.

We aim to investigate the prevalence of delirium in patients aged  $\geq 75$  years attending the Emergency Department (ED) of a tertiary referral centre.

**Methods:** Patients aged  $\geq 75$  yrs presenting to the ED between 08.30 and 18.30, Monday-Friday were assessed by an interdisciplinary gerontological service using a standardised assessment tool including the 4AT to screen for delirium. Data was collected and analysed via Excel.

**Results:** Of 163 patients screened over a 4 week period 47.9% (78/163) were male with a mean age of 81.8 years (SD 2.7). Twenty three percent (34/148) scored  $\geq 4$  indicating a possible delirium. Patients with delirium were older (85 yrs vs. 80 yrs,  $P < 0.001$ ), were more likely to score  $\geq 4$  on Clinical Frailty Scale (97% vs. 56%,  $P < 0.001$ ), and at risk of, or have malnutrition (MNA SF score  $< 12$ ) (86% vs. 40%,  $P < 0.001$ ).

**Conclusion:** Routine screening of patients in the acute setting detected a high rate of delirium at a level which is consistent with previous studies. Patients with delirium were older, more frequently frail and at risk of malnutrition. Our results support the evidence for routine screening for delirium in the acute setting.