

## Abstract

**Background:** Postoperative delirium is the most common postsurgical complication among geriatric hip fracture patients. Arising due to multiple modifiable factors, postoperative delirium can be prevented by early identification of its signs and symptoms, and early prevention will lead to the best possible surgical outcomes and a better quality of life after hip fracture repair.

**Objectives:** The aim of this evidence-based practice project is to implement a nursing delirium screening (Nu-DESC) tool and delirium care plan for geriatric postoperative hip fracture patients in acute care units and to evaluate outcomes with regard to compliance with the screening tool and delirium care plan, delirium incidence, and length of hospital stay.

**Method:** Data from the post-implementation period (July 2022–December 2022) have been compared data from the pre-implementation group (February 2022–June 2022) to determine whether the delirium assessment for postoperative hip fracture patients has impacted patients' length of hospital stay, discharge location, and delirium incidence rate. Patients aged  $\geq 65$  years admitted to the acute care inpatient unit post-hip-fracture repair have been included.

**Finding:** Compliance with the post-operative hip fracture order set and Nu-DESC tool was high at over 80% also the compliance with care plan documentation was 62.5%. Early detection of delirium increased the incidence rate from 6.9% to 27%. The average length of hospital stay was consistent at five days for both groups. Notably, more patients were discharged home in the post-implementation group.

**Conclusion:** This project also improved the awareness of delirium among nurses and providers, and the delirium screening tool and care plan became hardwired as a standard practice for all geriatric, non-ICU, post-op hip fracture patients.