

Udvikling af en klinisk retningslinje for non-farmakologisk håndtering af agitation på intensive afdelinger

Intensiv Symposium
15. september 2022

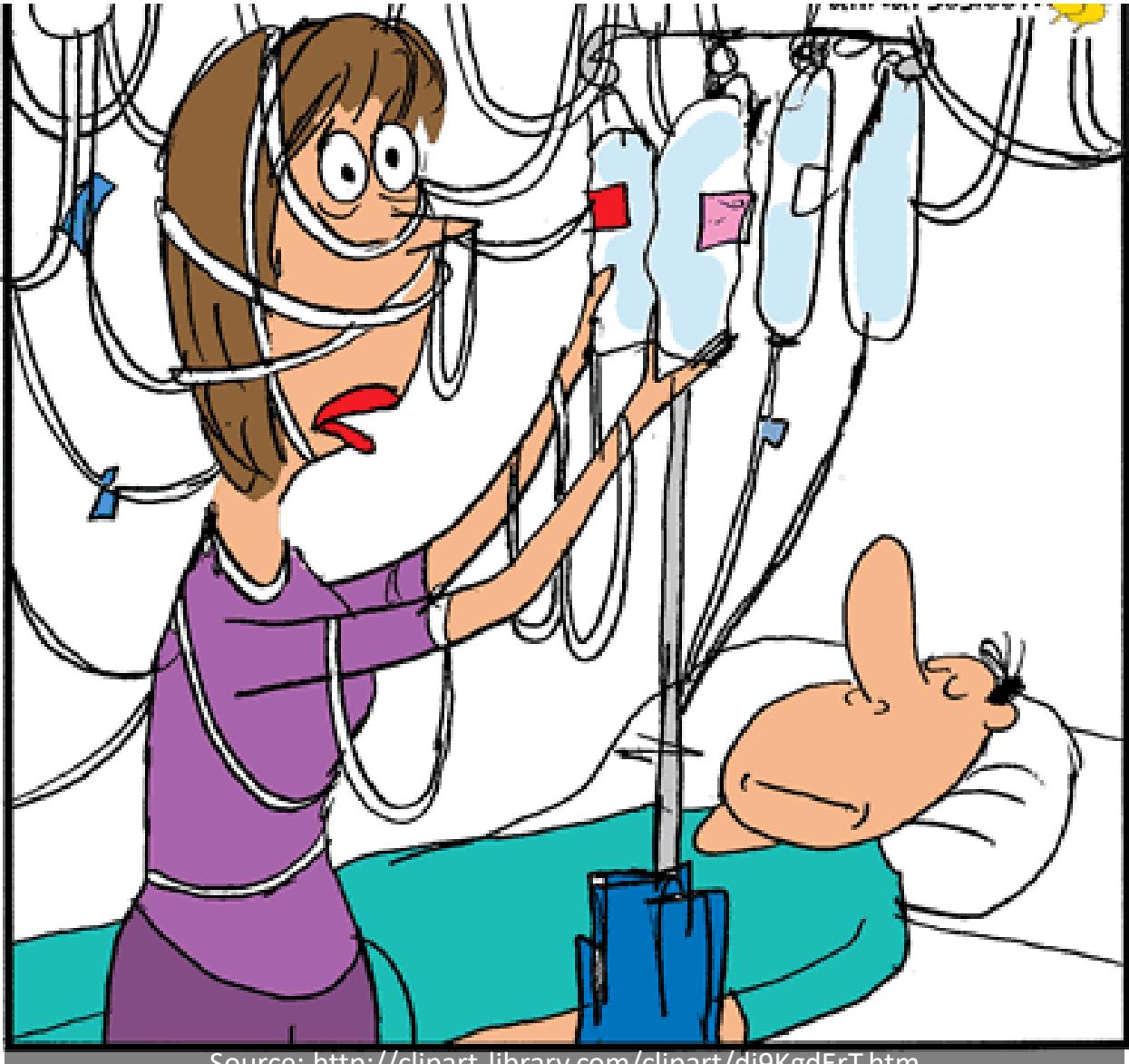
Anne Mette Adams
Ph.d. studerende

Vejledere:

Tiffany Conroy, Diane Chamberlain, Mette Grønkjær og
Charlotte Brun Thorup



En klinisk retningslinje - hvem har brug for det?



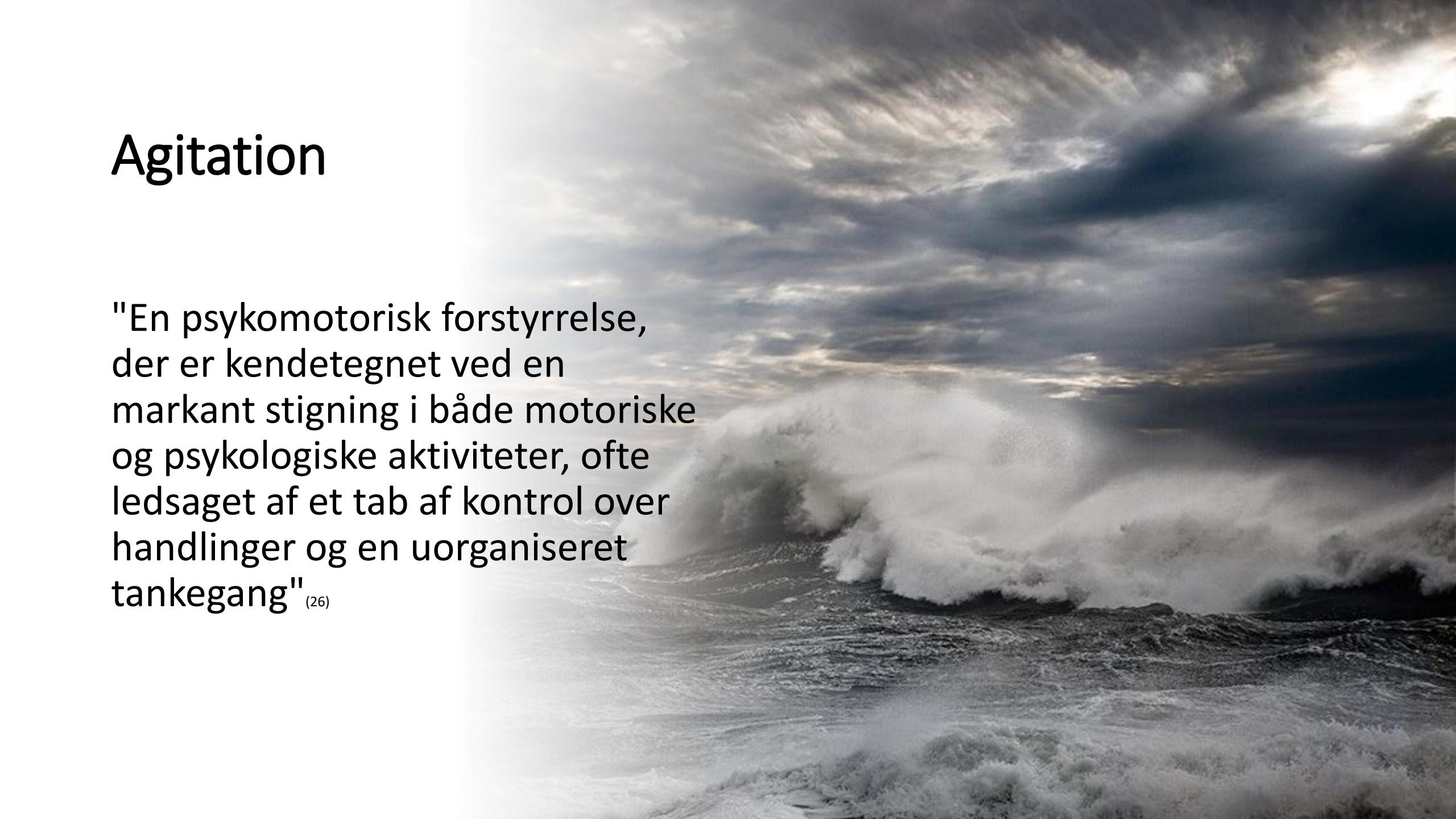
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Baggrund

- Agitation forekommer hos 30-70% af patienter indlagt på intensive afdelinger ⁽¹⁻⁷⁾
- Agitation er associeret med en række negative patient udfald ^{(8,9,10).}
- Agitation påvirker patienten, pårørende og plejepersonalet ^{(11-17).}
- Stor tiltro til medicinering og fysisk fiksering under agitation er problematisk ^{(18-25).}

Agitation

"En psykomotorisk forstyrrelse,
der er kendetegnet ved en
markant stigning i både motoriske
og psykologiske aktiviteter, ofte
ledsaget af et tab af kontrol over
handlinger og en uorganiseret
tankegang"⁽²⁶⁾





Patient oplevelse af agitation

- Følelsen af at være hjælpeレス og miste kontrol.
- Følelsen af at være nødt til at anvende vold for at overleve eller forsøre sig.
- Bevidsthed om egen sårbarhed og dødelighed.
- Følelsen af at være alene og ude af stand til at kommunikere.
- Et stærkt behov for menneskelig tilknytning og omsorg.

(ref 11, 27)

Årsager til agiteret adfærd

Kritisk sygdom og medicin

Fysisk ubezag

Psykisk ubezag



Sedation

- Mindsket brug af sedativa er forbundet med bedre udfald for patienten (20, 23, 29, 30).
- Der er ofte et overforbrug af sedation (31, 32, 33).

Fysisk fiksering

- Ingen RCT'er har vist positiv effekt af fysisk fiksering.
- Fysisk fiksering er forbundet med en række negative udfald så som uplanlagte, ekstubationer, fjernelse af udstyr, øget agitation, PTSD etc. (20, 24, 25, 34, 35, 36).



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Der er brug for vejledning!

- At udføre omsorg til denne patientgruppe er vanskeligt både fysisk og psykisk (36).
- Der er usikkerhed ift. hvordan man håndterer agitation på intensiv afdelingen (36, 37, 38).
- Beslutningstagen er påvirket af personlige erfaringer og synspunkter (39).
- 76% af klinikere mener, at plejen til denne patient gruppe kan forbedres (37).

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Review paper

Caring for patients displaying agitated behaviours in the intensive care unit – A mixed-methods systematic review

Anne Mette N. Adams, RN, MN^{a,*}
Diane Chamberlain, RN, PhD^a
Mette Grønkjær, RN, PhD^b
Charlotte Brun Thorup, RN, PhD^c
Tiffany Conroy, RN, PhD^a

^a Caring Futures Institute, College of Nursing and Health Sciences, Flinders University, Sturt Road, Bedford Park, 5042 SA, GPO Box 2100, Adelaide 5001, SA, Australia
^b Aalborg University Hospital & Department of Clinical Medicine, Aalborg University, Denmark
^c Department of Intensive Care and Clinical Nursing Research Unit, Aalborg University Hospital, Denmark

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ABSTRACT

Background: Patient agitation is common in the intensive care unit (ICU), with consequences for patients and health professionals if not managed effectively. Research indicates that current management may not be optimal. A comprehensive review of the evidence exploring nurses' experiences of caring for patients displaying agitated behaviours in the ICU is required to fully understand how nurses can be supported to take on this role.

Objectives: The aim of this study was to identify and synthesise qualitative and quantitative evidence of nurses' experiences of caring for patients displaying agitated behaviours in the adult ICU.

Methods: A mixed-methods systematic review was conducted. MEDLINE, CINAHL, PsycINFO, EMBASE, Scopus, ProQuest, and Cochrane Library were searched from database inception to May 2020 for qualitative, quantitative, and mixed-methods studies. Peer-reviewed, primary and secondary studies were considered for inclusion. A convergent integrated design, described by Tavakoli et al., was utilised transforming all data into qualitative findings before categorising to form the final integrated findings. The review protocol was registered in PROSPERO (CRD42020191715).

Results: Eleven studies were included in the review. Integrated findings include (i) the significance of agitation for patients displaying agitated behaviours; (ii) attitudes of nurses; (iii) uncertainty around management of agitated behaviour; and (iv) lack of effective collaboration and communication between medical colleagues.

Conclusions: This review describes the challenges and complexities nurses experience when caring for patients displaying agitated behaviours in the ICU. Findings indicate that nurses lack guidance and support to manage agitation effectively, which may result in negative outcomes for patients and nurse outcomes.

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1. Introduction

Agitation in the intensive care unit (ICU) has been defined as "a psychomotor disturbance characterized by a marked increase in both motor and psychological activities, often accompanied by a loss of control of action and a disorganization of thought".¹ Report that agitated behaviours are common in the ICU, with incidence ranging between 31.8 and 70.8 per cent.^{2–4}

Agitation must be managed effectively as the uncontrolled state is associated with several negative outcomes including increased length of stay,^{5,6} increased ventilator days,⁷ increased risk of nosocomial infections,⁸ increased risk of delirium,⁹ increased risk of falls,¹⁰ increased risk of pressure ulcers,¹¹ increased risk of catheter-associated urinary tract infections,¹² increased risk of hospital-acquired pneumonia,¹³ increased risk of hospital-acquired infections,¹⁴ increased risk of hospital-acquired sepsis,¹⁵ increased risk of hospital-acquired mortality,¹⁶ and increased risk of hospital-acquired complications.¹⁷

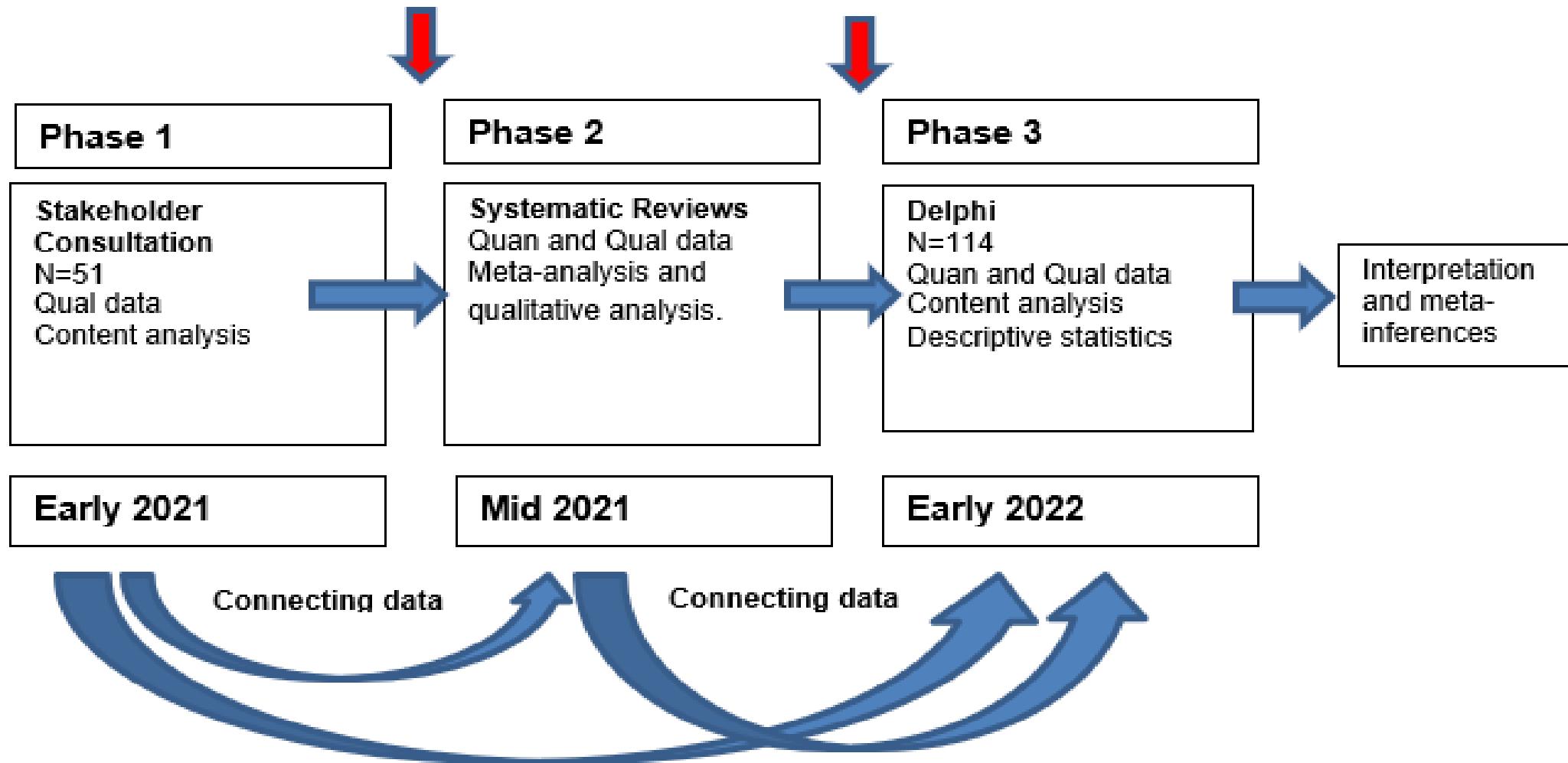
* Corresponding author.
E-mail address: anne.mette.adams@flinders.edu.au (A.M.N. Adams).

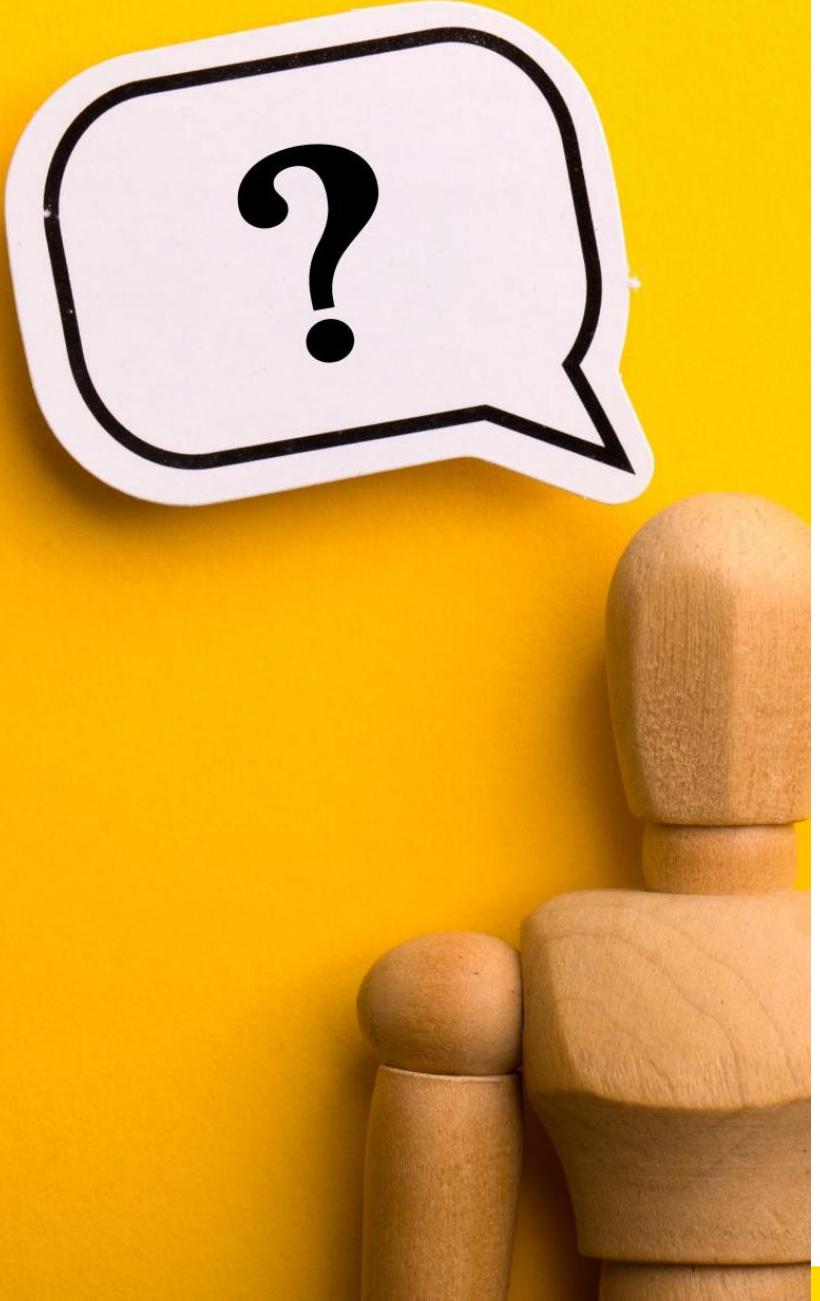
Formål

- At udvikle en Dansk-Australisk patient-centreret klinisk retningslinje for non-farmakologisk håndtering af agitation for patienter på intensive afdelinger



Multiphase mixed methods Delphi methodology





Fase 1: Involvering af en rådgivende gruppe

- Indhold
- Målgruppe
- Patient gruppe
- Effektmål
- Effektive tiltag
- Implementering

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 **Methodology paper**
Ethical and feasible stakeholder engagement in guideline development
Anne Mette N. Adams^{a,*}, Diane Chamberlain^a, Charlotte Brun Thorup^b, Mette Grønkjær^c,
Tiffany Conroy^b

^a Flinders University, Caring Futures Institute, College of Nursing and Health Sciences, 5001 Adelaide, Australia
^b Department of Intensive Care and Clinical Nursing Research Unit, Aalborg University Hospital, Aalborg, Denmark
^c Aalborg University Hospital & Department of Clinical Medicine, Aalborg University, Denmark

ABSTRACT
Background: Stakeholder engagement impacts on the relevance and usability of guideline development. Guideline developers are advised to engage with a diverse group of stakeholders. Ongoing and challenging phases of guideline development is determining the guideline's current scant guidance for how stakeholders can be engaged in feasible and ethical ways. Aim: This article aims to provide practical guidance for how diverse stakeholders determine the scope of a guideline.
Methods: Supported by previous frameworks and by drawing on experiences from intensive care units, this paper describes a 7-step process for stakeholder engagement. Stakeholders need to consider the aim of their project, identify relevant stakeholders, develop an engagement plan, plan how to engage in feasible and ethical ways, consider how to increment the scope of a project, and finally consider how to evaluate the project.
Conclusion: Consultation of diverse stakeholder groups is feasible, but it is essential and be aware of the steps to take to ensure an effective and ethical process.
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Patient-centred care

Summary of relevance

Problem
Failure to engage relevant stakeholder groups when determining the scope of clinical practice guidelines may result in inadequately addressing existing needs, thus compromising the implementation of the guideline.

What is already known
Evidence shows that often stakeholder engagement is not done or not done well

1. Introduction and background
The implementation of evidence-based practice (Braithwaite, Glasziou, & Westbrook, 2020). AI are tools developed to support this process (Steinonen, Wolman, Mancher, & Graham, 2011). The lack of stakeholder engagement is a major concern internationally (Girlanda, Fiore, & Koesters, 2017; Heneghan, Perera, Mant, Reinecke et al., 2015). Lack of guideline uptake and end-users do not agree with recommendation (Ouellette-Kuntz, & Heyland, 2010), or when the

Fase 2A: Effekten af interventioner; en systematisk litteraturgennemgang.

- **Formål:** Systematisk gennemgå artikler, der evaluerer effektiviteten af non-farmakologiske tiltag designet til at håndtere agitation på den voksne intensivafdeling
- PROSPERO protocol (40) and Joanna Briggs Institute's metode for Systematic Reviews of Effectiveness (41).
- Publicerede og upublicerede kvantitative undersøgelser verden over, på engelsk indtil juni 2021.
- JBI's appraisal tools, and vurdering af kvaliteten af evidensen vha GRADE metoden (42).

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Review paper
Nonpharmacological interventions for agitation in the adult intensive care unit: A systematic review

Anne Mette N. Adams, RN, MN^{a,*}, Diane Chamberlain, RN, PhD^a, Mette Grønkjær, RN, PhD^b, Charlotte Brun Thorup, RN, PhD^c, Tiffany Conroy, RN, PhD^a

^a Flinders University, Caring Futures Institute, College of Nursing and Health Sciences, Australia; ^b Aalborg University Hospital & Department of Clinical Medicine, Aalborg University, Denmark; ^c Department of Intensive Care and Clinical Nursing Research Unit, Aalborg University Hospital, Denmark

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ABSTRACT

Background: Person-centred nonpharmacological strategies should be used whenever agitation in the intensive care unit due to issues related to an overreliance on psychoactive drugs. However, the effect of nonpharmacological interventions to unclear.

Objectives: The objectives of this study were to systematically review studies thativeness of nonpharmacological interventions designed to prevent and minimise agitation in the adult intensive care unit.

Methods: This systematic review was conducted following the Joanna Briggs Institute view of Effectiveness method and a priori PROSPERO protocol. Quantitative studies w seven databases, including MEDLINE, EmCare, CINAHL, Web of Science, PsycINFO, So Library. In addition, grey literature from several repositories and trial registers was se outcome of interest was the effect on prevention, minimisation, and management quality of the evidence was assessed using the Grading of Recommendations, Assessm and Evaluation (GRADE).

Results: Eleven studies were included (n = 882). Meta-analyses of two studies de cantly lower levels of agitation (measured with the Richmond Agitation Sedation : receiving a multicomponent nonpharmacological intervention than in those receiv individual studies showed a significant effect of nature-based sounds, music, foot reflexo and aromatherapy. The type of the endotracheal suction system did not affect levels c the certainty of the findings was rated very low. Harms and adverse effects were i studies.

Conclusions: Nonpharmacological interventions have the potential to reduce levels intensive care unit. However, inconsistencies in reporting, low quality of method small sample sizes impact the certainty of the results. Future trials must include larg rigorous methods to improve knowledge in this field, and consider a range of other

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1. Introduction

Patients in the intensive care unit (ICU) can exhibit many distressing neuropsychiatric symptoms such as anxiety, depression, psychosis, agitation, and apathy. Agitation is challenging and is a major concern for clinicians int behaviours are common,^{1–3} often disrupting life-and are associated with a long list of adverse c unplanned extubation,^{4,5} line removal,⁶ and in stay.⁷ Agitation can be disturbing for people ex well as healthcare professionals^{8,13} and family Chevrol et al. define agitation in ICU as "a psychical activities, often accompanied by a loss c

* Corresponding author at: Flinders University, College of Nursing and Health Sciences, GPO Box 2100, 5001 Adelaide, SA, Australia. Tel.: +61 8 8201 5159.
E-mail addresses: mette.adams@flinders.edu.au (A.M.N. Adams), d.chamberlain@flinders.edu.au (D. Chamberlain), mette.gronkjær@dku.dk (M. Grønkjær), t.conroy@dku.dk (C. Brun Thorup), tiffany.conroy@flinders.edu.au (T. Conroy).

Summary of Findings Table

Outcomes	Effect	No of participants (studies)	Certainty of the evidence
Multi-component Nonpharmacological Care Interventions			
Agitation	Meta-analysis indicates a large effect size.	220 (two RCTs)	⊕○○○ Very low ^{a, b, c.}
Nature-Based Sounds			
Agitation	Significantly reduction of agitation.	300 (three RCTs)	⊕○○○ Very Low ^{b, c, d, e.}
Music Therapy			
Agitation	Significantly reduction in agitation	56 (one RCT and one quasi-experimental study)	⊕○○○ Very Low ^{c, f, g, h.}
Sensory Interventions (reflexology, healing touch, aromatherapy)			
Agitation	Significantly reduction in agitation	327 (one RCT and three quasi-experimental studies)	⊕○○○ Very Low ^{b, c, f, i.}
Suction Methods - closed compared to open suction systems			
Agitation	The type of suction system used had no effect on the level of patient agitation.	60 (one RCT)	⊕○○○ Very Low ^{b, c, j.}



Største bekymringer

Forskningsmetoder

Skader, gennemførbarhed og accept ikke rapporteret.

Manglende oplysninger

Patienter med psykisk sygdom, stof-/alkoholafhængighed, neurologiske lidelser osv. blev ekskluderet.

Konklusioner

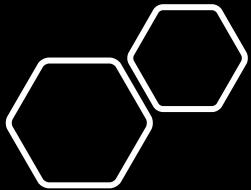
Utilstrækkelig evidens til at drage faste konklusioner om non-farmakologiske tiltag for at reducere agitation

Forskere skal bruge strengere metoder og overveje alternative designs.

Fase 2B: Systematisk litteraturgennemgang af systematiske reviews og kliniske retningslinjer for agitation.

- Identificerede tre systematiske reviews og 11 kliniske retningslinjer
 - Identifikation af agitation
 - Behandling af underliggende årsag
 - Psykosociale behov
 - Fysiske behov
 - Fysisk fiksering
 - Støtte af personalet



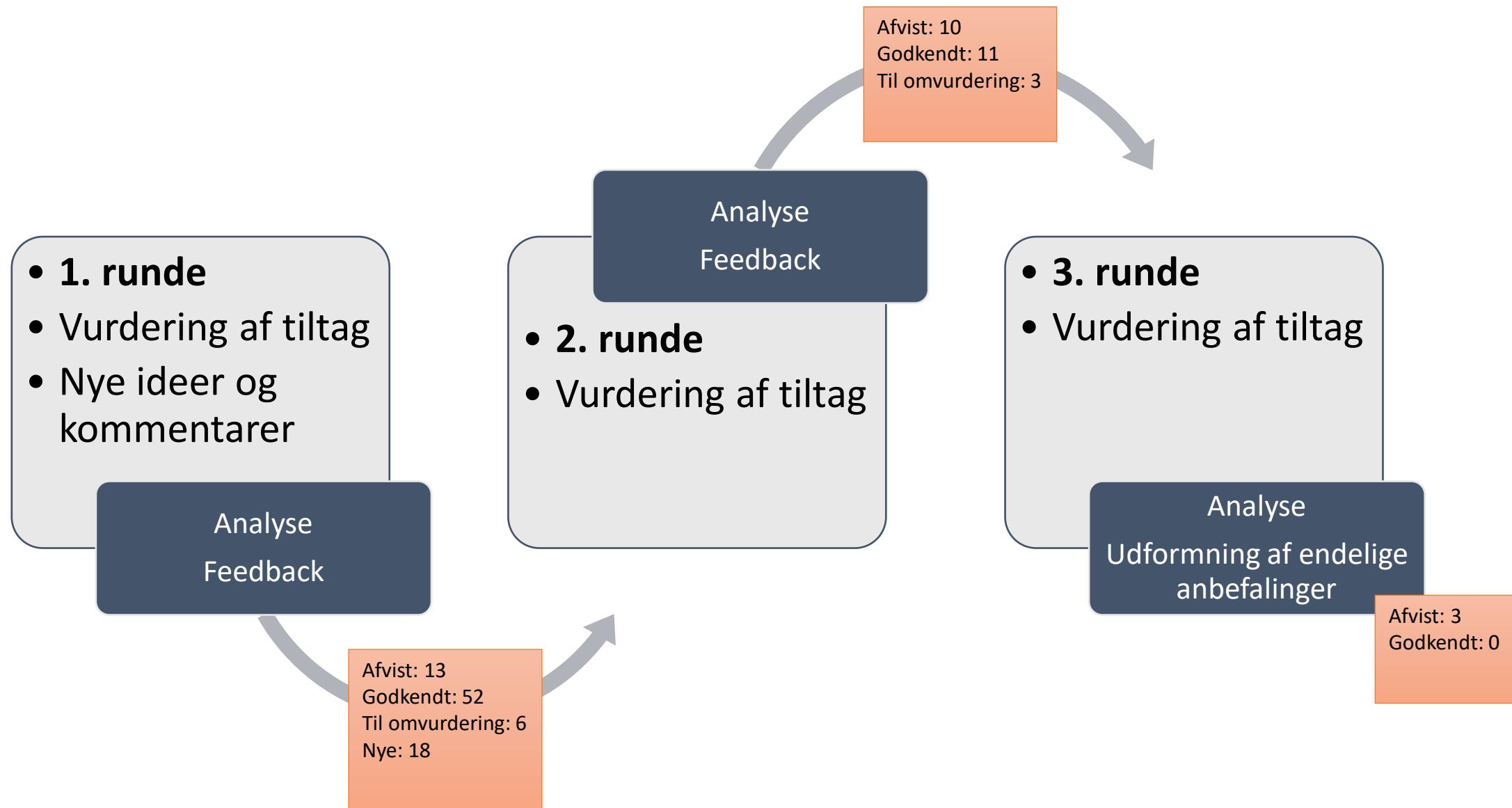


Retningslinjer af lav kvalitet

- Manglende involvering af en bred gruppe af rådgivere
- Manglende systematiske litteratur gennemgange
- Manglende kritis af eksisterende litteratur
- Manglende links mellem anbefalinger og evidens.
- Manglende og bekymrende information ift. interessekonflikter
- Manglende information ift. faktorer der hindrer eller fremmer implementering.
- Manglende information ift. gennemførbarheden.



Fase 3: Delphi studie

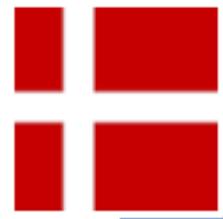




Kriterier	Beslutning
Konsensus etableret ($IQR \leq 1$) OG konsensus niveau $\geq 75\%$ i begge lande <i>(Delvis enig eller helt enig med princip, eller delvist anvendeligt eller meget anvendeligt til tiltag).</i>	Godkendt
Konsensus niveau $\geq 75\%$ i kun et land.	Omvurdering
Ovenstående kriterier ikke opfyldt ELLER Om-vurderet i en spørgerunde og ovenstående kriterier er fortsat ikke opfyldt.	Afvist



Tidlige resultater



Denmark

- Invited: 45
- Round 1: 40 (89%*)
- Round 2: 38 (95%**)
- Round 3: 38 (95%**)



Australia

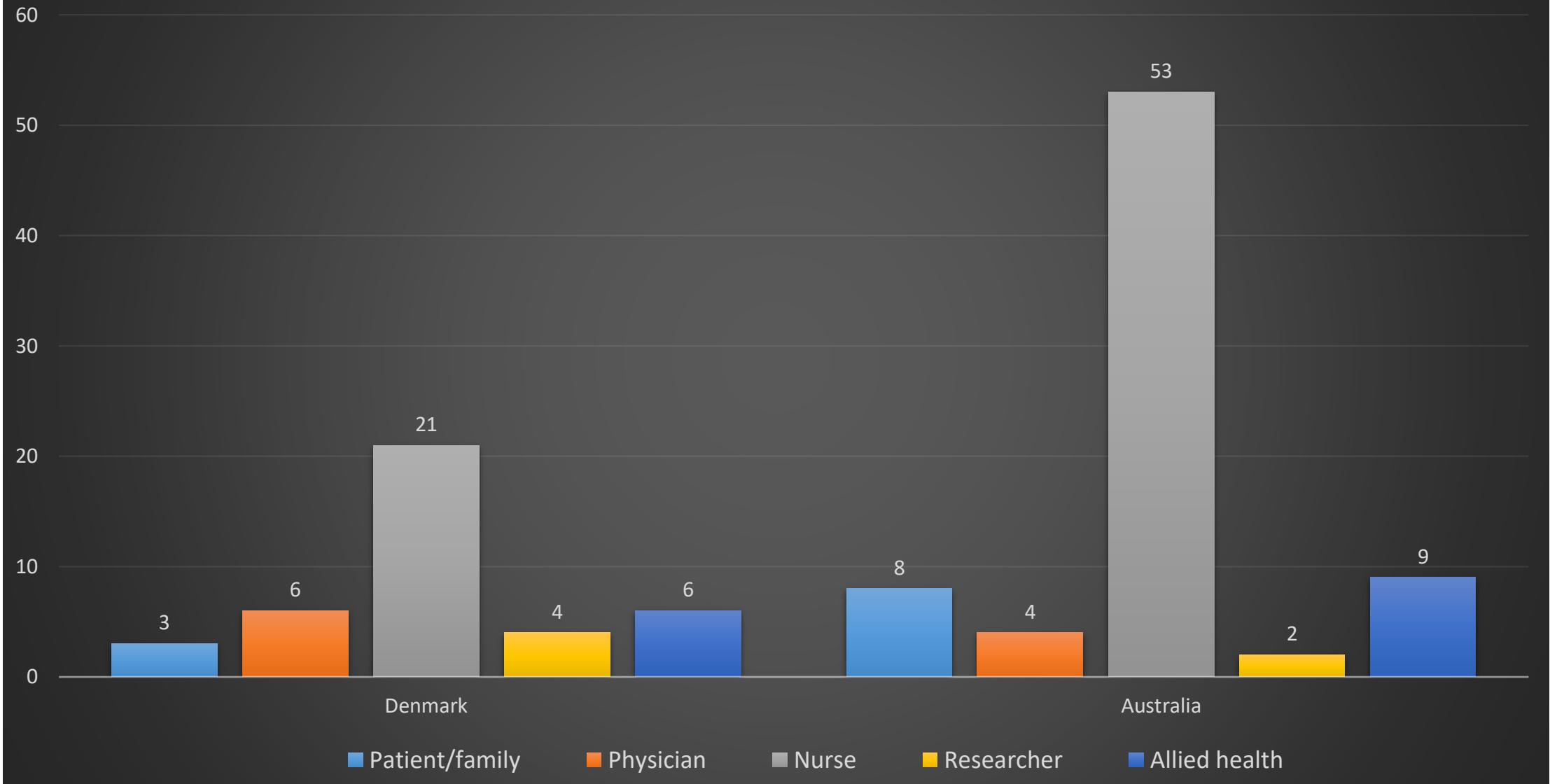
- Invited: 81
- Round 1: 74 (91%*)
- Round 2: 68 (92%**)
- Round 3: 65(88% **)

* % of invited.

** % of included participants (round one).

Figure 1 Participation across rounds|

Stakeholder groups



Sundhedspersonale	Danmark	Australien	Total
Arbejdserfaring på en intensiv afdeling			
2-4 år	5	3	8
5-7 år	5	14	19
8-10 år	1	10	11
11-20 år	13	26	39
20+	13	13	26

Sundhedspersonale	Danmark	Australien	Total
Højeste uddannelsesniveau			
Bachelor	8	5	13
Australsk Graduate Certificate		21	21
Australsk Graduate Diploma		8	8
Specialuddannelse i intensiv sygepleje	9		9
Master	5	24	29
Kandidat	5	0	5
Ph.d.	5	5	10
Speciallæge	3	3	6
Andet *	2	0	2

*Clinical Nurse Facilitator Degree, EDIC, SSAI

PATIENTER OG PÅRØRENDE

DANMARK

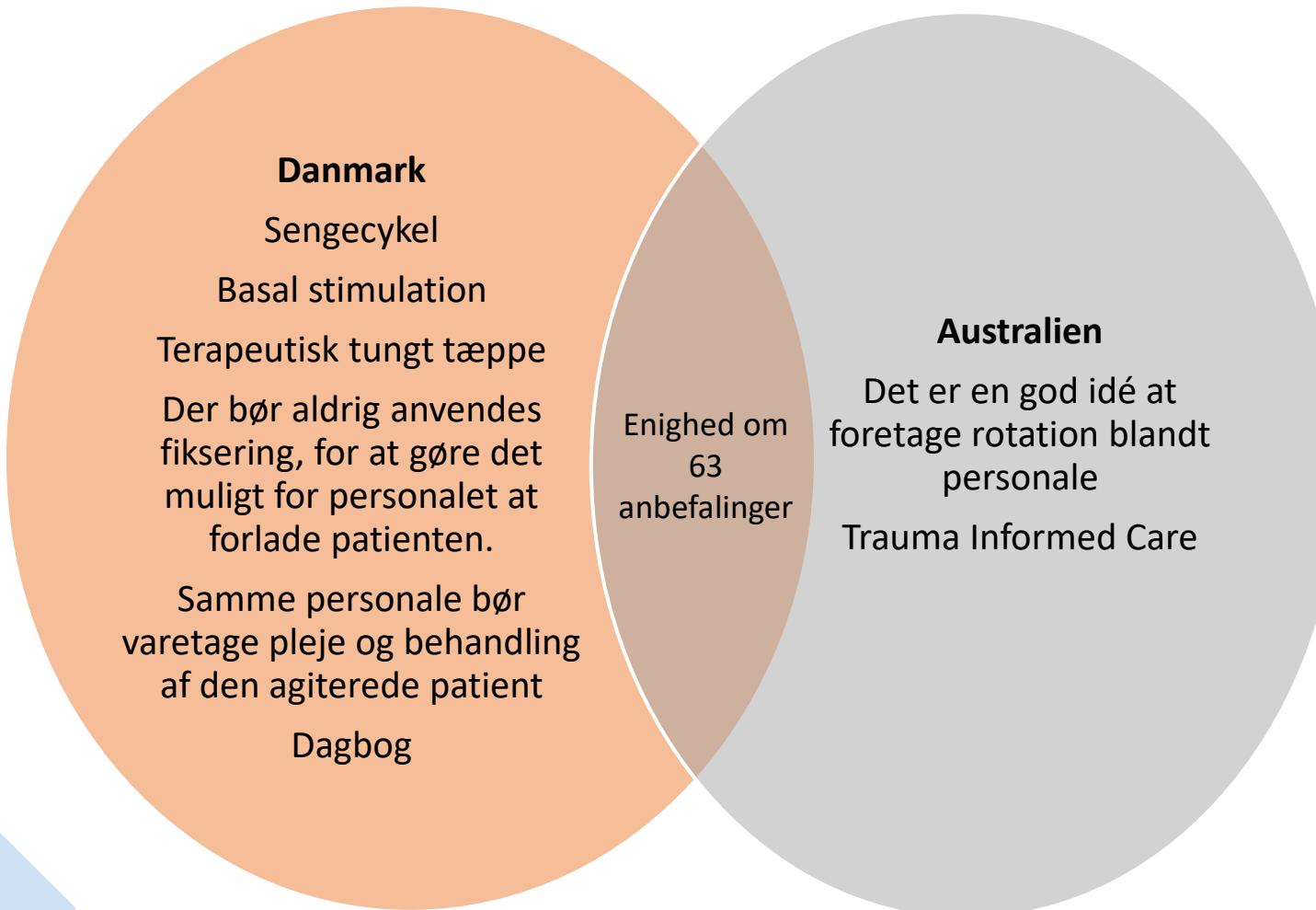
AUSTRALIEN

TOTAL

Tid siden oplevelse

3-6 måneder siden	1	0	1
6-12 måneder siden	0	1	1
1-2 år siden	1	0	1
2-3 år siden	0	2	2
Mere end 3 års siden	1	5	6

Afviste anbefalinger



- Afviste anbefalinger**
- Massage
 - Naturbaserede lyde
 - Guided imagery
 - Syng eller nynne
 - Spirituel/pastoral omsorgsperson
 - Navneskilt og/eller fotografier af plejepersonale
 - Åndedrætsøvelser
 - BBAUM approach
 - Gentle violence prevention
 - Grænsesætning
 - Felicia Affolter
 - Aromaterapi
 - Zoneterapi
 - AKupunktur
 - Sovemaske
 - Ørepropper

**Ydre cirkler:
overordnede
principper**

**Indre cirkel: kerne
plejestrategier**



Inkluderede anbefalinger, der er vurderet som mindre vigtige (<75% vurderede ‘delvist’ eller ‘meget vigtige’)

- Involvere en psykolog eller psykiater i behandlingsplanen
- Neuropædagogik
- Fidget legetøj

Inkluderede anbefalinger, der er vurderet som mindre gennemførlige (<75% vurderede ‘delvist’ eller ‘meget gennemførlige’)

- Yderligere bemanding
- Hyppige pauser
- En intensiv afdeling bør indrettes, så det bliver lettere at observere agiterede patienter.
- Involvere en psykolog eller psykiater i behandlingsplanen
- Neuropædagogik
- Fidget legetøj
- Tag patienten udendørs
- Kæledyrsterapi

Områder med signifikant uenighed mellem landene

- Der bør aldrig anvendes fiksering, for at gøre det muligt for personalet at forlade patienten 
- Samme personale bør varetage pleje og behandling af den agiterede patient 
- Det er en god idé at foretage rotation blandt personale 
- Sengecykel, basal stimulation og terapeutisk tungt tæppe er anvendelige 
- Trauma informed care er anvendeligt 
- Et land vurderede at følgende anbefalinger ikke var gennemførlige
 - *Klinkere bør overveje, at holde en fysisk sikkerhedsafstand til en voldelig patient*
 - *Involver pårørende i plejen* 

Områder med signifikant uenighed mellem deltager grupper

- Sygeplejersker vurderede disse områder højere end nogen anden gruppe: *ekstra bemanding, rotation af personale, debriefing af personale, prioritering af sikkerhed og at holde en sikker fysisk afstand til en voldelig patient.*
- Sygeplejersker vurderede *tværfagligt samarbejde* væsentligt højere end læger.
- Læger vurderede *at udvikle en relation til patienten baseret på empati, respekt og tillid, bruge alternative kommunikationsmetoder og neuropædagogik* væsentligt lavere end andre grupper.
- Forskere vurderede *at udvikle plejeplaner bygget på patientpræferencer og kontrollere, at aggressive og voldelige agiterede patienter ikke har adgang til genstande som kan forårsage skade* lavere end andre interessentgrupper.
- Både læger og patienter/pårørende vurderede tildelingen af det samme personale højere end andre grupper.
- Patienter/pårørende vurderede *behagelige omgivelser, mental stimulering og patientdagbog* højere end andre grupper.

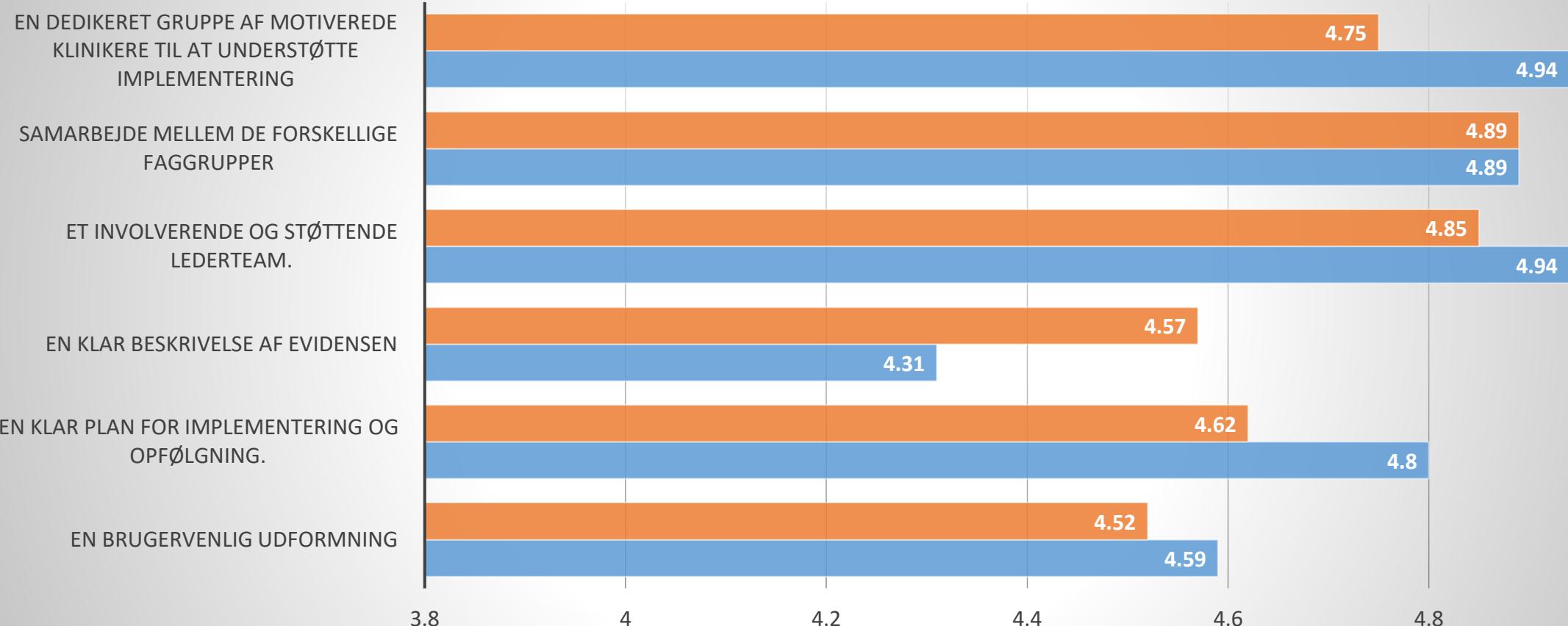
Faktorer der kan være barrierer for implementeringen af den kliniske retningslinje (mean score)



1=Slet ikke en barriere, 2=Ikke rigtigt en barriere, 3=neutral, 4=delvist en barriere, 5=absolut en barriere.

■ Australia ■ Danmark

Faktorer der kan fremme implementeringen af den kliniske retningslinje (mean scores)



1=Slet ikke hjælpsomt, 2=Ikke særlig hjælpsomt, 3=neutral, 4=Delvis hjælpsomt, 5=Meget hjælpsomt

■ Australia ■ Denmark

konklusion

- Vi mangler evidens på effektive non-farmakologiske strategier.
- Vi mangler evidens på patient, pårørende og sundhedspersonalets oplevelse af agitation.
- Vi mangler en bedre forståelse af agitation og, hvordan det ser ud på intensivafdeling.
- Udvikling af en klinisk retningslinje over landegrænser er mulig, men lande vurderer ikke nødvendigvis alle anbefalinger ens.
- Det er vigtigt (og muligt) at involvere en bred gruppe af mennesker, når man udvikler en klinisk retningslinje.
- Dette er en ‘preliminary’ retningslinje, som bør blive testet og vurderet eksternt.
- De ‘aktive ingredienser’ i anbefalingerne er fortsat uklare og bør udforskes yderligere.
- Hvis retningslinjen skal implementeres så kræver det et system som prioriterer patient-centreret pleje, samarbejde mellem faggrupper og dedikerede klinikere og ledere.

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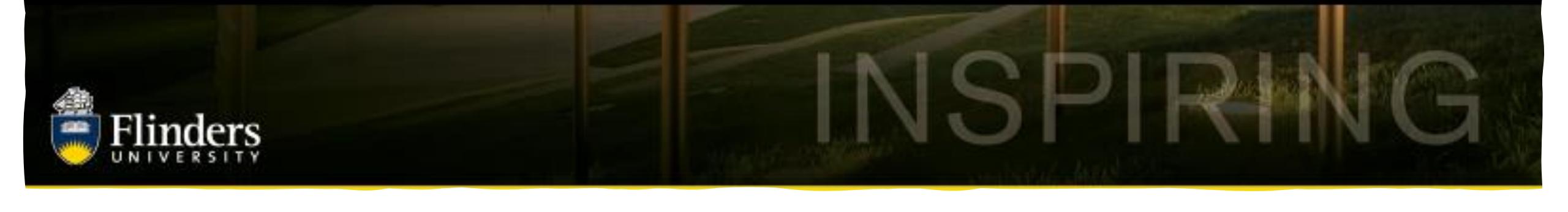
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Thank you!

Anne Mette Adams

E-mail: mette.adams@flinders.edu.au

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mette.adams@flinders.edu.au

