

# Patient isolation associated with hospital delirium: study

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A new study finds that patients who are moved into isolation during a hospital stay are nearly twice as likely to develop delirium, a potentially dangerous change in mental status that often affects hospital patients. Patients who began their stay in isolation were not at increased risk.

The study, published in the January issue of *Infection Control and Hospital Epidemiology*, the journal of the Society for Healthcare Epidemiology of America, is the largest of its kind to examine the link between delirium and measures taken to prevent the spread of hard-to-treat infections such as MRSA. The measures, known as contact precautions, require patients to be isolated in their own room, and for healthcare personnel to wear masks, gowns, and other protective equipment. Some [clinicians](#) have been concerned that contact precautions may be disorienting to patients, making delirium more likely. Though delirium is generally a temporary condition, it can often adversely affect [patient care](#). Symptoms include confusion, an inability to pay attention, and [fluctuations](#) in [alertness](#).

A team of researchers led by Dr. Hannah Day of the University of Maryland School of Medicine examined two years of data from the university's 662-bed medical center. They found that patients who were placed on contact precautions at some point after admission to the hospital were 1.75 times more likely to develop delirium. However, patients on contact precautions starting at admission were no more likely to develop delirium. That finding, the researchers say, suggests that it may not be the precautions themselves causing delirium.

"Patients in our study who were placed on contact precautions later in their hospitalization were generally sicker than those who were on contact precautions from the outset," said Dr. Day. "So it's possible that the underlying illness rather than the precautions themselves is responsible for the association with delirium."

"Regardless of cause, we hope clinicians will view a move to isolation as a marker for increased risk of [delirium](#) and take appropriate precautions."

Dr. Day and her colleagues say patients on contact precautions should be educated about the reasons for and the goals of the intervention so they might be more comfortable with it. Clinicians should also take extra care to monitor medications and try not to interrupt patients' sleep patterns. In addition, isolation rooms should have clocks, calendars, and other orienting objects to help avoid sensory deprivation.

**More information:** Hannah R. Day, Eli N. Perencevich, Anthony D. Harris, Ann L. Gruber-Baldini, Seth S. Himelhoch, Clayton H. Brown, Emily Dotter, and Daniel J. Morgan, "The Association between Contact Precautions and Delirium at a Tertiary Care Center." *Infection Control and Hospital Epidemiology* 33:1 (January 2012).

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