

Extended visitation for prevention and management of delirium in elderly patients in the Intensive Care Unit

Visita estendida para prevenção e manejo do delirium em idosos em Unidade de Terapia Intensiva

Visita prolongada para la prevención y el tratamiento del delirio en ancianos en una Unidad de Cuidados Intensivos

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Abstract:

Objective: to describe the nursing team's experience in implementing extended visits as an intervention in the prevention and management of delirium in elderly people admitted to the Intensive Care Unit. **Methods:** experience report, developed through the non-participant observation technique and documented in a logbook, in April of 2024, with subsequent categorization. **Results:** six categories were developed: *Improvement in behavior and reduction of agitation; Quality and duration of sleep; Reduction in anxiety levels; Enhancing of the humanization policy; Impact on the reduction of the use of sedative medications and Family satisfaction and confidence in the treatment.* There was a perception of improvement in behavior, better quality sleep, as well as a reduction in episodes of delirium and anxiety. **Conclusion:** extended visits proved to be an effective strategy in reducing delirium symptoms in elderly people, contributing to the improvement of the clinical condition and general well-being of patients. The experience reinforced the importance of the humanization policy in the institution, promoting the integration of family members in the care of critically ill patients.

Keywords: Intensive care unit; Delirium; Humanization of assistance; Nursing, team.

Resumo:

Objetivo: descrever a vivência da equipe de enfermagem em relação à implementação da visita estendida como intervenção na prevenção e manejo do delirium em pessoas idosas internadas em Unidade de Terapia Intensiva. **Método:** relato de experiência, desenvolvido por meio da técnica de observação não participante e documentado por um diário de bordo, durante o mês de abril de 2024, com posterior categorização. **Resultados:** seis categorias foram construídas: *Melhora no comportamento e redução da agitação; Qualidade e duração do sono; Redução dos níveis de ansiedade; Fortalecimento da política de humanização; Impacto na redução do uso de medicamentos sedativos e Satisfação dos familiares e confiança no tratamento.* Houve percepção de melhora no comportamento, sono de melhor qualidade, bem como redução nos episódios de delirium e ansiedade. **Conclusão:** a visita estendida demonstrou ser uma estratégia eficaz na redução dos sintomas de delirium em pessoas idosas, contribuindo para a melhoria do estado clínico e do bem-estar geral dos pacientes. A experiência reforçou a importância da política de humanização na instituição, promovendo a integração dos familiares nos cuidados aos pacientes críticos.

Palavras-chave: Unidade de terapia intensiva; Delírio; Humanização da assistência; Equipe de enfermagem.

Resumen:

Objetivo: describir la experiencia del equipo de enfermería en relación con la implementación de la visita prolongada como intervención en la prevención y manejo del delirio en ancianos ingresados en la Unidad de Cuidados Intensivos. **Método:** informe de experiencia, desarrollado mediante la técnica de observación no participante y documentado en un diario, durante el mes de abril de 2024, con posterior categorización. **Resultados:** se construyeron seis categorías: *Mejora del comportamiento y reducción de la agitación; Calidad y duración del sueño; Reducción de los niveles de ansiedad; Refuerzo de la política de humanización; Impacto en la reducción del uso de medicación sedante, y Satisfacción de la familia y confianza en el tratamiento.* Se percibió una mejora del comportamiento, una mejor calidad del sueño y una reducción de los episodios de delirio y ansiedad. **Conclusión:** La visita prolongada demostró ser una estrategia eficaz para reducir los síntomas de delirio en ancianos, contribuyendo a mejorar el estado clínico y el bienestar general de los pacientes. La experiencia reforzó la importancia de la política de humanización de la institución, promoviendo la integración de los familiares en el cuidado de los pacientes críticos.

Palabras-clave: Unidad de cuidados intensivos; Delirio; Humanización de la atención; Grupo de enfermería.

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INTRODUCTION

The Intensive Care Unit (ICU) is a specialized area within a hospital designed to provide continuous and intensive care to patients with critical health conditions who require close monitoring and complex interventions¹. ICUs are equipped with advanced technology and have a highly trained multidisciplinary team, including doctors, nurses, physical therapists, nutritionists and other health professionals, who work together to provide vital support and constantly monitor patients' vital signs².

Admitting older adults to the ICU presents unique challenges due to their frailty and the common presence of multiple comorbidities, such as Cardiovascular Disease (CD), Diabetes Mellitus (DM) and Chronic Kidney Failure (CKF)³. These conditions make older adults more vulnerable to serious complications, requiring intensive, personalized care and continuous monitoring. Furthermore, the ICU environment is often highly stressful and disorienting, and can therefore contribute to the development of delirium, which is characterized by mental confusion and agitation, exacerbating the vulnerability of elderly patients and, therefore, increasing the likelihood of increased complexity of treatment and health care⁴.

Delirium observed in elderly people admitted to the ICU has a multifactorial origin, including isolation, which leads to little interaction with family members⁵. The lack of social contact can worsen the emotional and psychological state of patients, hindering recovery and prolonging the length of hospital stay. It is observed that humanization strategies, especially Extended Visits, are essential for the patient's recovery, since they contribute to reducing feelings of loneliness, making the environment more welcoming, and thus having therapeutic effects⁶.

Health care combined with humanization strategies in the ICU have proven to be a fundamental strategy for improving well-being and recovery, particularly in elderly people⁷. In this scenario, Extended Visits, where family members stay with patients for longer periods, are an intervention to minimize the adverse effects of isolation and promote a care environment with methods focused on humanization, since they not only improve the patient's clinical results, but also contribute to the development of transformation of the professional work environment based on the Brazilian Humanization Policy (*Política Nacional de Humanização - PNH*)¹⁻⁶.

The humanization of health care is a crucial principle in Brazilian public health. The humanization policy is based on guidelines that address the ethical, social and emotional aspects for health care, since it recognizes the importance of considering the emotional and psychological needs of patients, and promoting holistic care that respects the individuality of

each one. In this scenario, it is worth highlighting the Brazilian Statute of the Elderly (*Estatuto do Idoso* - Law No. 10.741/2003), which ensures specific rights, including the right to dignified treatment, so that family members are included during hospitalization (Extended Visit), whenever possible⁶.

In view of this, this study understands that the implementation of Extended Visits in ICUs is justified by the growing evidence that family involvement is essential for the care of elderly patients, especially those susceptible to delirium; additionally, the continued presence of family members not only provides emotional support, but also helps to stabilize the environment, and thus promote conditions that favor recovery and mitigate the symptoms of delirium.

The elderly population has specific fragility and vulnerabilities, therefore, more humanized care, aligned with the guidelines of the National Humanization Policy, becomes essential. Thus, Extended Visits emerge as a potentially effective intervention, with the expectation of contributing to the reduction of the incidence of delirium, improving sleep quality and decreasing anxiety levels in elderly patients.

In this sense, this study aims to describe the experience of the nursing team in relation to the implementation of Extended Visits as an intervention for the prevention and management of delirium for elderly people admitted to an Intensive Care Unit.

METHODS

This descriptive study reports on the nursing team's experience with Extended Visits as a therapeutic strategy to reduce delirium in elderly patients admitted to a General ICU of a teaching hospital located in the Northeastern region of Brazil. The intervention took place in April of 2024. The ICU in question has 19 active beds and serves clinical and surgical patients. The nursing team consists of 22 ICU specialist nurses and 70 nursing technicians, who work continuously in collaboration with the other members of the multidisciplinary team.

The method used was non-participant observation, in which the researchers monitored the care practice without directly intervening in the care, through the CAMIN Confusion Scale (CAM-ICU)⁸ visit, the effects and behavioral responses of elderly patients, who were undergoing surgery and diagnosed with delirium. Observations included emotional reactions, agitation levels, interaction with family members, and responses to therapeutic interventions, aiming to identify improvements in patient well-being and possible reductions in the duration of delirium.

The logbook served as the primary tool for documenting the team's experiences. It provided a detailed and reflective account of the integration of Extended Visiting into the daily

routine of the ICU, documenting the reactions of elderly patients and changes in the work dynamics of the nursing team. The record was made immediately after the observations, in order to ensure accuracy and capture all relevant details.

The technique of keeping a logbook not only enriched the documentation of care practices, but also facilitated continuous learning and critical reflection on interventions, contributing to improving the quality of care provided and promoting a clearer understanding of patients' needs.

This data collection method enabled the team to capture their experiences and perceptions of the interaction between patients and their families, without directly collecting identifiable information from patients. Furthermore, the observations were complemented by a qualitative analysis of the patients' behavioral and emotional reactions, as well as by the use of assessment scales, such as the CAMIN Confusion Scale⁸, to measure delirium.

This approach allows for well-founded inferences to be made about the effects of extended visits, arguing that family presence contributes to a more welcoming and safe environment, in line with the literature that emphasizes the importance of family support in the recovery of critically ill patients. The presence of family members can have a significant impact on the recovery of patients admitted to ICUs, promoting the reduction of delirium and improving general well-being⁹.

Regarding the ethical aspects of the study, all guidelines of the Brazilian National Health Council¹⁰ were respected. Studies that do not collect personal data or involve direct interventions, are exempt from approval by a Research Ethics Committee. In the present study, the use of the logbook as a non-participant observation method does not require ethical approval, since it does not involve identifiable patient information, but rather the documentation of the nursing team's practices and reflections. This approach is supported by Resolution CNS 466/1210, which establishes that investigations that do not compromise the privacy or integrity of the subjects do not require formal ethical analysis, allowing researchers to focus on the continuous improvement of care in critical environments.

The analysis of the collected data was performed using the Content Analysis technique proposed by Bardin¹¹, which allows the organization and interpretation of the reports obtained, which were then categorized.

RESULTS

Using the non-participant observation method, researchers monitored care practices without direct intervention. This approach allowed them to capture the experiences and perceptions related to the implementation of Extended Visits in the ICU, which proved to be an effective strategy in minimizing delirium events in elderly individuals, as described in this experience report. The study was conducted in a General ICU of a teaching hospital in Northeastern Brazil, with a highly qualified and dedicated nursing team.

The researcher recorded patients' emotional and behavioral responses, as well as their interactions with family members, through non-participant observation. The logbook provided detailed documentation of the team's experiences, facilitating critical reflections and highlighting improvements in patient well-being and team dynamics. This approach reinforced the importance of humanization in care and facilitated the identification of specific needs of elderly patients.

The data revealed six key categories: *Improvement in behavior and reduction of agitation; Quality and duration of sleep; Reduction in anxiety levels; Enhancing of the humanization policy; Impact on the reduction of the use of sedative medications and Family satisfaction and confidence in the treatment*, which are presented next.

Improvement in behavior and reduction of agitation

Patients who received extended visits from family members showed a significant reduction in episodes of agitation. One of the patients initially showed a high degree of agitation and resistance to the care provided by the multidisciplinary team. After implementing the Extended Visit, which included her son as a member, episodes of agitation were reduced, and the patient showed greater cooperation with care.

Quality and duration of sleep

Several patients experienced insomnia or fragmented sleep, which worsened their delirium. After the Extended Visit, patients were more serene and calm, which resulted in an improvement in sleep quality.

Reduction in anxiety levels

Anxiety, often exacerbated by the ICU environment and separation from family members, was significantly reduced when extended visitation was introduced. Patients were less apprehensive when family members were present for extended periods. This impact was assessed administrated anxiety scales used by ICU nursing staff and psychologists, which showed a consistent decrease in anxiety scores after implementation of extended visitation.

Enhancing of the humanization policy

Extended visits allowed for greater family involvement in daily care, promoting a more collaborative and welcoming environment.

Impact on the reduction of the use of sedative medications

As agitation and anxiety decreased, the use of sedative medications also dropped. This not only created a safer environment for patients but also reduced the risks associated with prolonged sedative use, such as dependence and other complications. The reduction in sedative use also allowed patients to remain more alert and engaged.

Family satisfaction and confidence in the treatment

The constant presence of family members provided emotional and psychological support, benefiting both patients and their families. A significant increase in confidence and perception of the quality of care provided was also observed.

DISCUSSION

The reduction in patients' agitation supports a previous study that highlighted the importance of emotional and family support in the recovery of critically ill patients. Family presence during Extended Visits acted as a 'natural soothing' factor, reducing the need for pharmacological interventions to control agitation.¹² A randomized study demonstrated that the presence of a family member significantly improved the levels of anxiety and agitation of patients on mechanical ventilation after cardiac surgery, compared to the control group that did not allow visitors. Studies show that family interaction provides emotional comfort, reducing the need for sedatives and promoting a more favorable recovery environment¹³.

Another study¹⁴ found similar effect for patients, reducing the need for pharmacological interventions to control agitation and contributing to a calmer recovery. These studies reinforce the importance of family integration in intensive care, showing that family presence benefits both emotional well-being and clinical outcomes.

This suggests the effectiveness of Extended Visitation as a strategy to minimize agitation in elderly patients in ICUs. Family integration in critical care is therefore not just a matter of emotional comfort, but an intervention with significant potential clinical benefits.

The presence of family members was associated with increased continuous sleep and a reduced need for pharmacological sleep aids. Sleep quality is a critical factor in the recovery of ICU patients, and interventions that promote a more stable sleep environment can accelerate the patient's full recovery¹. A Cochrane review¹⁵ of 30 trials involving 1,569 participants, examining various interventions, found that non-pharmacological techniques increased sleep

hours and reduce the incidence of delirium, although the quality of the evidence is considered low. This suggests that non-pharmacological interventions may be beneficial in improving sleep in ICUs.

Reducing anxiety not only improved patients' well-being but also facilitated their cooperation with medical procedures and daily care. A meta-analysis that evaluated non-pharmacological interventions in an ICU showed that strategies such as the presence of family members and the use of care diaries can lead to significant improvements in the anxiety and stress of critically ill patients, facilitating their cooperation during medical procedures¹⁶.

Reducing anxiety can improve clinical outcomes, reducing complications and accelerating recovery⁴, which reinforces the importance of implementing strategies that are in line with the Humanization Policy through Extended Visits, strengthening health care for patients and their families and enriching the relationship between health professionals and patients and their families. Family presence can reduce delirium and accelerate ICU patients' recovery².

The reduction in sedative use among elderly patients was also noted, which allowed them to be more alert and active. The change not only benefited patients but also provided a more efficient work dynamic for the healthcare team, which is essential for ongoing assessment and treatment in an intensive care setting, as the reduction in the use of sedatives also contributed to a faster and less complicated recovery³. A systematic review revealed that sedation protocols can significantly reduce the duration of sedation and, consequently, the ICU stay, improving clinical outcomes for patients¹⁷.

Extended visits improved family satisfaction, as they felt more involved and confident in the treatment provided to the patient⁴. This highlights the importance of involving family members in the treatment process. It was observed that strengthening the humanized approach in the ICU, through the constant presence of family members, should be adopted as standard practice in intensive care units, especially in those that serve vulnerable populations, such as the elderly.

Considering the emotional and psychological needs of both patients and families is essential for comprehensive care. Family presence not only provides emotional support but also plays an essential role in the care team. It contributes to a more harmonious and collaborative environment. The company of family members during the hospitalization of elderly individuals promotes physical and emotional well-being⁶, which can be valuable for the management of delirium and agitation, and also provides a more welcoming and therapeutic environment in ICUs⁵⁻⁷.

Family presence not only supports the emotional health of patients, but also helps to ensure that the care provided is more complete and compassionate. The adoption of Extended Visits can increase patient and family satisfaction with care, improving the perception of the quality of services provided. The presence of a family member not only provides emotional support, but also improves communication and understanding of needs, promoting a more patient (and family) centered approach¹⁸.

Another study indicated that family presence also improves communication between the health care team and family members, resulting in a more positive overall perception of the care received. The ongoing presence of family members can lead to greater patient and family satisfaction, in addition to improving clinical outcomes¹⁹.

The humanization of care in the ICU offered by extended visits improves clinical outcomes and fosters a more empathetic and patient-centered care culture. Valuing interpersonal relationships and emotional support in the hospital environment is essential for building a fairer and more efficient health system. Therefore, the adoption of humanization practices should be encouraged and incorporated as part of public health policies, ensuring that all patients receive dignified and welcoming care.

Extended visits have proven to be an essential intervention for humanized intensive care, providing not only clinical benefits but also a more humane and supportive hospital environment, aligned with the ethical and legal principles established by the National Humanization Policy²⁰ and the Statute of the Elderly⁶.

CONCLUSION

The implementation of extended visits in the ICU has proven to be an effective strategy in reducing symptoms of delirium and agitation in elderly individuals, bringing other benefits in the faster recovery of hospitalized elderly individuals and, therefore, contributing significantly to the improvement of clinical status and well-being.

The continuous presence of family members alongside critically ill patients provides a more welcoming and safe environment, and the integration of family members in the care process strengthens emotional bonds, reduces anxiety and stress in patients. Additionally, it has the potential to promote more effective collaboration between the health team and family members.

This study has some limitations that should be considered when interpreting the results. First, the research was conducted in a single ICU of a teaching hospital, which may restrict the generalization of the findings to other health institutions with different patient or team profiles.

Furthermore, the study design was based on non-participant observations, which may introduce interpretation of patient behaviors and family interactions. The subjectivity inherent in the analysis of data recorded in the logbook may also limit the reliability of the conclusions.

Despite this, it is suggested that investments be made in training and raising awareness among healthcare professionals in ICUs about the benefits of Extended Visits, since their implementation is crucial for healthcare professionals, the institution, managers and especially the patient. Moreover, the impacts of this practice on improving clinical outcomes, patient quality of life and family satisfaction should be explored, in addition to discussing the implications for the humanization policy in healthcare. Expanded research on extended visits may also bring them as standard practice to other ICU settings.

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