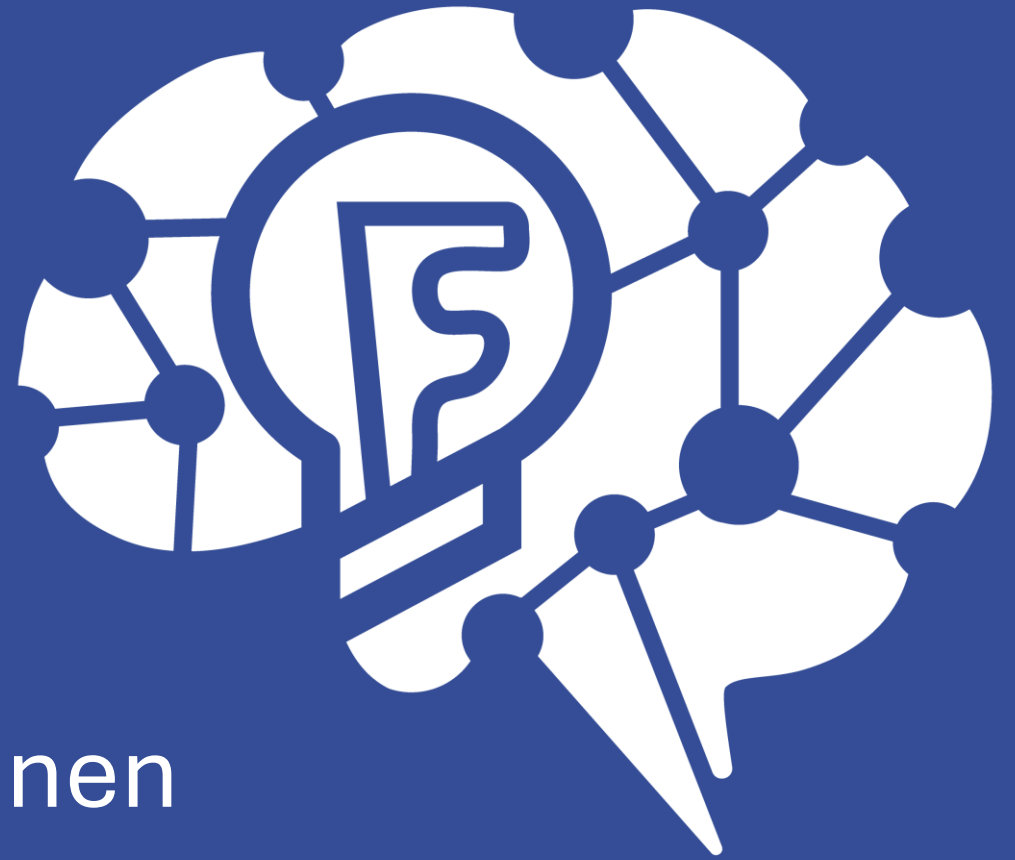


**Herzlich Willkommen!**



# **Delir im Fokus:** Aktuelle Zahlen, Interventionen und Barrieren in der DACH-Region

**„high noon?“, 13.03.2026**

Florian Schimböck, MSc, MEd, DGKP



**Was ist ein Delir und  
was ist es nicht?**



# Was ist ein Delir

(Wilson 2020; Savaskan & Hasemann 2017; Salluh et al. 2015; Leslie et al. 2008; Ely et al. 2004; Milbrandt et al. 2004; McNicoll et al. 2003)

<b>Definition</b>	Das Delir stellt ein <i>reversibles neuropathologisches Syndrom</i> dar, ...
<b>Charakteristika</b>	... welches durch <i>Störungen von Bewusstsein, Aufmerksamkeit, Wahrnehmung, Orientierung, Sprachvermögen, Denken, Gedächtnis, Psychomotorik, Emotionalität</i> und Veränderungen im <i>Schlaf-Wach-Rhythmus</i> charakterisiert ist.
<b>Formen</b>	Es werden drei Subtypen ( <i>hyperaktives, hypoaktives, Mischform</i> ) des Delirs unterschieden, ...
<b>Abgrenzung</b>	... wobei das Delir in der pflegerischen Praxis oftmals oder <i>nicht als solches erkannt</i> , sondern mit einem demenziellen oder depressiven Syndrom verwechselt wird.
<b>Folgen</b>	Dies führt dazu, dass eine Delirdiagnose häufig verpasst wird, keine passenden Maßnahmen getroffen werden und es zu Folgen wie <i>erhöhter Sterblichkeit, verlängerter Aufenthalte, mehr Stürzen</i> , usw. kommt.



# Delir und Aggression

(Williamson et al. 2014)

Patient\*innen mit Delir hatten ein **elffach** höheres Risiko für aggressive Vorfälle (code grey).

## Weitere Risikofaktoren:

- Demenz (7-mal häufiger)
- Alter >65 Jahre (2-mal häufiger)
- Männlich (2-mal häufiger)
- Notaufnahme (2-mal häufiger)

ORIGINAL ARTICLE

## Patient factors associated with incidents of aggression in a general inpatient setting

Rosalyn Williamson, Kate Lauricella, Alexandra Browning, Elizabeth Tierney, Josephine Chen, Stephen Joseph, Julie Sharrock, Tom Trauer and Bridget Hamilton

**Aims and objectives.** To determine patient factors associated with aggressive (code grey) events in the setting of a metropolitan hospital during a six-month period, to inform screening and prevention practices.

**Background.** Patient aggression continues to place nurses and patients at risk. Nurses need to be able to identify situations that are likely to escalate into aggression in order to ensure their own safety and the quality of care they can provide. Research has focussed on emergency departments and psychiatric units. Approaches that are appropriate for these settings may not fit for the general inpatient setting.

**Design.** A structured audit and epidemiological analysis of hospital population, regarding incidence of aggression.

**Methods.** A retrospective audit of code grey event reports and medical records of patients admitted to 16 general medical-surgical wards, during a six-month period. All available records of 121 code grey events were audited. Demographic factors for patients with code grey events were compared with factors for 6472 patients admitted. Statistical tests included chi-squared, bivariate and logistic regression.

**Results.** Diagnoses associated with increased risk of code grey were the following: delirium (11 times more likely) and dementia (seven times). Patients were more likely to have a code grey event if they were over 65 years of age (more than twice), were male (more than twice), were a recipient of Veterans' Affairs pension (four times), had never been married or had been admitted through the emergency department (almost twice).

**Conclusion.** This study adds to the current knowledge of the distinctive profile of patients in medical-surgical settings who are associated with aggressive events.

**Relevance to clinical practice.** It is recommended that nurses increase their focus on assessment of identified risk factors and documentation of behaviours, to help predict aggressive events, and that this focus be supported by hospital safety and care policy.

**Key words:** acute care, aggression management, audit, delirium, dementia, nursing assessment, risk management

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# **Aktuelle Zahlen, Interventionen und Barrieren**



# Delir in der DACH-Region

(Schimböck et al. 2025)

Contents lists available at [ScienceDirect](#)

 **International Journal of Nursing Studies Advances**



journal homepage: [www.sciencedirect.com/journal/international-journal-of-nursing-studies-advances](http://www.sciencedirect.com/journal/international-journal-of-nursing-studies-advances)




Delirium prevalence and management in general wards, emergency departments, rehabilitation centres and nursing homes in Germany, Austria and Switzerland (DACH countries): A secondary analysis of a worldwide point prevalence study

Florian Schimböck<sup>a,+,\*</sup>, Lars Krüger<sup>b,+</sup>, Magdalena Hoffmann<sup>c</sup>, Marie-Madlen Jeitziner<sup>d,e</sup>, Heidi Lindroth<sup>f,g,h</sup>, Keibun Liu<sup>i</sup>, Peter Nydahl<sup>j,k</sup>, Rebecca Von Haken<sup>l</sup>, Matthias Thomas Exl<sup>d,m,n,#</sup>, Sibylle Fischbacher<sup>o,#</sup>, on behalf of the WDAD-DACH study group<sup>1</sup>

RESEARCH ARTICLE

 **Nursing in Critical Care** 

**Delirium prevalence, interventions and barriers in intensive care units in German-speaking countries: A retrospective cross-sectional secondary analysis**

Matthias Thomas Exl<sup>1,2,3</sup> | Sibylle Fischbacher<sup>4</sup> | Heidi Lindroth<sup>5,6,7</sup> | Keibun Liu<sup>8</sup> | Magdalena Hoffmann<sup>9</sup> | Marie-Madlen Jeitziner<sup>1,10</sup>  | Peter Nydahl<sup>11,12</sup> | Rebecca von Haken<sup>13</sup> | Lars Krüger<sup>14</sup> | Florian Schimböck<sup>15</sup> | on behalf of the WDAD Study Group

## Short-Facts:

- Internationale Querschnittsstudie zum WDAD2023
- Onlinefragebogen mit 39 Fragen via SurveyMonkey
- 44 Länder, 1664 Stationen
- Aggregierte Daten von knapp 35.000 zu Pflegenden

## Sub-Analyse 1: „Allgemeinstationen“

- 3 Länder (D, A, CH), 172 Stationen
- 91.3% waren Allgemeinstationen in Krankenhäusern
- 2,9% waren Notaufnahmen in Krankenhäusern
- 1,7% waren Stationen in Pflegeheimen
- 1,7% waren Stationen im Reha-Bereich

## Subanalyse 2: „ICU“

- 3 Länder (D, A, CH), 123 ICUs
- 64% waren ICUs für Erwachsene
- 35% waren ICUs für Kinder und gemischte ICUs



# Subanalyse 1: Delirprävalenz

(Schimböck et al. 2025; Lindroth et al. 2024)

Insgesamt lag die Prävalenz bei etwa

**7%**

auf den teilnehmenden Stationen.

Weltweit lag die Prävalenz bei etwa

**17%**

auf allen teilnehmenden Stationen.

**Table 2**  
Delirium prevalence using valid delirium assessment.

	Morning: 8:00 A.M. ± 4 h		Evening: 8:00 P.M. ± 4 h	
	Total n	Delirious n (%)	Total n	Delirious n (%)
<b>Delirium prevalence</b>	1083	79 (7.3)	1005	70 (7.0)
<b>Countries</b>				
Germany	611	30 (4.9)	523	28 (5.4)
Austria	240	25 (10.4)	246	24 (9.8)
Switzerland	232	24 (10.3)	236	18 (7.6)
<b>Age groups</b>				
0–17 years	36	0 (0.0)	34	0 (0.0)
18–75 years	619	39 (6.3)	584	33 (5.7)
>75 years	173	19 (11.0)	114	14 (12.3)
Mixed	252	21 (8.3)	269	23 (8.6)
<b>Type of discipline</b>				
Medical/non-surgical	330	36 (10.9)	293	33 (11.3)
Surgical	537	25 (4.7)	502	22 (4.4)
Palliative	10	0 (0.0)	0	0 (0.0)
Rehabilitation	0	0 (0.0)	0	0 (0.0)
Long Term Care	30	2 (6.7)	30	2 (6.7)
Mixed/general	123	16 (13.0)	130	13 (10.0)
Other	53	0 (0.0)	50	0 (0.0)
<b>Type of ward</b>				
Emergency department	8	1 (12.5)	8	2 (25.0)
General ward	987	73 (7.4)	906	62 (6.8)
Rehabilitation facility	0	0 (0.0)	0	0 (0.0)
Nursing Home	41	3 (7.3)	44	3 (6.8)
Other	47	2 (4.3)	47	3 (6.4)



# Subanalyse 1: Deliridetektion

(Schimböck et al. 2025)

Von den teilnehmenden Stationen benutzten

# 58.1%

ein valides Instrument zur Deliridetektion.

In Österreich werden vor allem die

# Nu-DESC

und die

# DOSS

eingesetzt.

**Table 3**

Delirium assessment data reported by survey respondents.

	Total n = 172	Germany n = 91	Austria n = 38	Switzerland n = 43
<b>Presence of valid delirium assessment n (%)</b>				
Valid delirium assessment yes	100 (58.1)	50 (54.9)	28 (73.7)	22 (51.2)
Valid delirium assessment no	72 (41.9)	41 (45.1)	10 (26.3)	21 (48.8)
<b>Valid delirium assessment n (%)</b>				
Nu-DESC	28 (16.3)	15 (16.5)	13 (34.2)	0 (0.0)
CAM	27 (15.7)	9 (9.9)	1 (2.6)	17 (39.5)
DOSS	16 (9.3)	5 (5.5)	8 (21.1)	3 (7.0)
CAM-ICU	10 (5.8)	10 (11.0)	0 (0.0)	0 (0.0)
Psychiatric consult	8 (4.7)	3 (3.3)	4 (10.5)	1 (2.3)
CAM-IMC	5 (2.9)	5 (5.5)	0 (0.0)	0 (0.0)
4-AT	3 (1.7)	2 (2.2)	0 (0.0)	1 (2.3)
CAP-D	2 (1.2)	0 (0.0)	2 (5.3)	0 (0.0)
DSM-V criteria	1 (0.6)	1 (1.1)	0 (0.0)	0 (0.0)
<b>Non-valid delirium assessment n (%)</b>				
Personal/clinical judgement	19 (11.0)	16 (17.6)	0 (0.0)	3 (7.0)
None	12 (7.0)	12 (13.2)	0 (0.0)	0 (0.0)
Other	41 (23.8)	13 (14.3)	10 (26.3)	18 (41.9)
<b>Delirium assessment frequency n (%)</b>				
Only in case of sudden changes of consciousness	52 (32.1)	28 (34.1)	16 (42.1)	8 (19.0)
Thrice per day (24 h)	35 (21.6)	31 (37.8)	0 (0.0)	4 (9.5)
Twice per day (24 h)	14 (8.6)	4 (4.9)	10 (26.3)	0 (0.0)
Only at admission	10 (6.2)	7 (8.5)	3 (7.9)	0 (0.0)
Once per day (24 h)	9 (5.6)	7 (8.5)	0 (0.0)	2 (4.8)
More than thrice per day (24 h)	1 (0.6)	1 (1.2)	0 (0.0)	0 (0.0)
Other	41 (25.3)	4 (4.9)	9 (23.7)	28 (66.7)
Missing data	10 (5.8)	9 (9.8)	0 (0.0)	1 (2.3)

Abbreviations: Nu-DESC = Nursing Delirium Screening Scale; CAM= Confusion Assessment Method; DOSS= Delirium Observation Screening Scale; CAM-ICU= Confusion Assessment Method for the Intensive Care Unit; CAM-IMC= Confusion Assessment Method for the Intermediate Care; 4AT= 4 'A's Test (Arousal, Attention, Abbreviate Mental Test – 4, Acute change); CAP-D= Cornell Assessment of Pediatric Delirium; DSM-V criteria= Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition; Other= Valid and non-valid assessments combined.



# Subanalyse 1: Nicht-pharmakologische Interventionen

(Schimböck et al. 2025)

## TOP 5 Maßnahmen:

- (1) Mobilisation: 92.4%
- (2) Schmerzmanagement: 87.8%
- (3) Flüssigkeitszufuhr: 83.7%
- (4) Seh-, Hör-, Gehbehelfe: 83.1%
- (5) Schlafförderung: 83.1%

Freiheitsentziehende  
Maßnahmen wurden von

# 7.0 %

der teilnehmenden Stationen  
berichtet.

**Table 5**

Non-pharmacological interventions used as delirium prevention and/or treatment.

	Total n = 172	Germany n = 91	Austria n = 38	Switzerland n = 43
<b>Total amount of non-pharmacological delirium interventions on wards</b>				
Mean	12.15	11.57	15.08	10.79
Standard deviation	4.62	4.84	2.95	4.32
<b>Non-pharmacological delirium interventions present on wards n (%)</b>				
Mobilization (i.e. sitting on the edge of bed or more during daytime)	159 (92.4)	81 (89.0)	37 (97.4)	41 (95.3)
Pain management	151 (87.8)	77 (84.6)	36 (94.7)	38 (88.4)
Adequate fluids	144 (83.7)	68 (74.7)	37 (97.4)	39 (90.7)
Provision of vision, hearing and mobility aids	143 (83.1)	71 (78.0)	37 (97.4)	35 (81.4)
Non-disturbed sleep (i.e. reduction of noise and light)	143 (83.1)	73 (80.2)	36 (94.7)	34 (79.1)
Cognitive stimulation (i.e. newspaper, TV, music)	138 (80.2)	75 (82.4)	35 (92.1)	28 (65.1)
Provision of day- and night rhythm	137 (79.9)	71 (78.0)	34 (89.5)	32 (74.4)
Verbal re-orientation	134 (77.9)	69 (75.8)	37 (97.4)	28 (65.1)
Open/liberal visiting times (daytime)	121 (70.3)	59 (64.8)	34 (89.5)	28 (65.1)
Sharing or communication patient information about delirium	100 (58.1)	47 (51.6)	30 (78.9)	23 (53.5)
Avoidance of bladder tubes and catheters	94 (54.7)	36 (39.6)	31 (81.6)	27 (62.8)
Family information	90 (52.3)	44 (48.4)	28 (73.7)	18 (41.9)
Multiprofessional team rounds	90 (51.3)	45 (49.5)	29 (76.3)	16 (37.2)
Ear plugs and sleep glasses	74 (43.0)	48 (52.7)	13 (34.2)	13 (30.2)
Special trained delirium and dementia carer	62 (36.0)	27 (29.7)	28 (73.7)	7 (16.3)
Family engagement	59 (34.3)	28 (30.8)	21 (55.3)	10 (23.3)
Sitters (beside the patient for longer time)	59 (34.3)	24 (26.4)	26 (68.4)	9 (20.9)
Bed border	55 (32.0)	44 (48.4)	4 (10.5)	7 (16.3)
Ground-level beds	40 (23.3)	11 (12.1)	21 (55.3)	8 (18.6)
Going outside the ward (i.e. garden, sunlight)	29 (16.9)	18 (19.8)	3 (7.9)	8 (18.6)
Multiprofessional daily goals	28 (16.3)	13 (14.3)	10 (26.3)	5 (11.6)
Activities in patient groups (i.e. singing, eating, exercises)	22 (12.8)	13 (14.3)	5 (13.2)	4 (9.3)
Physical restraints	12 (7.0)	7 (7.7)	1 (2.6)	4 (9.3)
Animal assisted therapy	6 (3.5)	4 (4.4)	0 (0.0)	2 (4.7)
Other interventions	126 (73.3)	77 (84.6)	12 (31.6)	37 (86.0)

Other interventions= Multimodal stimulation (basale stimulation, aromatherapy, fidget blankets), Orientation aids (calendar, clocks, photos); Bed exit alarms (floor alarm mats); Validation therapy; Specialized unit for cognitive impairment.



# Subanalyse 1: Barrieren für Delirmanagement

(Schimböck et al. 2025)

## TOP 5 Barrieren

- (1) Personalmangel: 45.3%
- (2) Schwieriges Assessment: 32.6%
- (3) Kommunikationslücken: 29.1%
- (4) Zeitmangel für Delir-Training: 29.1%
- (5) Mangelndes Delirwissen: 26.7%

**Table 4**

Reported barriers to delirium management.

	Total n = 172	Germany n = 91	Austria n = 38	Switzerland n = 43
<b>Barriers against implementation and/or use of evidence-based strategies are ... n (%)</b>				
Shortage of staff	78 (45.3)	37 (40.7)	22 (57.9)	19 (44.2)
Patients who are difficult for assessment	56 (32.6)	24 (26.4)	16 (42.1)	16 (37.2)
Communication gaps between professions	50 (29.1)	30 (33.0)	8 (21.1)	12 (27.9)
Lack of time to educate and train staff	50 (29.1)	30 (33.0)	8 (21.1)	12 (27.9)
Lack of delirium knowledge	46 (26.7)	30 (33.0)	7 (18.4)	9 (20.9)
We have no barriers, delirium is regularly assessed	45 (26.2)	18 (19.8)	11 (28.9)	16 (37.2)
Lack of delirium awareness	32 (18.6)	19 (20.9)	2 (5.3)	11 (25.6)
Other problems are more challenging	30 (17.4)	19 (20.9)	9 (23.7)	2 (4.7)
Missing attitude (delirium is not important)	21 (12.2)	16 (17.6)	1 (2.6)	4 (9.3)
No appropriate scores for delirium assessment	18 (10.5)	13 (14.3)	1 (2.6)	4 (9.3)
Not enough motivated staff	16 (9.3)	12 (13.2)	1 (2.6)	3 (7.0)
Lack of non-pharmacological interventions	12 (7.0)	8 (8.8)	0 (0.0)	4 (9.3)
Interprofessional conflicts	8 (4.7)	3 (3.3)	0 (0.0)	5 (11.6)
Leadership does not support	7 (4.1)	5 (5.5)	0 (0.0)	2 (4.7)
Lack of pharmacological interventions	6 (3.5)	4 (4.4)	1 (2.6)	1 (2.3)
No cost/resources for promoting at the department	4 (2.3)	2 (2.2)	2 (5.3)	0 (0.0)
Other barriers*	149 (86.6)	82 (90.1)	30 (78.9)	37 (86.0)

\* Other barriers: Physicians do not know the protocols; No continuous presence of doctors in the ward; Delirium prevalence is low in my setting; Overload of documentation.



# Subanalyse 2: Delirprävalenz

(Exl et al. 2025; Lindroth et al. 2024)

Insgesamt lag die Prävalenz bei etwa

## 20.5%

auf den teilnehmenden ICUs.

Weltweit lag die Prävalenz bei etwa

## 20.4%

auf allen teilnehmenden ICUs.

**TABLE 2** Mean delirium prevalence of the participating ICUs and the subgroups (N = 94).

ICU characteristics	All ICUs			Adult ICUs			Paediatric and mixed ICUs		
	Number of ICUs (n)	Mean delirium prevalence at 8 AM (%)	Mean delirium prevalence at 8 PM (%)	Number of ICUs (n)	Mean delirium prevalence at 8 AM (%)	Mean delirium prevalence at 8 PM (%)	Number of ICUs (n)	Mean delirium prevalence at 8 AM (%)	Mean delirium prevalence at 8 PM (%)
Total	94	18.6	20.4	63	18.2	20.3	31	19.5	20.6
Country									
Austria	19	12.3	10.1	10	10.0	8.1	9	14.7	11.9
Germany	55	19.5	23.9	39	18.7	23.7	16	21.8	24.7
Switzerland	20	20.4	17.8	14	20.8	16.9	6	19.1	20.4
ICU discipline									
Medical	27	21.3	22.9	18	25.4	28.8	9	16.1	17.0
Surgical	32	13.6	18.9	27	12.8	18.1	5	19.1	25.0
Respiratory	2	33.3	33.3	0	.0	.0	2	33.3	33.3
Mixed	31	22.9	19.5	17	22.8	17.7	14	22.9	22.2
Other	2	21.4	30.8	1	23.1	33.3	1	0.0	0.0
Assessment instrument									
ICDSC	44	22.4	24.7	32	22.0	24.7	12	23.6	25.0
CAM-ICU	20	14.9	14.1	15	13.5	13.1	5	23.3	20.0
Personal judgement	4	13.2	20.3	2	3.8	8.7	2	19.0	26.8
CAP-D	2	33.3	33.3	0	0.0	0.0	2	33.3	33.3
Psychiatric consult	5	24.5	25.0	3	25.8	27.8	2	22.2	22.2
NU-DESC	3	20.0	20.8	3	20.0	20.8	0	0.0	0.0
SOS-PD	3	10.0	25.0	0	0.0	0.0	3	10.0	25.0
CAM	2	14.3	50.0	2	14.3	50.0	0	0.0	0.0
bCAM	1	0.0	50.0	1	0.0	50.0	0	0.0	0.0
None	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
Other <sup>a</sup>	10	12.6	10.5	5	17.8	18.2	5	8.0	3.9

Abbreviations: AM, ante meridiem (English = in the morning); bCAM, brief confusion assessment method; CAM, confusion assessment method; CAM-ICU, confusion assessment method for intensive care unit; CAP-D, Cornell assessment of paediatric delirium; ICDSC, intensive care delirium screening checklist; ICU, intensive care unit; NU-DESC, Nursing Delirium Screening Scale; PM, post meridiem (English = in the evening); SOS-PD, Sophia observation withdrawal symptoms-paediatric delirium.

<sup>a</sup>Assessment instruments = Other in comment; means a combination of the above-mentioned assessment instruments or further instruments like RASS, DOS, PAED.



# Subanalyse 2: Nicht-pharmakologische Interventionen

(Exl et al. 2025)

## TOP 5 Maßnahmen:

- (1) Schmerzmanagement: 95.9%
- (2) Mobilisation: 94.3%
- (3) Verbale Re-Orientierung: 84.6%
- (4) Flüssigkeitszufuhr: 83.7%
- (5) Schlaf-Wach-Rhythmus: 80.5%

Freiheitsentziehende  
Maßnahmen wurden von  
**28.5%**  
der teilnehmenden ICUs  
berichtet.

**TABLE 3** Characteristics of routine non-pharmacological interventions for all ICUs and the subgroups (multiple choice possible).

	All ICUs		Adult ICUs		Paediatric and mixed ICUs	
	N = 123		n = 79		n = 44	
	Yes		Yes		Yes	
Routine non-pharmacological interventions in ICUs	n	%	n	%	n	%
Pain management	118	95.9	79	100.0	39	88.6
Mobilisation (i.e., sitting on the edge of the bed or more, daytime)	116	94.3	76	96.2	40	90.9
Verbal re-orientation	104	84.6	72	91.1	32	72.7
Adequate fluids	103	83.7	66	83.5	37	84.1
Provision of day- and night-rhythm	99	80.5	60	75.9	39	88.6
Bed boarder	97	78.9	65	82.3	32	72.7
Cognitive stimulation (i.e., provision of newspapers, television, music, other)	94	76.4	58	73.4	36	81.8
Provision of vision- and hearing and mobility aids	90	73.2	58	73.4	32	72.7
Multi-professional team rounds	86	69.9	56	70.9	30	68.2
Non-disturbed sleep (i.e., reduction of noise and light)	86	69.9	48	60.8	38	86.4
Family information	69	56.1	42	53.2	27	61.4
Open or liberal visiting times for families (daytime)	61	49.6	30	38.0	31	70.5
Family engagement	51	41.5	24	30.4	27	61.4
Sharing or communicating patient information about delirium	48	39.0	32	40.5	16	36.0
Avoidance of bladder tubes/catheters	48	39.0	25	31.6	23	52.3
Ear plugs, sleep glasses	47	38.2	31	39.2	16	36.4
Multi-professional daily goals	40	32.5	27	34.2	13	29.5
Physical restraints (i.e., on wrists or others)	35	28.5	25	31.6	10	22.7
Special trained delirium/dementia carer	26	21.1	14	17.7	12	27.3
Sitters (besides the patient for longer time, mostly over hours)	13	10.6	7	8.9	6	13.6
Going 'outside' the unit (i.e., hospital hall, garden, sunlight)	8	6.5	5	6.3	3	6.8
Ground-levelled beds	5	4.1	0	0.0	5	11.4
Activities in patient groups (i.e., singing, eating, doing exercises, other)	2	1.6	2	2.5	0	0.0
Animal-assisted therapy	1	0.8	0	0.0	1	2.3

Abbreviation: ICU, intensive care unit.



# Subanalyse 2: Barrieren für Delirmanagement

(Exl et al. 2025)

## TOP 5 Barrieren

- (1) Personalmangel: 53.7%
- (2) Schwieriges Assessment: 44.7%
- (3) Fehlendes Bewusstsein: 39.0%
- (4) Kommunikationslücken: 36.6%
- (5) Mangelndes Delirwissen: 33.3%

**TABLE 4** Characteristics of barriers and evidence-based strategies for all ICUs and the subgroups (multiple choice possible).

	All ICUs		Adult ICU's		Paediatric and mixed ICU's	
	N = 123		n = 79		n = 44	
Barriers to implementation and/or use of evidence-based strategies in delirium assessment and management in ICUs	Yes		Yes		Yes	
	n	%	n	%	n	%
Shortage of personnel/staff	66	53.7	45	57.0	21	47.7
Patients who are difficult for assessment	55	44.7	45	57.0	10	22.7
Lack of awareness	48	39.0	32	40.5	16	36.4
Communication gaps between professions	45	36.6	33	41.8	12	27.3
Missing knowledge about delirium	41	33.3	30	38.0	11	25.0
Lack of time to educate and train staff	38	30.9	24	30.4	14	31.8
Other problems are more challenging	26	21.1	18	22.8	8	18.2
We have no barriers, delirium is regularly assessed	22	17.9	14	17.7	8	18.2
Lack of non-pharmacological interventions	20	16.3	15	19.0	5	11.4
Not enough motivated staff	18	14.6	15	19.0	3	6.8
Lack of pharmacological interventions	17	13.8	12	15.2	5	11.4
No appropriate scores for assessment of delirium	15	12.2	9	11.4	6	13.6
Missing attitude, delirium is not important	16	13.0	10	12.7	6	13.6
Interprofessional conflicts	10	8.1	7	8.9	3	6.8
No cost/resources for promoting at the department	3	2.4	1	1.3	2	4.5
Failure of leadership support	2	1.6	1	1.3	1	2.3

Abbreviation: ICU, intensive care unit.



# Delir in Pflegeheimen und Rehabilitationseinrichtungen

(Ornago et al. 2025; Urfer Dettwiler et al. 2022)

European Geriatric Medicine (2022) 13:917–931  
<https://doi.org/10.1007/s41999-022-00612-w>

RESEARCH PAPER



## Detecting delirium in nursing home residents using the Informant Assessment of Geriatric Delirium (I-AGeD): a validation pilot study

Pia Urfer Dettwiler<sup>1,2</sup> · Franziska Zúñiga<sup>2</sup> · Stefanie Bachnick<sup>2</sup> · Beatrice Gehri<sup>2,3</sup> · Jos F. M. de Jonghe<sup>4</sup> · Wolfgang Hasemann<sup>5</sup>

### Validierungsstudie mit Prävalenzerfassung

- Schweiz, 1 Pflegeheim
- Stichprobe
  - 85 Pflegeheimbewohner\*innen
  - Durchschnittsalter: 85.5 Jahre
  - Demenz ja: 41.2%
  - Weiblich: 64.7%
- Delirprävalenz
  - Gesamt: 5.9%

European Geriatric Medicine (2025) 16:1909–1917  
<https://doi.org/10.1007/s41999-025-01207-x>

RESEARCH PAPER



## Epidemiology and assessments of delirium in nursing homes and rehabilitation facilities: a cross-country perspective

Alice M. Ornago<sup>1,2</sup> · Elena Pinardi<sup>1,2</sup> · Maria Cristina Ferrara<sup>1</sup> · Suzanne Timmons<sup>3</sup> · Chukwuma Okoye<sup>1,2,4</sup> · Alberto Finazzi<sup>1</sup> · Paolo Mazzola<sup>1,4</sup> · Peter Nydahl<sup>5,6</sup> · Rebecca von Haken<sup>7</sup> · Heidi Lindroth<sup>8,9</sup> · Keibun Liu<sup>10</sup> · Alessandro Morandi<sup>11,12</sup> · Giuseppe Bellelli<sup>1,4</sup> on behalf of WDAD Study Group

### Sub-Analyse 3: „Langzeitpflege/Rehabilitation“

- Weltweit, 94 Stationen
- Delirprävalenz
  - Gesamt: 12.2%
  - Pflegeheime: 6.6%
  - Rehabilitation: 13.8%
- Delirdetektion
  - 70.2% verwenden ein valides Delirinstrument
  - 4AT: 48.9%
  - CAM: 13.8%
  - Personal judgement: 13.8%



# Fazit und offene Fragen



## Fazit für die DACH-Region

Prävalenz auf  
Allgemeinstationen  
liegt bei etwa

**7%**

Prävalenz auf  
Intensivstationen  
liegt bei etwa

**20%**

Freiheitsbeschränkende bzw.  
freiheitsentziehende Maßnahmen  
sind Teil der Delirversorgung.

Prävalenz in  
Pflegeheimen  
liegt bei etwa

**6%**

Prävalenz in  
Reha-Einrichtungen  
liegt bei etwa

**14%**

Mehr als **75%** der teilnehmenden  
Stationen berichten ein existierendes  
Delirmanagement-Protokoll.

Prävalenz in der ambulanten Pflege bzw.  
Hauskrankenpflege ist unklar

**?%**

**Denkt ans Delir!**



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