Louis Koizia

Dr Louis Koizia graduated from Imperial College London and trained in general medicine and geriatric medicine in North West Thames.  He currently works at St Mary’s Hospital, Paddington in orthogeriatrics and surgical liaison. His clinical work involves embedded care and optimisation of patients admitted under general surgery and orthopaedics. He is actively involved in undergraduate and postgraduate teaching and has completed a PG Cert in Medical Education. He has undertaken research with a specific interest in cervical spine anatomy and management for older patients following a fracture.

Abstract

A quarter of patients admitted with a fractured neck of femur suffer from an acute episode of delirium during their hospital stay. Yet it is often unrecognised, poorly managed, and rarely discussed by doctors and healthcare professionals. Delirium is important not only to the affected individuals and their families, but also socioeconomically to the broader community. Delirium affecting surgical patients increases mortality and morbidity, leads to lasting cognitive and functional decline, and increases both length of stay and dependence on discharge. Delirium should be routinely and openly discussed by all members of the clinical team. 4AT and CAM (Confusion Assessment Method) can be used to identify individuals with delirium. Simple measures such as assessing for signs of infection, appropriate analgesia, rationalisation of medication, monitoring bowels etc can be positive in reducing the chances of developing and effect of delirium on this vulnerable population group.