Preview | Edit | History | Queries

DRKS00030002 Request update

Worldwide Delirium 1-Day Point Prevalence Study 2023

Organizational Data

DRKS-ID:
DRKS00030002

Recruitment Status:
Recruiting planned

Date of registration in DRKS:
2022-08-29

Last update in DRKS:
2022-08-29

Registration type:
Prospective

Acronym/abbreviation of the study

WDAD 2023

URL of the study

http://www.wdad-study.center *(Link: http://www.wdad-study.center)*

Brief summary in lay language

Confusion is a common complication in the hospital and other healthcare facilities. How this confusion is dealt worldwide is still unclear.
The study will assess how confusion is managed in various healthcare settings on March 15th, 2023. For this purpose, employees of wards in hospitals, rehabilitation clinics and care facilities will be surveyed. It will be recorded how many people are confused on this date and which structures and processes are implemented. In addition, frequent barriers in implementation are surveyed. The study will provide information on how to deal with confusion, what are the differences between different institutions and countries, and how care can be improved.

Brief summary in scientific language

Background: Delirium is a common complication of pediatric and adult patients in hospitals and other

settings, leading to a worse outcome. Delirium related structures and processes can have an impact on prevention and treatment of delirium. The worldwide extent of these structures and processes on delirium remains unknown.
Aim: To assess the delirium practice and organizational characteristics in wards and Units caring for pediatric and adult institutionalized patients.
Method: worldwide, cross sectoral prevalence study on March 15th, 2023. Leading physisicans and nurses will be surveyed for data of the structures of their hospitals/ICUs or units and performance of delirium related approach to inpatients. The primary outcome is the general prevalence of delirium in present patients at 8 a.m. and 8 p.m. on that day, and the practice of delirium assessment methods. Secondary outcome parameters are the use of pharmacological and non-pharmacological interventions, presence of protocols, interprofessional education, and others. Statistical analysis will be done for pediatric vs adult patients, conservative vs surgical wards vs Intensive Care Units, high vs low leveled income countries, and others.
Expected results: the survey will explore current practices of delirium management in institutions worldwide

Health condition or problem studied

ICD10:
F00-F09 - Organic, including symptomatic, mental disorders

Healthy volunteers:
No Entry

Interventions, Observational Groups

Arm 1:
All patients in the ward/unit are observed on the prevalence day at 8:00 a.m. and 8:00 p.m.:
It will be reported which type of delirium assessment is used.
It will be reported:
How many patients:
a) were present
b) have been examined for delirium?
c) were delirious?
d) were not delirious?
e) could not be examined or had an unclear result?

Furthermore, clinicians will be asked for delirium-specific interventions, barriers, and future research priorities

Endpoints

Primary outcome:
Percentage of delirious patients of all present patients, assessed by a valid delirium assessment tool, in the morning at 8.00 a.m. and in the evening at 8.00 p.m.

Secondary outcome:
Delirium specific processess, structures, and barriers on wards/units

Study Design

Purpose:
Health care system

Retrospective/prospective:
No Entry

Study type:
Non-interventional

Longitudinal/cross-sectional:
No Entry

Study type non-interventional:
Epidemiological study

Recruitment

Recruitment Status:
Recruiting planned

Reason if recruiting stopped or withdrawn:
No Entry

Recruitment Locations

Recruitment countries:
Australia, Brazil, Germany, India, Japan, United Kingdom, United States

Number of study centers:
Multicenter study

Recruitment location(s):
University medical center Pflegeforschung Kiel

Recruitment period and number of participants

Planned study start date:
2023-03-15

Actual study start date:
No Entry

Planned study completion date:
No Entry

Actual Study Completion Date:
No Entry

Target Sample Size:
1000

Final Sample Size:
No Entry

Inclusion Criteria

Sex:
All

Minimum Age:
0 Years

Maximum Age:
no maximum age

Additional Inclusion Criteria:
Patients, who are assessable for delirium

Exclusion Criteria

Patients who are not assessable for delirium (comatose, sedated, disturbances of consciousness, away for procedures, aphasic, different language, or else)

Addresses

Primary Sponsor

Universitätsklinikum Schleswig-Holstein, Pflegeforschung, Campus Kiel
Peter Nydahl
Brunswiker Str. 10
24105 Kiel
Germany

Telephone:
043150013812

Fax:
No Entry

Contact per E-Mail:
Peter.Nydahl@uksh.de

URL:
http://www.uksh.de *(Link: http://www.uksh.de)*

Investigator Sponsored/Initiated Trial (IST/IIT):

Yes

Contact for Scientific Queries

Universitätsmedizin Mannheim
Dr.med. Rebecca von Haken
Theodor-Kutzer-Ufer 1-3
68167 Mannheim
Germany

Telephone:
+49 621 383-4791

Fax:
No Entry

Contact per E-Mail:
rebeca.vonhaken@umm.de

URL:
http://www.umm.de *(Link: http://www.umm.de)*

Contact for Public Queries

Universitätsmedizin Mannheim
Dr.med. Rebecca von Haken
Theodor-Kutzer-Ufer 1-3
68167 Mannheim
Germany

Telephone:
+49 621 383-4791

Fax:
No Entry

Contact per E-Mail:
rebeca.vonhaken@umm.de

URL:
http://www.umm.de *(Link: http://www.umm.de)*

Principal Investigator

Universitätsmedizin Mannheim
Dr.med. Rebecca von Haken
Theodor-Kutzer-Ufer 1-3

68167 Mannheim
Germany

Telephone:
+49 621 383-4791

Fax:
No Entry

Contact per E-Mail:
rebeca.vonhaken@umm.de

URL:
http://www.umm.de *(Link: http://www.umm.de)*

Other contact for public queries

Critical Care Research Group, Faculty of Medicine, The Prince Charles Hospital, University of Queensland
PhD Keibun Liu
Chermside 12
4032 Brisbane
Australia

Telephone:
0061437606107

Fax:
No Entry

Contact per E-Mail:
keiliu0406@gmail.com

URL:
No Entry

Sources of Monetary or Material Support

Institutional budget, no external funding (budget of sponsor/PI)

Universitätsklinikum Schleswig-Holstein, Pflegeforschung, Campus Kiel
Brunswiker Str. 10
24105 Kiel
Germany

Telephone:
043150013812

Fax:
No Entry

Contact per E-Mail:
Peter.Nydahl@uksh.de

URL:
http://www.uksh.de *(Link: http://www.uksh.de)*

Ethics Committee

Address Ethics Committee

Ethik-Kommission der Medizinischen Fakultät der Christian-Albrechts-Universität zu Kiel
Schwanenweg 20
24105 Kiel
Germany

Telephone:
+49-431-50014191

Fax:
+49-431-50014195

URL:
No Entry

Vote of leading Ethics Committee

Date of ethics committee application:
2022-08-18

Ethics committee number:
D519/22

Vote of the Ethics Committee:
Approved

Date of the vote:
2022-08-22

Further identification numbers

Other primary registry ID:
No Entry

EudraCT Number:
No Entry

UTN (Universal Trial Number):
No Entry

EUDAMED Number:
No Entry

IPD - Individual Participant Data

Do you plan to make participant-related data (IPD) available to other researchers in an anonymized form?:
Yes

IPD Sharing Plan:
Data can be shared 36 months after publication. Reasonable inquiries may be directed to the Primary Investigator. The anonymized data will passed on in the form of tables.

Study protocol and other study documents

Study protocols:
No Entry

Study abstract:
No Entry

Other study documents:
No Entry

Background literature:
No Entry

Related DRKS studies:
No Entry

Publication of study results

Planned publication:
No Entry

Publikationen/Studienergebnisse:
No Entry

Date of first publication of study results:
No Entry

DRKS entry published for the first time with results:
No Entry

Basic reporting

Basic Reporting / Results tables:
No Entry

Alle

Brief summary of results:
No Entry