Delirium is a common condition and holds significant implications (Fick et al. 2002). It is both preventable and treatable (National Institute for Health and Care Excellence, 2010). Delirium is increasingly recognised as a medical emergency and thought of in terms of acute brain failure (Inouye et al. 2014).

**Why is this study important?**

- Delirium is under recognised in people with dementia (Fick & Mion 2008)
- The UK registers nurses as field specific (registered nurse mental health, registered nurse adult: RNMH/RNA etc)
- Research has not been undertaken in UK & RNMH context
- This may hold important and unique information for UK practice and patients

**Aims and Objectives**

To explore how UK mental health nurses experience caring for people with delirium superimposed on dementia (DSD)
- Do RNMH hold knowledge of DSD care and treatment practices?
- What influences use of guidelines?
- To support the development of a survey tool to help organisations understand their employees thoughts and needs for DSD education

**Methods**

**Mixed methods: Exploratory sequential**

**Qualitative Phase**

- Six Core Themes
- Two Superordinate Themes
- Encompassing: context, diagnostic, evaluative and improvement components (Rohrer & Spencer 1994)

**Themes Emerging**

| Interviews |
| Framework Analysis |
| Qualitative sequential |

**Qualitative Results**

**Six Core Concepts**

Two Superordinate Themes

- Perception of role varies between RNMH. This appears to influence thoughts, attitudes and behaviours regarding DSD care.
- Intuitive care and knowledge of individuals appears highly valued in RNMH

**Conclusions**

DSD is a complex condition, bridging traditional fields of both mental and physical healthcare provision and nurse registration. RNMH hold a unique perspective regarding care and treatment for this group of patients. No research to date has explored the RNMH context of care or thoughts regarding DSD.

When caring for someone with DSD the RNMH experience is conflicted regarding what they perceive their role to be, or what it should be in clinical practice. Guidance or tools are present but are less favored than the experiential or intuitive care premise.

RNMH appear to focus clearly on patients as individuals. This appears disconnected from using guidelines or tools to support care provision.

**Influencing Quantitative Data**

Qualitative findings will form the basis of a quantitative survey which will explore the wider RNMH experience, thoughts, attitudes and behaviors associated with DSD care. The validated survey tool will provide organisations with a “state of play” from which educational or organisational strategy can be devised to shape knowledge and care provision.