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### **Introduction:**

Decision fatigue is a crucial concept in the intensive care unit (ICU) setting; it is the idea that after making many decisions, a person's ability to make additional decisions becomes worse. ICU consultants make numerous high consequence decisions on patients with complex pathology in time-critical scenarios. The aim of the study was to identify the density of decision making and its consequences on the quality of the decisions made by ICU consultants in our unit.

### **Methods:**

This study took place across four twenty-four-hour on-call periods. Each consultant was monitored by a dedicated ICU trainee who recorded the daytime data. Demographic variables included the age, seniority of the ICU consultants, acuity of patients on the unit and staffing gaps. Baseline measurements included the number of days the consultant had been on the unit, their decision fatigue scale (DFS) score<sup>[1]</sup> and their reaction times. Real-time measurements of the number of decisions and interruptions during the on-call period were documented.

### **Results:**

Our study demonstrated increased reaction times and DFS scores for all consultants post-on-call compared with their baseline measurements (Table 1).

### **Conclusion:**

This study highlighted the number of decisions and interruptions consultants experience throughout their day. Signs of decision fatigue and reduced confidence in decision making were evident. Strategies to help reduce this could include moving non-urgent decisions to an alternative time of the day and a 'silent cockpit' rule to reduce non-urgent interruptions during ward rounds.

### **References:**

1. Hickman RL Jr et al. West J Nurs Res. 2018;40(2):191-208.

### **Table:**

Consultant number	1	2	3	4
Change in DFS score	+23	+32	+24	N/A
Change in reaction time	+133%	+100%	+24%	+14.6%
Morning decisions	218	250	321	158
Morning interruptions	48	60	33	20
Afternoon decisions	123	92	63	85
Afternoon interruptions	14	13	5	11

*Overall findings from Decision Fatigue Study*