WHY DOES DELIRIUM MATTER?
• Increased risk of prolonged ICU and hospital stay
• Increased risk of mortality
• Increased risk of long-term cognitive impairment
• Reduced functional status at 3 & 6 months after ICU discharge
• Early sign of sepsis

SCREENING TOOLS
• Assess level of consciousness before delirium screening
  • Richmond Agitation-Sedation Scale (RASS)
• Screening tools for delirium in adults will assess judgement and attentiveness, with deficits in either suggesting delirium
  • Confusion Assessment Method for the ICU (CAM-ICU)
    • 80% sensitivity, 96% specificity
  • Intensive Care Delirium Screening Checklist (ICDSC)
    • 74% sensitivity, 82% specificity

WHAT IS DELIRIUM?
• Acute state of confusion with:
  • Fluctuating levels of consciousness
  • Inattention
  • Disorganized thinking

Hyperactive
• Agitated, irritable, “ICU psychosis”
• <2% of cases

Hypoactive
• Lethargy, flat affect
• Often unrecognized
• 44% of cases

Mixed
• 54% of cases

RISK FACTORS FOR DELIRIUM
Patient-related
• Age >65 years
• Pre-existing cognitive impairment or neurologic disorder
• Comorbid conditions
• Malnutrition
• Alcoholism
• Prior history of delirium

Illness-related
• Illness severity
• Stroke
• Dehydration
• Infection
• Hypothermia/fever
• Hypoxia
• Electrolyte disturbances

Environment-related
• Social isolation
• Visual or hearing deficit
• Immobility
• Use of restraints
• Unfamiliar environment
• Stress
• Pain

Medication-related
• Polypharmacy (addition of ≥3 medications)
• Benzodiazepine use
• Nicotine or alcohol withdrawal
• Psychoactive medications, anesthetics, or anticholinergics

TREATING DELIRIUM
• Assess and treat modifiable risk factors
  • Avoid benzodiazepines and other sedative-hypnotics
  • Avoid physical restraints to manage behavioral symptoms
  • Treat dehydration, infection, and other underlying causes

• ABCDEF bundle
  • Evidence-based guide of organizational changes needed for optimizing ICU patient recovery
  • Early mobilization, promotion of sleep hygiene, and preventing sleep disruption may reduce incidence and duration of delirium

• Medications: For symptomatic relief (may not affect delirium duration)
  • Haloperidol (Haldol)
    • Most titratable, used in acutely agitated
  • Quetiapine (Seroquel)
    • Slow onset, short half-life, used for insomnia or agitation
  • Olanzapine (Zyprexa)
    • Used acutely, long half-life
  • Dexmedetomidine (Precedex)
    • Useful in refractory hyperactive delirium