Delirium in the ICU patient

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Delirium is a life threatening syndrome, affecting 11-87% of critically ill patients [1]. The reported prevalence rate of ICU delirium in cardiovascular surgery patients is up to 42% [2]. Delirium after cardiac surgery is associated with a significantly increased mortality rate and significantly reduced cognitive functioning even 6 months after discharge from hospital [3]. Therefore, delirium should be assessed routinely with a validated delirium score [4]. A randomized controlled study in cardiac surgery patients revealed that the administration of ketamine during induction of anaesthesia, significantly reduced delirium [5] and post-operative cognitive dysfunction [6]. Furthermore, risperidone, in patients who experienced subsyndromal delirium after on-pump cardiac surgery, significantly reduced the incidence of delirium [7]. However, delirium management can only have a lasting effect of patients outcome if it is accompanied by combined awakening and breathing coordinations with target-based sedation and analgesia [8].

References