

A high proportion of adults admitted to hospital experience delirium, a pathological alteration in cognition associated with inattention, a fluctuating course, and an underlying systemic illness, metabolic imbalance, or association with drug. Delirium has been linked to adverse short term outcomes, including up to threefold increases hospital mortality and length of stay, which place considerable burdens on caregivers and healthcare services. Delirium can also have long term consequences, with studies indicating an association between delirium and a higher likelihood of death, functional disability, admission to residential care, cognitive impairment, and dementia after discharge. Delirium can be overlooked, misdiagnosed, and its significance underestimated by healthcare providers working in intensive care. Nurses Knowledge and practices of the true magnitude of delirium and its associated burdens in critically ill patients would allow clinicians, researchers, and policymakers to allocate much needed resources towards reducing morbidity and mortality associated with delirium.



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Delirium for Critically Ill Patients

Nurses' Knowledge & Practices



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Abstract

Delirium is a common occurrence amongst patients in the intensive care unit (ICU). There are both patient and environmental factors in the ICU that contribute to a high rate of delirium. Prevention, early detection and effective management of delirium are important elements that can improve patient outcome and reduce length of stay and healthcare costs (Brummel et al., 2013).

Additionally, the delirium mortality rate increases by approximately 10% each additional day a mechanically ventilated patient experiences ICU (Ely et al., 2004). Delirium is a medical emergency that warrants immediate attention by staff. Therefore, prompt identification and assessment of delirium is needed so appropriate interventions can be implemented. Prompt intervention, can help resolve the delirium and return the patient to a state of mental and physical equilibrium (Leana et al., 2007).

ICU nurses and physicians are usually unaware of the presence of hypoactive delirium and only recognize this disturbance in agitated patients (hyperactive delirium). More importantly, there are few studies that have included ICU patients in the assessment or prevention of delirium (Wesley et al, 2001).