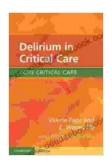
Delirium in Critical Care



Delirium in Critical Care (Core Critical Care) by Valerie Page



Language : English File size : 3323 KB Text-to-Speech : Enabled Screen Reader : Supported Enhanced typesetting: Enabled Print length : 236 pages



Delirium is a common and serious complication of critical illness, affecting up to 80% of patients in the intensive care unit (ICU). It is characterized by a sudden change in mental status, with symptoms that can range from mild confusion and disorientation to severe agitation and hallucinations. Delirium can have a significant impact on patient outcomes, increasing the risk of mortality, morbidity, and long-term cognitive impairment.

Causes

The exact cause of delirium is unknown, but it is thought to be caused by a combination of factors, including:

* Neuroinflammation: Critical illness can lead to the release of inflammatory mediators, which can damage the brain and lead to delirium. * **Hypoxia and ischemia:** Inadequate oxygen supply to the brain can also cause delirium. * Electrolyte and metabolic abnormalities: Electrolyte imbalances, such as hyponatremia and hypernatremia, and metabolic abnormalities, such as hyperglycemia and hypoglycemia, can also trigger

delirium. * **Medications:** Certain medications, such as opioids, sedatives, and corticosteroids, can increase the risk of delirium. * **Pre-existing cognitive impairment:** Patients with pre-existing cognitive impairment are more likely to develop delirium in the ICU.

Symptoms

The symptoms of delirium can vary depending on the severity of the condition. Mild delirium may manifest as:

* Confusion * Disorientation * Difficulty concentrating * Memory problems * Slowed thinking

Severe delirium may cause:

* Agitation * Hallucinations * Delusions * Impaired consciousness

Diagnosis

The diagnosis of delirium is based on a clinical assessment. The Confusion Assessment Method (CAM) is a commonly used tool for diagnosing delirium in the ICU. The CAM consists of four questions:

1. Does the patient have an acute change in mental status? 2. Is the change in mental status fluctuating? 3. Are there any inattention? 4. Is there any disorganized thinking?

A positive answer to two or more of these questions suggests that the patient may have delirium.

Treatment

The treatment of delirium focuses on identifying and addressing the underlying cause. This may involve:

- * Withdrawing or reducing medications that may be contributing to delirium
- * Correcting electrolyte and metabolic abnormalities * Providing adequate oxygenation and blood flow to the brain * Managing pain and agitation

In some cases, medications may be used to treat delirium. These medications include:

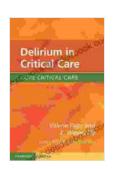
* Antipsychotics * Benzodiazepines * Cholinesterase inhibitors

Prevention

There are a number of things that can be done to prevent delirium in the ICU, including:

* Avoiding the use of medications that can increase the risk of delirium * Providing adequate oxygenation and blood flow to the brain * Correcting electrolyte and metabolic abnormalities * Managing pain and agitation * Mobilizing patients as early as possible * Providing a supportive environment for patients and their families

Delirium is a common and serious complication of critical illness. It is important to be aware of the causes, symptoms, and



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★★★★ 5 out of 5

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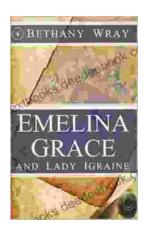
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