

Delirium Monitoring Is Associated with Improved Outcome in ICU Patients.

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Introduction: Delirium in the Intensive Care Unit (ICU) is reported to be independently associated with a significantly higher 6–month mortality rate. Since intervention programs have been shown to reduce length of hospitalization and mortality when performed in non–ICU patients, we aimed to investigate if a systematic delirium assessment in the critically ill improves outcome. **Methods:** In this prospective, observational study we included 191 patients newly admitted to the ICU after surgery staying in the ICU for at least 24 hours. Exclusion criteria were non–German–speaking and inability to communicate due to severe hearing loss or brain injury. Nurses were advised to perform delirium screening at least once a day with either the Delirium Detection Score or the Confusion Assessment Method for the ICU. **Statistics:** Fisher's exact test, Mann–Whitney U–test, multiple linear and logistic regression. **Results:** In 97 out of 191 patients delirium was diagnosed at some point during their ICU stay. Scoring adherence according to the provided algorithm was achieved in 85 out of 191 patients during their entire ICU stay. Multiple linear regression analyses adjusted for age, Simplified Acute Physiology Score on ICU admission and means of administered haloperidol, lorazepam and clonidine per ICU day confirmed the significant results of the univariate analyses in terms of a reduced time of ventilation ($p=0.001$), ICU ($p<0.001$) and hospital length of stay ($p = 0.003$) in patients receiving delirium monitoring. The same procedure was applied with the multiple logistic regression for hospital mortality which was significantly reduced in patients receiving delirium screening ($p=0.031$) **Conclusion:** These results reveal that daily delirium screening has the potential of reducing hospital mortality, ICU and in–hospital length of stay in the critically ill.

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