

Implementation of delirium monitoring according to the German S3-Guidelines for the management of analgesia, sedation and delirium in intensive care

Luetz A , Balzer F , Radtke F , Fueger S , Jones C , Citerio G , Walder B , Spies C

Background: Delirium is seen in 11 to 87% of the ICU patients. It is associated with a threefold risk of dying within 6 months after ICU discharge and a worse cognitive outcome. **Objectives:** The primary aim of the study was to investigate the implementation rate of delirium monitoring in ICU patients according to the German S3-Guideline (register number 001-012). **Methods:** The study was designed as an anonymous international multicenter clinical survey. The data assessment was performed with 2 different online questionnaires. Repeated email invitations were sent to all members of the European Society of Intensive Care Medicine (ESICM). All ICUs were eligible for taking part in the study. Descriptive statistics were computed for all study variables using Aabel v3.0.6, Gigawiz Ltd. Co. **Results:** A majority of the ICUs, 55% (56 of 101), reported some kind of screening for symptoms of

delirium. Of those that did screen for delirium, 78% (44 of 56) used a validated assessment tool: CAM-ICU (n=37, 84%) > ICDSC > Nu-DESC / DDS. Antipsychotics (n=86, 85%) and benzodiazepines (n=81, 80%) were the two categories of medications most commonly chosen by the healthcare professionals to manage delirium. **Discussion:** The data reflect an increasing awareness for delirium monitoring amongst intensivists. This may partially explain the increased implementation rates of specific delirium assessment tools measured in this survey. **Implications for guideline developers/users:** This survey indicates, that knowledge regarding delirium management has improved. National and international guidelines are important instruments to integrate current best evidence from research with clinical policy and practice.

References

1. Ely EW, Inouye SK, Bernard GR, et al. Delirium in mechanically ventilated patients: validity and reliability of the confusion assessment method for the intensive care unit (CAM-ICU). JAMA. 2001;286:2703-2710.
2. Ely EW, Shintani A, Truman B, et al. Delirium as a predictor of mortality in mechanically ventilated patients in the intensive care unit. JAMA. 2004;291:1753-1762.
3. Martin J, Heymann A, Bäsell K, et al. Evidence and consensus-based German guidelines for the management of analgesia, sedation and delirium in intensive care--short version. Ger Med Sci. 2010;8:Doc02.
4. Young J, Murthy L, Westby M, Akunne A, O'Mahony R, on behalf of the Guideline Development Group. Diagnosis, prevention, and management of delirium: summary of NICE guidance. BMJ. 2010;341:c3704.
5. Jacobi J, Fraser GL, Coursin DB, et al. Clinical practice guidelines for the sustained use of sedatives and analgesics in the critically ill adult. Crit Care Med. 2002;30:119-141.
6. Martin J, Franck M, Sigel S, Weiss M, Spies C. Changes in sedation management in German intensive care units between 2002 and 2006: a national follow-up survey. Crit Care. 2007;11:R124.