

The High Cost of Delirium in the ICU: Financial and Medical Consequences

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ABOUT THE STUDY

Delirium is a common condition experienced by patients in Intensive Care Units (ICUs) that is characterized by acute confusion and changes in behaviour, attention, and consciousness. Delirium is a serious medical condition that can significantly impact patient outcomes, including increasing the risk of long-term cognitive impairment, prolonged hospitalization, and increased mortality rates. The term delirium is derived from the Latin word “de lira,” meaning “out of the furrow.” This term aptly describes the confused and disoriented state that patients experience during delirium. Delirium is a common occurrence in the ICU, with up to 80% of patients experiencing delirium during their ICU stay. The incidence of delirium is particularly high in older adults and in patients with pre-existing cognitive impairment or dementia. There are several risk factors that can increase the likelihood of delirium in the ICU. These include advanced age, pre-existing cognitive impairment, medications that affect the central nervous system, alcohol or drug abuse, severe illness or injury, and prolonged ICU stays. Additionally, patients who are intubated or mechanically ventilated are at an increased risk of developing delirium. The symptoms of delirium can vary widely depending on the severity and underlying cause of the condition. In general, delirium is characterized by acute confusion, disorientation, and changes in behavior, attention, and consciousness. Patients with delirium may exhibit a range of symptoms, including hallucinations, delusions, agitation, and restlessness. They may also experience fluctuations in their level of consciousness, ranging from hyper-alertness to drowsiness or even coma. In severe cases, delirium can result in life-threatening complications, such as seizures or cardiac arrest. There are several strategies that can be used to manage delirium in the ICU. The first step in managing delirium is to identify and address any underlying medical

conditions or medications that may be contributing to the condition. This may involve adjusting medication dosages, treating underlying infections or medical conditions, or discontinuing medications that are known to cause delirium. Another important strategy for managing delirium is to provide a calm and supportive environment for the patient. This may involve reducing noise levels, minimizing unnecessary interventions, and promoting restful sleep. Additionally, it may be helpful to involve family members or caregivers in the patient's care to provide emotional support and help orient the patient to their surroundings.

Pharmacological interventions may also be used to manage delirium in the ICU. These interventions may include sedatives or anti-psychotic medications to help calm the patient and reduce agitation. However, the use of these medications should be carefully monitored, as they can have significant side effects and may increase the risk of complications such as falls or respiratory depression. Several non-pharmacological interventions have also been shown to be effective in managing delirium in the ICU.

These interventions may include cognitive stimulation, physical therapy, and early mobilization. Additionally, strategies such as the use of clocks, calendars, and other orientation aids can help patients maintain a sense of time and place and reduce confusion and disorientation. Therefore, delirium is a common condition experienced by patients in the ICU that can significantly impact patient outcomes. It is important for healthcare providers to be aware of the risk factors for delirium and to take proactive steps to identify and manage the condition. By addressing underlying medical conditions, providing a calm and supportive environment, and using a combination of pharmacological and non-pharmacological interventions, healthcare providers can help improve patient outcomes and reduce the risk of long-term complications associated with delirium.

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