**DELIRIUM IN THE INTENSIVE CARE UNIT: MORE THAN A NUISANCE**

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*Background*: Regardless of the underlying condition and comorbidities, along with pain and agitation, delirium is a common condition with major impact on the care and outcome of patients requiring intensive care unit (ICU) hospitalization. Sixty to eighty percent of ICU patients will develop delirium during their hospitalization with resultant complication and prolongation of ICU stay. Indeed, the more severe and prolonged the delirium, the more potential impact on outcome, including increased cost, morbidity and mortality.

*Results:* A primary step in delirium management involves awareness and recognition, an essential, although often neglected, component of ICU care. Key features of delirium include fluctuating disturbances in consciousness and cognition that develop over a short period of time. Several tools are available to assist in delirium assessment, including Confusion Assessment Method (CAM-ICU) and Intensive Care Delirium Screening Checklist (ICDSC). Once recognized, delirium management strategies include addressing reversible contributing conditions (toxic, respiratory, infectious or metabolic), along with delirium-specific non-pharmacologic and pharmacologic interventions. Recent studies have suggested the additional benefit of aggressive early mobilization protocols in reducing the incidence and lessening the duration of ICU delirium and associated adverse outcome.

*Conclusions*: Delirium is a frequent and costly condition in hospitalized patients that not only complicates and prolongs ICU care, but has a major adverse impact on short and long-term outcome. Growing awareness of the importance of early recognition and management of delirium necessitates a routine and systematic care process that integrates established assessment tools and management strategies to optimize ICU patient outcome.