

Prevalence and risk factors of delirium in intensive care unit and emergency department

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Abstract

Delirium is becoming prevalent in hospitalized patients especially in ICU and emergency. In spite of the fact delirium having a negative impact on patient outcome, the condition often times stays unrecognized and untreated. The Objective of this study was to determine the prevalence of delirium in ICU and emergency and to assess associated risk factors. Cross sectional prospective study was done on 120 patients in a setting of 14-bedded ICU and in emergency department of university-affiliated hospital. Out of 825 patients, 120 (14.5%) had delirium in emergency (12.6%) and ICU (27.3%) respectively. The mean \pm SD age of patients was 45.8 ± 17 years. Sepsis holds 22.5% of a reason for admission. The mean time in days \pm SD until the occurrence of delirium for ICU is 4.12 ± 2.9 and emergency is 2.4 ± 1.5 days. There was a significant relationship between mechanical ventilation and development of delirium after 24 hours ($X^2(1, N=120) = 7.68, p=0.06$). Most patients, 72.5% had polypharmacy and just over a half of patients had a restraint applied to them. There is a significant relationship between benzodiazepine use and development of delirium after 24 hours, $x^2(1, N=120) = 4.83, p=0.003$. Delirium was found to be prevalent in emergency and ICU. And clinicians caring for patients in both units should assess for delirium and make it an integral part of daily patient evaluation. Given the significant association, clinicians should monitor modifiable risk factors.



Biography:

Meron Anteneh is a young, creative undergraduate student from Ethiopia with inspirational volunteering activities in peace building specially in Africa who's currently a student enrolled at Addis Ababa Science and Technology University studying



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