

P-392 - DELIRIUM IN SURGERY INTENSIVE UNIT

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There is a high prevalence of delirium in surgery intensive care unit (SICU) patients. We need to identify modifiable risk factors for prolongation of delirium in the surgery intensive unit (SICU).

Methods: There was a prospective cohort study in setting of 12 bed surgery intensive care unit in university hospital. Patients were 140 consecutive delirious patients of mean age 68.21 ± 12.07 years. The main outcome measure was duration of SICU delirium. We evaluated time, person, place orientation, situation and aggression at least 6 times a day. Some of the somatic parameters was measured continually - blood pressure (IBP), heart rate, respiratory rate, peripheral blood oxygen saturation. Other parameters such as body temperature were monitored every 1 - 4 hours. The laboratory blood tests were taken every day, they included: sodium, potassium, chlorides and phosphorus level, urea and creatinine level, hematokryt, red and white blood cell count, CRP, proteins, albumin, laboratory markers of renal and liver dysfunction.

Results: Delirium occurred in 140 of 5642 patients (2.48 %). Most subjects with delirium had improvements in delirium following treatment in range of 12 to 240 hours with median of 48 hours and mean 65.61 ± 38.09 hours. Statistical analysis shows that hyperactive subtyp of delirium, using of antipsychotics, alcohol abuse anamnesis, low level of potassium, were associated with increased delirium duration. Nevertheless there were statistically significant differences between duration of delirium in patients with and without hypotension and with and without alcohol abuse.

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