

Delirium in the intensive care unit

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Intensive care represents the highest level of health care and is a multi-professional and multidisciplinary field of medicine. Aggressive treatment in intensive care units with an emphasis on sedation and mechanical ventilation of the patient is a predisposing factor for the occurrence of delirium. In clinical settings, delirium is used to describe a patient with altered mental status as a reduced ability to focus, direct, maintain, and redirect attention¹. Delirium is a sign of a poor outcome of the patient's treatment, and its frequency is estimated at 80% of patients on a respirator. An increased level of pain, most often in the postoperative period as a response to stress, leads to an increased risk. Prolonged duration and accumulation of drugs such as sedatives and analgesics lead to delirium². The interventions of the nurse are aimed at spotting the first symptoms, adequate reaction, and assistance in the occurrence of first problems. Emphasis is placed on the use of scoring scales, of which the most used is the CAM-ICU scale, which is standardized, but from a nursing perspective, the Nu-DESC scale is adapted to assess the occurrence of delirium by nurses in the ICU. Early recognition of this condition is associated with the prevention of bad outcomes and allows the provision of non-pharmacological measures that reduce the suffering of the patient. The strategies for preventing delirium are evaluating, preventing, and managing pain, choosing analgesia and sedation, spontaneous waking and breathing, early mobilization and exercises, and the involvement of the family in the process³. Nurses play a significant role in working with patients, given that they are most in contact with the patient, provide support, inform, and educate the patient and his family, and allow a visit during the hospitalization. In their work, the nurse should provide a holistic and individual approach and adapt to the patient's difficulties and needs.

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LITERATURE

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