



Systematic Delirium Screening and Prevention.

| | |
|-------------------|------|
| Level of Evidence | High |
|-------------------|------|

Consensus Statement

Routine use of a systematic delirium screening tool and nonpharmacologic strategies aid the identification and prevention of postoperative delirium.

Main Points

- Delirium is frequent after cardiac surgery and is associated with impaired survival, recovery, and longer-term cognitive outcomes.
- Routine use of a validated screening tool in the ICU, such as CAM-ICU or the ICU Delirium Screening Checklist, is recommended at least once per nursing shift.
- Nonpharmacologic prevention strategies are emphasized, including pain control, sedation minimization, mobility, sleep support, and family engagement.

Key References

1. Arora RC, Djaiani G, Rudolph JL. Detection, prevention, and management of delirium in the critically ill cardiac patient and patients who undergo cardiac procedures. *Can J Cardiol.* 2017;33:80-87.
2. Bergeron N, Dubois MJ, Dumont M, Dial S, Skrobik Y. Intensive care delirium screening checklist: evaluation of a new screening tool. *Intensive Care Med.* 2001;27:859-864.
3. Chen YL, Zeng M, Liu Y, et al. CHA2DS2-VASc score for identifying patients at high risk of postoperative atrial fibrillation after cardiac surgery: a meta-analysis. *Ann Thorac Surg.* 2020;109:1210-1216.
4. Devlin JW, Skrobik Y, Gelinas C, et al. Clinical Practice Guidelines for the Prevention and Management of Pain, Agitation/Sedation, Delirium, Immobility,

and Sleep Disruption in Adult Patients in the ICU. *Crit Care Med.* 2018;46:e825-e873.

5. Dubiel C, Hiebert BM, Stammers AN, et al. Delirium definition influences prediction of functional survival in patients one-year postcardiac surgery. *J Thorac Cardiovasc Surg.* 2022;163:725-734.
6. Ely EW, Margolin R, Francis J, et al. Evaluation of delirium in critically ill patients: validation of the Confusion Assessment Method for the Intensive Care Unit (CAM-ICU). *Crit Care Med.* 2001;29:1370-1379.
7. Girard TD, Exline MC, Carson SS, et al. Haloperidol and ziprasidone for treatment of delirium in critical illness. *N Engl J Med.* 2018;379:25062-516.
8. Hewitt J, Long S, Carter B, Bach S, Mccarthy K, Clegg A. The prevalence of frailty and its association with poorer clinical outcomes in general surgery: a systematic review and meta-analysis. *Age Ageing.* 2018;47:7938-00.
9. Hov KR, Neerland BE, Undseth Ø, et al. The Oslo Study of Clonidine in Elderly Patients with Delirium; LUCID: a randomised placebo-controlled trial. *Int J Geriatr Psychiatry.* 2019;34:974-981.
10. Neufeld KJ, Leoutsakos JS, Sieber FE, et al. Evaluation of two delirium screening tools for detecting post-operative delirium in the elderly. *Br J Anaesth.* 2013;111:612-618.
11. Nguyen Q, Uminski K, Hiebert BM, Tangri N, Arora RC. Midterm outcomes after postoperative delirium on cognition and mood in patients after cardiac surgery. *J Thorac Cardiovasc Surg.* 2018;155:660-667.e2.
12. Page VJ, Ely EW, Gates S, et al. Effect of intravenous haloperidol on the duration of delirium and coma in critically ill patients (Hope-ICU): a randomised, double-blind, placebo-controlled trial. *Lancet Respir Med.* 2013;1:515-523.
13. Pollock BD, Filardo G, da Graca B, et al. Predicting new-onset postcoronary artery bypass graft atrial fibrillation with existing risk scores. *Ann Thorac Surg.* 2018;105:115-121.

14. Rudolph JL, Jones RN, Levkoff SE, et al. Derivation and validation of a preoperative prediction rule for delirium after cardiac surgery. *Circulation*. 2009;119:229-236.

15. White DB, Angus DC, Shields AM, et al. A randomized trial of a family support intervention in intensive care units. *N Engl J Med*. 2018;378:23652-375.

Educational materials produced by the Society for Enhanced Recovery After Cardiac Surgery (ERAS® Cardiac) may be considered Open Access. Non-commercial use of ERAS® Cardiac educational materials, including images, audio, and video, in whole or in part, is permitted with the following conditions: 1) the content is not altered, 2) the listed authors of the content and ERAS® Cardiac are appropriately referenced, and 3) a URL address or hyperlink to the original material or the main web site [<https://www.erascardiac.org/>] is included in the reproduction.