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Delirium on Admission to the CICU

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Background

- Delirium is common in the CICU and associated with worse clinical outcomes^[1,2]
- CAPD only validated tool for diagnosis; low specificity^[3,4]
- Potential for overdiagnosis and overtreatment^[5]
- **Aim:** Determine the frequency of delirium and compare characteristics of patients with and without admission delirium

Methods

- Retrospective single-center cohort study
- Participants: all patients admitted to the CICU (N = 683)
 - October 1, 2021 – December 31, 2022
- Delirium defined as CAPD > 9

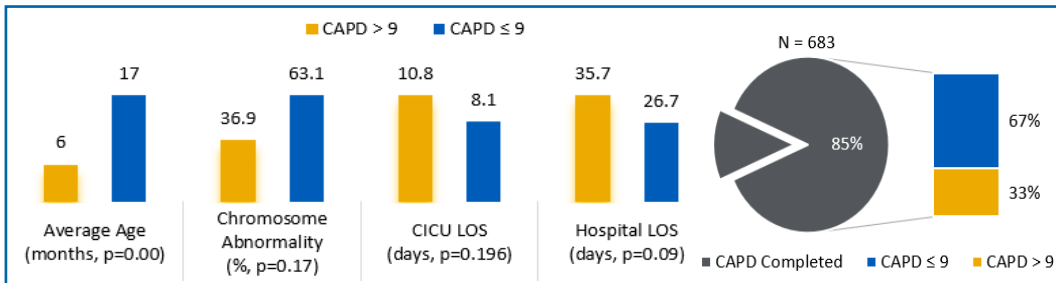
Discussion

- 1/3 screened positive for delirium at admission
 - Majority < 6 months of age.
- Elements of the CAPD difficult to discern for infants
 - I.e., purposeful movements, awareness of surroundings, eye contact
 - Acute illness as confounding variable
 - Developmentally delayed vs. appropriate
 - False positives common
- Limitations:
 - Subjective nature of scoring
 - Retrospective study from one institution with limited sample size
- Future directions:
 - Evaluate CAPD trends during hospitalization
 - Compare differences in those with and without positive admission delirium screen
 - Consider parental report to obtain pre-illness and admission baseline

Conclusion

- Infants more likely to screen positive for delirium
- Both patient and CAPD factors contribute to delirium diagnosis
- Further investigation to ascertain if truly high rates of delirium vs. high CAPD false positives and to determine how to best utilize the CAPD

Results



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