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## Intensive Care Unit (ICU) delirium

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The purpose of this evidence-based practice project is to implement and evaluate an effective way to prevent intensive care unit (ICU) delirium. My research question is asking whether nonpharmacological or pharmacological therapies are effective for preventing intensive care unit delirium acquired during stay. Delirium is a mental state that occurs from a variety of reasons that creates changes in arousal, cognition, and in mental abilities. It results in confused thinking and a lack of awareness of someone's surroundings. Delirium during acute settings, such as the ICU, can cause an increased risk for mortality. Thorough evaluation of multiple studies exemplified that screening interventions highlight the importance of diagnosing delirium and missed diagnoses as contributing factors to an increased risk for ICU delirium. Studies were also looked at that used pharmacologic therapies, finding haloperidol effective. Education and nursing interventions such as assessing the need to be screened for delirium and encouraging nonpharmacologic therapies like providing adequate lighting and continuing to reorient, can all be efficient in preventing ICU delirium. The method that will be used in evaluating which interventions are more adequate in preventing ICU delirium, will be assessed through looking at two different groups. One group will be assessed when using nonpharmacological interventions, and the other group will be assessed when using antipsychotic drugs, such as haloperidol. Effectiveness will be measured then by the Confusion Assessment Method (CAM) which is a standardized evidence-based tool used to identify and recognize delirium quickly and accurately in both clinical and research settings. This data will be assessed over a 6-month period of time to ensure adequate patient numbers. Furthermore, I will be using the CAM to evaluate the effectiveness of each of these groups to measure the best preventative measures of ICU delirium through a 6-month process.