

ICU Delirium and Cost

Higher severity and duration of delirium were associated with incrementally greater costs (all $p < 0.001$). Using multivariable analysis to adjust for age, comorbidity, severity of illness, degree of organ dysfunction, nosocomial infection, hospital mortality, and other potential confounders, delirium was associated with 39% higher ICU (95% CI, 12% to 72%) and 31% higher hospital (95% CI, 1% to 70%) costs. Therefore, we conclude that delirium is a common clinical event in mechanically ventilated medical ICU patients and is associated with significantly higher ICU and hospital costs. Future efforts to prevent or treat ICU delirium have the potential to improve patient outcomes and reduce costs of care. **(see figures below)**

REFERENCE:

Milbrandt, E.B., Deppen, S., Harrison, P.L., Shintani, A.K., Speroff, T., Stiles, R.A., Truman, B., Bernard, G.R., Dittus, R.S., Ely, E.W. Costs Associated with Delirium in Mechanically Ventilated Patients. Crit. Care Med. 32 (4):955-962, 2004. (see link on Reference page)

Figure 1

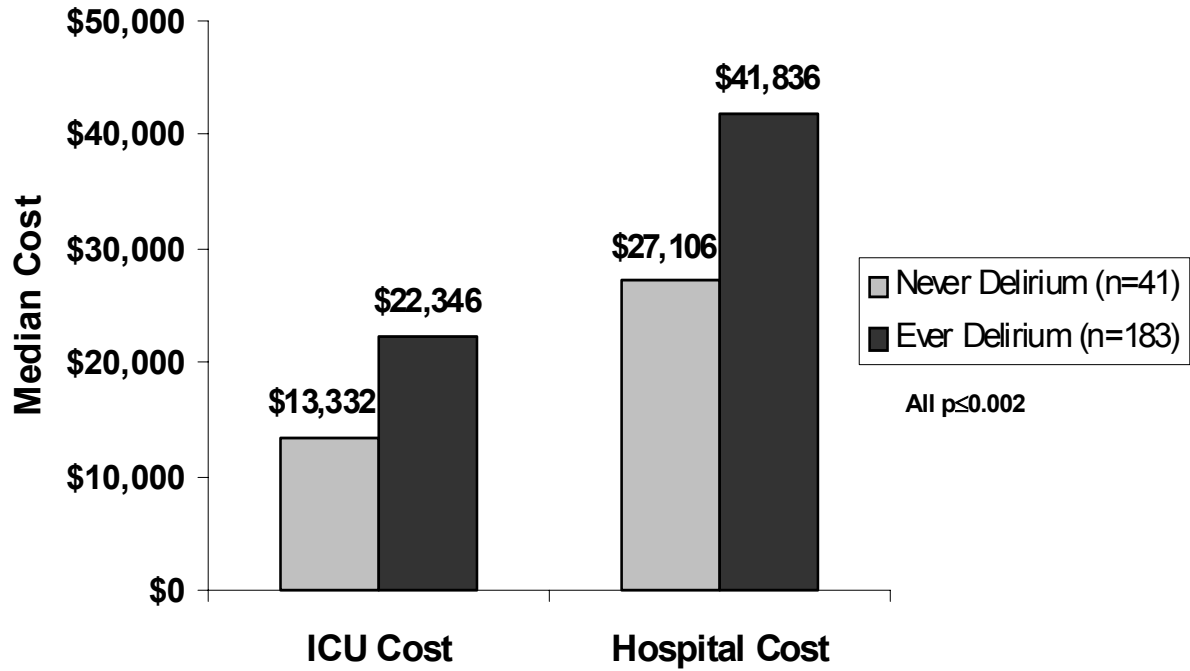


Figure 1. – Median ICU and Hospital Cost Per Patient. This histogram shows cost according to clinical categorization of “ever delirium” vs. “never delirium.” Delirium was significantly associated with increased ICU and hospital cost.

Figure 2

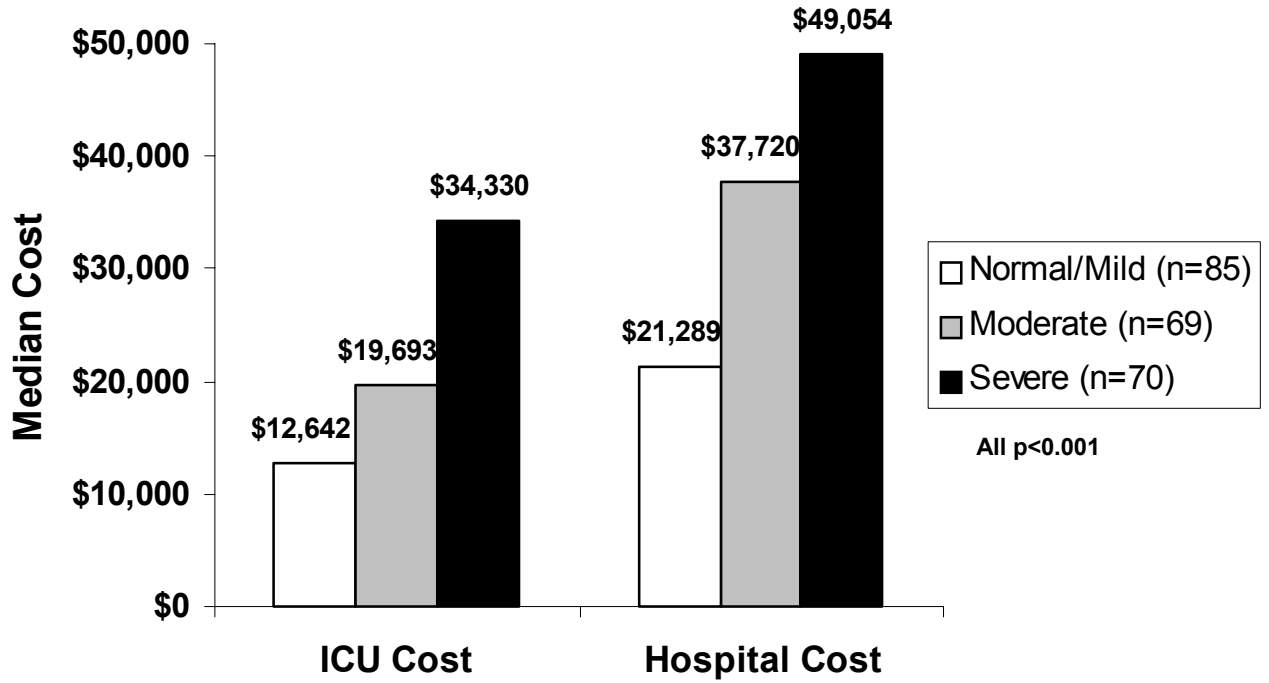


Figure 2. – Median ICU and Hospital Cost Per Patient. This histogram shows cost according to cumulative delirium severity indices. Increasing delirium severity was significantly associated with incrementally greater ICU and hospital cost.