Abstract

Delirium is an independent predictor of increased length of ICU stay, mortality, and treatment costs in critical care department. Its incidence may be underestimated or overestimated if delirium is assessed by using subjective clinical impression alone rather than an objective instrument. Different antipsychotics; either typical or atypical, are used for control of delirium in critically ill patients.

Key Words:

Antipsychotics - Critically Ill Patient - Delirium.