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Go to the main content of Delirium is a sharp, confusing state characterized by altered consciousness and reduced ability to focus, maintain, or shift attention. This is due to a number of complex underlying diseases and can be difficult to recognize. Many seriously ill patients (e.g. up to 80% of patients in the intensive care unit) experience delirium due to underlying medical or surgical health problems, recent surgical or other invasive procedures, medications or various harmful stimuli (e.g., basic psychological stressors, mechanical ventilation, noise, light, patient care interactions and drug-induced sleep disorders or deprivation). Delirium is associated with a longer duration of artificial ventilation and ICU, as well as an increased risk of death, disability and long-term cognitive dysfunction. Thus, early recognition of delirium is important and ICU medical staff should pay close attention to how to monitor the occurrence of delirium and its prevention and management. This review provides a brief overview of delirium and literature update with reference to the 2018 Society for Critical Clinical Practice Clinical Practice Guidelines on Pain Prevention and Management, Agitation/Sedation, Delirium, Immobility, and Sleep Disturbances in Adult Patients in Resuscitation. Since 1990, ESICM has been committed to producing guidelines and consensus statements from colleagues in the community, as well as in collaboration with other international societies, to provide the best quality of evidence for clinicians at bedside. These manuscripts have been published in the journal Intensive Care Medicine and other leading journals (ESICM approval does not automatically imply acceptance for publication in the journal ICM). Proposals and applications are considered, evaluated and approved on the basis of their compliance with the guidelines set by the Editorial and Publishing Committee: SOPs for the manuscript approval process. The Executive Committee and the Chairman of the Editorial and Publishing Committee are responsible for the evaluation. It is strongly recommended that an application for approval be submitted as soon as possible. If you wish to offer or apply for approval of guidelines or a consensus application, you can submit your application form and other supporting documents to guy.francois@esicm.org and research@esicm.org. 2020 Non-invasive respiratory support for hypoxemic peri/prokederal patient: joint ESA/ESICM guidance. Intensive care (2020). Survival Sepsis Campaign International Guidelines for Managing Septic Shock and Sepsis-Associated Organ Dysfunction in Children. Intensive Medical Care Med 46, 10-67 (2020). Resume. Updated range of delusional and acute encephalopathy: statement of ten societies. Intensive care 2018 Stimotherapy in patients with neuro-intensive care: consensus ESICM and recommendations of clinical practice. Intensive Medical Care Med. 2018 Apr;44(4):449-463. 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