

DELİRYUM

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ÖĞRENİM HEDEFLERİ

Bu bölüm sonunda okuyucu;

1. Deliryum ile ilgili kavramları bilir,
2. Deliryumun gelişmesini önlemeye yönelik uygulamaları bilir,
3. Deliryumun gelişmesini önlemeye yönelik önlemleri alabilir,
4. Deliryumda olan hasta bakımını hemşirelik sürecine uygun yapabilir,
5. Deliryuma bağlı komplikasyonları tanımlayabilme, hemşirelik bakım planı geliştirebilir.

GİRİŞ

Deliryum, herhangi bir fiziksel yada fizyopatolojik nedenden dolayı beyin bilişsel işlevlerinin kısa sürede bozulması, bilinç durumunda değişiklik, dikkat, davranış ve oryantasyonda bozukluk, artmış ya da azalmış psikomotor aktivite ve uyku-uyanıklık döngüsünün düzensizliği ile karakterize, geçici organik mental bir sendromdur. Deliryum kelimesi Yunanca “saçma konuşmak” anlamına gelen “Leros” kelimesinden ve Latince “izin dışına çıkmak” anlamındaki “delirare” veya “delirare decedere” kelimelerinden köken almaktadır. Yıllarca organik beyin sendromu, akut konfüzyonel durum, konfüzyon, akut demans, akut beyin yetmezliği, metabolik ansefalopati, geri dönüşlü toksik psikoz ve yoğun bakım ünitesi psikoza gibi farklı terminolojiler ile anılan deliryum çoğu zaman tanınmamakta veya yanlış teşhis edilmektedir. Deliryum vakalarının %65’i acil servislerde

KAYNAKLAR

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