Research article

Delirium screening in the intensive care unit using emerging QEEG techniques: A pilot study

Andrew Hunter, Barry Crouch, Nigel Webster and Bettina Platt*

Institute of Medical Sciences, The University of Aberdeen, Aberdeen, UK

* Correspondence: Email: B.Platt@abdn.ac.uk; Tel: +44 (0)1224 437402.

Supplementary Table 1. Study cohort—Reasons for ICU admission.

| Control group                                      | Delirium group                                      |
|---------------------------------------------------|-----------------------------------------------------|
| C1 Septic shock                                   | D1 Bilateral pneumonia                              |
| C2 Worsening hypoxaemia                           | D2 Pneumonia                                        |
| C3 Pulmonary oedema                               | D3 Sepsis                                           |
| C4 Post-operative care (laparotomy)               | D4 PUJ* obstruction & hydronephrosis                |
| C5 Type 1 respiratory failure                     | D5 High O₂ requirements & ionotrope therapy         |

*Note: Pelvic Ureteric Junction.
Supplementary Figure 1. Absolute power spectra of delirious and non-delirious subjects. Mean ± SEM AR power (arbitrary units) spectral estimates for control (black) and delirium (red) groups are presented for all 8 recording channels. Dashed vertical lines delineate cut-offs between Delta (δ), Theta (θ), Alpha (α), Beta (β) and Gamma (γ) bands.
