Evidence Table D-19. Intensive care unit readmission outcomes in studies comparing interventions to prevent development of delirium

| Author, year | Population | Intervention group, n | Control group, n | Route of administration | Outcome definition | n / N (%), intervention group | n / N (%), control group | Relative risk (95% CI) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First-generation antipsychotic vs. placebo |  |  |  |  |  |  |  |  |
| Page, 2013[10](#_ENREF_10) | ICU patients needing MV within 72 hours of admission were enrolled | Haloperidol (Planned dose: 2.5mg), 71 | Placebo (Planned dose: 0.5ml), 70 | Intravenous | Readmission to ICU with sepsis | 1 / 71 (3%) | 1 / 70 (1%) | 0.99 (0.06 to 15.45) |
| van den Boogaard, 2018[15](#_ENREF_15) | ICU patients at high risk of delirium | Haloperidol (Planned dose: 2mg), 732 | Placebo (Planned dose: 0.9% NaCl), 707 | Intravenous | ICU readmission, No. (%) | 65 / 732 (8.9%) | 68 / 707 (9.6%) | 0.92 (0.67 to 1.28) |
| van den Boogaard, 2018[15](#_ENREF_15) | ICU patients at high risk of delirium | Haloperidol (Planned dose: 1mg), 350 | Placebo (Planned dose: 0.9% NaCl), 707 | Intravenous | ICU readmission, No. (%) | 36 / 350 (10.3%) | 68 / 707 (9.6%) | 1.07 (0.73 to 1.57) |

CI=confidence interval; ICU=intensive care unit; mg=milligram; MV=mechanical ventilation; n=sample size; NaCl=sodium chloride