Stellingen

Behorende bij het proefschrift

Implementation of Delirium Guidelines at the Intensive Care Unit

1. Identification of implementation barriers for adherence to delirium guidelines using a survey is feasible (this thesis).
2. Guideline bundles and implementation strategies are different constructs that both need attention when aiming to improve delirium outcomes (this thesis).
3. Tailored implementation of delirium guidelines does not preclude high variability in guideline adoption by different ICUs possibly related to the level of center-specific tailoring (this thesis).
4. Successful implementation is often not defined by improved clinical outcomes but rather relates to improved processes of care (this thesis).
5. Implementation of delirium guidelines in the ICU requires an interprofessional and dedicated team approach (this thesis).
6. High levels of psychological distress in ICU patients relates to high levels of psychological distress in the relatives.
7. Norepinephrine administration in septic shock provides more advantages than disadvantages.
8. To respect the natural circadian rhythm of ICU patients, feeding should only be delivered during the day.
9. Lung recruitment manoeuvers and PEEP titration should not be routinely used in patients with ARDS.
10. Prophylactic haloperidol in low doses does not reduce mortality in critically ill patients.
11. You must be careful not to report things that do not give direction to thinking (prof. dr. Johan A. B. Groeneveld).