Pediatric Delirium

DIAGNOSIS MANAGEMENT
Objectives

- Review of the Pediatric Delirium Pathway
- Discuss delirium treatment strategies
- Documentation of the Care Plan
- Apply treatment strategies to a patient scenario
A Quick Review...

**CLINICAL PATHWAY FOR PEDIATRIC DELIRIUM: PREVENTION, SURVEILLANCE, AND MANAGEMENT**

**Nursing Tasks**
- Admission Day 1
- Admission Day 3

**Physician Tasks**
- Child Psychiatry

- **Review and institute Delirium Prevention and Treatment Strategies**
- Screen for delirium, twice daily, once per shift
- Is CAP-D Score ≥9 or <9?
- Is delirium diagnosed?
- Consider Psychiatric Consult

All Pediatric ICU and Pediatric BURN ICU patients
Pediatric Delirium Prevention

Admission Day #1

Screen for Delirium, twice daily, once per shift

Nursing Tasks

Orientation
- Visual or hearing aids
- Reorient to day and time
- Allow TV on during the day
- Familiar objects in the room

Optimize Environment
- Sleep hygiene
- Ambulate and mobilize early and often (if safe)
- Avoid room changes
- Avoid numerous visitors, other than guardians

Daily Cares
- Cluster care
- Limit baths to daytime hours
Pediatric Delirium Screening

Admission Day #3

Screen for Delirium, twice daily, once per shift

CAP-D ≥ 9

Physician Task
- PICU MD to evaluate patient within 2 hours, using BRAIN-MAPS to identify potential sources of delirium
- Consider Psychiatric Consult

Nursing Task
- RN to notify PICU Provider to evaluate patient

CAP-D < 9

Nursing Task
- Continue Delirium Prevention and Treatment Strategies
- CAP-D Assessment twice daily, once per shift
Delirium Diagnosis Management

Is Delirium Diagnosed?

YES

Begin 3-Prong Treatment Approach
1. Assess Underlying Disease
2. Minimize Iatrogenic Factors
3. Optimize Environment

Then,
1. Continue Delirium Prevention and Treatment Strategies
2. CAP-D Assessment twice daily, once per shift
3. If CAP-D ≥ 9 in next 24 hours, order Psychiatric Consult

NO

1. Continue Delirium Prevention and Treatment Strategies
2. CAP-D Assessment twice daily, once per shift
3. If CAP-D ≥ 9 in next 24 hours, order Psychiatric Consult

Screen for Delirium, twice daily, once per shift
3-Prong Treatment Approach - Physicians

**Assess Underlying Disease**
- Assess for infection
- Address hypoxemia
- Optimize pain control
- Correct metabolic abnormalities

**Minimize Iatrogenic Factors**
- Minimize Sedation
- Recognize and treat abstinence/withdrawal
- Avoid restraints
- Review Mediation List

**Optimize Environment**
- Early Mobilization
- Cognitive stimulation
- Clustered care
- Sleep hygiene
Treatment Strategies-Physicians

- Avoid or stop deliriogenic medications
  - Benzodiazepines, systemic steroids, metoclopramide, anticholinergic agents, promethazine, diphenhydramine
- Treat underlying metabolic derangement and infection
- Avoid and treat constipation
- Non-critical patients should have morning labs and chest x-rays at 0800
Treatment Strategies-Nursing

- **Orientation**
  - Provide visual or hearing aids
  - Reorient to DAY and TIME, have familiar objects in the room
  - Attempt consistency in nursing
  - Allow TV on during the day, non-verbal music

- **Optimize Environment**
  - Sleep hygiene
  - Ambulate and mobilize early and often (if safe)
  - Avoid numerous room changes

- **Limit baths to daytime hours**

- **Avoid numerous visitors, other than guardians**
Daily Care Plan Documentation

If you don’t document it, it didn’t happen!

CARE PLAN:
CRITICAL CARE MANAGEMENT-PEDIATRICS

- Psychosocial Distress
  - Satisfaction with social interaction
  - Realistic goal setting
  - Relaxation techniques
  - Stress management
  - Maintain consistent schedule/routine
  - Maintain consistent staff
Delirium Care Plan

The Delirium Care Plan will be go live in Epic with the August, 2020 upgrade

Until then, document in the Critical Care Management-Pediatrics Care Plan
Patient Scenario

- You are working a night shift and Patient Maddy was diagnosed with Delirium earlier today. She remains intubated and her CAP-D score is 11. Her mother is able to visit in the evening when her dad is home from work and after her siblings are in bed.
- Describe the 3-Prong approach that the PICU Provider will take to help mitigate Maddy’s condition.
- Explain the treatment strategies that you will expect the PICU Provider to take.
- Outline the treatment strategies that you will need to take as a nurse caring for Maddy.
Critical Thinking...

 How can you tailor treatment strategies for Maddy that are age-appropriate?
   How would this plan differ for a teenager? Or for a toddler?

 How will you optimize the environment for Maddy?
   Consider communication techniques to your team if the unit is noisy

 Since Maddy’s parents find it difficult to spend time with her at the hospital, which resources can you utilize to help her?
   Child Life?
   An alternative family member?
   Video visits with her teacher?

 When will you anticipate a Psychiatric Consult to be ordered?
   Remember to refer to the clinical pathway
References
