Introduction

- Delirium is a neuropsychiatric syndrome characterized by a waxing and waning level of alertness and is associated with cognitive impairment and psychiatric symptoms.
- Despite increasing evidence of delirium in critically ill children, it remains under-recognized leading to higher morbidity and mortality rates (Turkel et al., 2013).
- Given the complexity of delirium care, no one health care profession can adequately meet the patient’s needs and an interprofessional collaborative (IPC) approach is essential.

Aim

- To utilize interprofessional expertise to improve staff/trainees’ knowledge of pediatric delirium
- To implement universal screening, enhance systematic detection and standardize delirium treatment in the pediatric intensive care unit (PICU).

Description of Program

- Experts in pediatrics, pharmacy, nursing, and child psychiatry developed a delirium clinical practice guideline and treatment algorithm to be used in the PICU.
- The protocol involves universal pediatric pain/sedation screening along with an evidence-based delirium screening tool, the Cornell Assessment of Pediatric Delirium (Silver et al., 2014).
- The protocol includes non-pharmacological and pharmacological management. Staff received initial training sessions and participate in monthly case conferences.

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Delirium Present?

- Delirium Present
  - Hypothetical Delirium
    - Normal or decreased LOC + agitation
  - Hypothetical Delirium
    - Agitated + delirious
  - Mixed Delirium
    - Combination of hypo/hyperactive (Soler et al., 2016)

Delirium Treatment

- Pharmacologic Treatment of Delirium
  - Hypoactive Delirium: Diminished responsiveness, decreased speech, impaired reality, difficulty to engage, quiet confusion
  - Mixed Delirium: Fluctuating symptoms of agitation, restlessness, hallucinations with decreased responsiveness or movement or confusion

- Consider ATC
  - 1st Risperidone or Quetiapine: hypactive delirium
  - 1st Quetiapine or Haloperidol: hypactive delirium

- Consider ATC
  - 2nd Risperidone or Quetiapine: hypactive delirium
  - Consider PRN Hypoactive q 2-4 hrs

- Other Preventive Measures:
  - Maintain continuity of care
  - Reduce pain/sedation scores for over or under treatment: FLACC > 3, SBS > 0 or < -1
  - Vital signs q 2-4: notify Ho with T > 38.3, hypotension, or tachycardia for age

- Consult Pediatric Pharmacy & Psychiatry:
  - If identify risk factors, experience significant side effects, and for adjusting or weaning antipsychotics

- Monitoring:
  - Monitor extrapyramidal symptoms: muscle rigidity – treat with diphenhydramine & prn: haloperidol IV, may repeat q 15-20 min or two or three doses
  - Neuro checks q 2-4: monitor for seizure activity, agitation, restlessness, insomnia, dysoria
  - Monitor pain & sedation scores for over or under treatment: FLACC > 3, SBS > 0 or < -1

- Decision: sedation/wake

- Discharge

- Discharge

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Antipsychotic Monitoring Parameters:

- Vital signs q 2-4: notify Ho with T > 38.3, hypotension, or tachycardia for age
- Monitor pain & sedation scores for over or under treatment: FLACC > 3, SBS > 0 or < -1
- Neuro checks q 2-4: monitor for seizure activity, agitation, restlessness, insomnia, dysoria
- Monitor for extrapyramidal symptoms: muscle rigidity – treat with diphenhydramine & prn: haloperidol IV, may repeat q 15-20 min or two or three doses
- Neuro checks q 2-4: monitor for seizure activity, agitation, restlessness, insomnia, dysoria
- Monitor pain & sedation scores for over or under treatment: FLACC > 3, SBS > 0 or < -1
- Decision: sedation/wake
- Discharge

Conclusions

- This project is an IPC which uses effective teamworking and learning across disciplines in order to improve quality care.
- IPC activities increased participants’ knowledge of delirium and also enhanced awareness of the roles and contributions of the different disciplines.

Acknowledgments

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