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 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., 2012).

The treatment algorithm includes non-pharmacological and pharmacological management. Staff received initial training sessions and participate in monthly case conferences.

Delirium Treatment

Pharmacologic Treatment of Delirium

Hypersactive Delirium: Agitation, hallucinations, pulling out lines & tubes, unstable behavior

Hyperactive Delirium: Hallucinations, disorientation, irritability, delusion, acutely, difficult to engage, quiet confusion

Mixed Delirium: Fluctuating symptoms of agitation, restlessness, hallucinations, decreased responsiveness, apathy, or confusion

Delirium Present?

Hypotensive Delirium: Normal or decreased LOC + delirium

Hypertensive Delirium: Agitation + delirium

Mixed Delirium: Combination of hypotensive + hypertensive (2/3 or 1/3)

Evaluate for possible causes of delirium

Use “Brain Map” (see text)

Relevance to Interprofessional Education and Practice

This project is an IPC which uses effective teamwork 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.

Conclusions

An IPC approach to pediatric delirium which uses a clinical practice guideline is effective in advancing knowledge of pediatric delirium among staff/trainees as well as increasing the rates of delirium screening, detection and treatment.

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