Check baseline triglyceride level & monitor at intervals: hyperlipidemia

The treatment algorithm includes non-pharmacological and pharmacological treatment. The protocol involves universal pediatric pain/sedation screening along with an evidence-based delirium screening tool, developed a delirium clinical practice guideline and treatment algorithm to be used in the PICU.

Experts in pediatrics, pharmacy, nursing, and child psychiatry staff/trainees’ knowledge of pediatric delirium and morbidity and mortality rates (Turkel et al., 2013). Staff/trainees’ qualitative feedback indicate an increase in their knowledge of delirium and confidence treating delirium.

Antipsychotic Monitoring Parameters:
- Vital signs (2-4 hr), notify HD 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 hr: monitor for seizure activity, agitation, restlessness, insomnia, dyskinesia
- Monitor for extrapyramidal symptoms: muscle rigidity – treat with diphenhydramine & discontinue antipsychotics
- Baseline & Daily EKG: monitor for QTc prolongation (> 0.45 sec) & dysrhythmias
- Check baseline & Monitor at intervals: monitor for hypoglycemia, elevated LFTs, blood glucose
- Check baseline Hirayama level & monitor at intervals: hypertension

Consult Pediatric Pharmacy & Psychiatry: Identify risk factors, experience significant side effects, and adjust/dosing antipsychotics.

Results
- In 2013-2014, the PICU did not screen for delirium and only 4 cases were identified in a retrospective review.
- 6 months after protocol began, 559 patients were screened for delirium and 120 cases identified.
- The incidence rate was 21.5% with 10 cases (aged 6 months -17 years) receiving pharmacological treatment.
- Staff/trainees’ qualitative feedback indicate an increase in their knowledge of delirium and confidence treating delirium.

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.

Acknowledgments
We appreciate the generous support of University of Maryland, Baltimore’s The Center for Interprofessional Education. The Center is directed by Jane M. Kirschling, PhD, RN, FAAN, dean, School of Nursing.