## **Clinical Guideline**

### **Delirium Prevention, Screening, and Management** Pediatric Critical Care

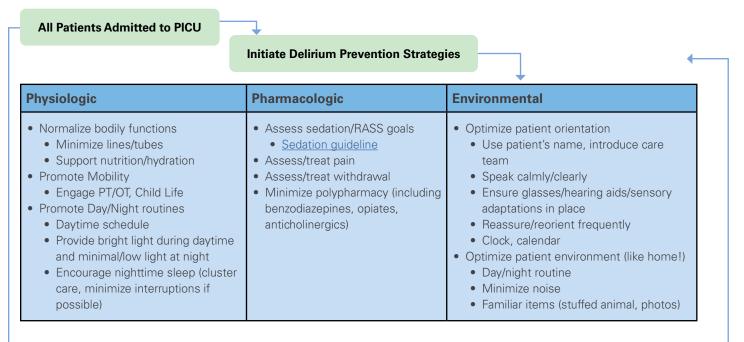
**Delirium** is a decline in brain function that occurs because of one or more pathophysiologic abnormalities, leading to an imbalance of neurotransmitters in the brain. It is characterized by a change in a patient's consciousness and cognition. Features of delirium may include:

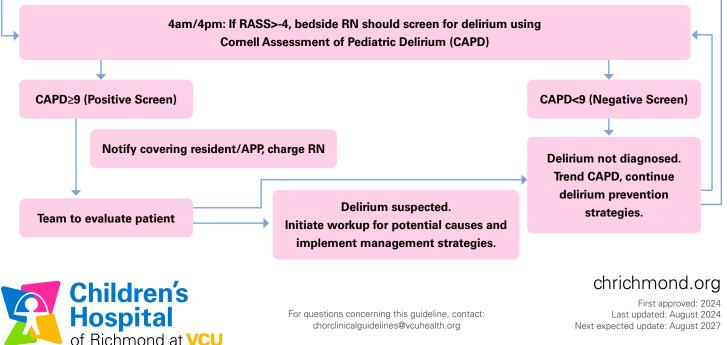
InattentionAgitation

- Confusion
- Acute change or fluctuation in mental status

Somnolence

Prevention and monitoring are key to the diagnosis and management of delirium!





# **Clinical Guideline**

### **Delirium Prevention, Screening, and Management**

### **Pediatric Critical Care**

#### Potential Causes and Management of Delirium

Physiologic	Pharmacolog	ic	Environmental
<ul> <li>Identify potential etiology</li> <li>Sepsis/new infection</li> <li>Hypoxia</li> <li>New Organ Dysfunction</li> <li>Electrolyte imbalance</li> <li>Seizures</li> <li>Normalize bodily functions <ul> <li>Reassess need for lines/tubes</li> <li>Support nutrition/hydration</li> </ul> </li> <li>Promote Mobility <ul> <li>Engage PT/OT, Child Life</li> <li>Promote Day/Night routines</li> <li>Daytime schedule</li> <li>Provide bright light during daytime a minimal low light at night</li> <li>Encourage nighttime sleep (cluster care, minimize interruptions)</li> </ul> </li> </ul>	opiates, antic Reassess sec <u>Sedation (</u> Reassess/tre Reassess/tre Minimize poly <b>Consider:</b> Melatonin for Antipsychotic Quetiapin Risperidor Haloperido	dation/RASS goals <u>Guideline</u> at pain at withdrawal ypharmacy sleep ss e (PO)	<ul> <li>Optimize patient orientation <ul> <li>Use patient's name, introduce care team</li> <li>Speak calmly/clearly</li> <li>Ensure glasses/hearing aids/sensory adaptations in place</li> <li>Reassure/reorient frequently</li> <li>Clock, calendar</li> </ul> </li> <li>Optimize patient environment (like home!) <ul> <li>Day/night routine</li> <li>Minimize noise</li> <li>Familiar objects (stuffed animal, photos)</li> </ul> </li> <li>Avoid restraints</li> <li>Educate family</li> </ul>
		n/4pm CAPD screening r for improvement.	
		•	
	Are sym	ptoms improving?	
	Yes		No
Reduce/discontinue antipsychotics if initiated.		Consi	der Supportive Care and/or Psychiatry Consult
Continue with Delirium Prevention and Management Strategies			



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## Delirium Prevention, Screening and Management Guideline **Executive Summary**

### Children's Hospital of Richmond at VCU Delirium Workgroup

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### **Approved (August 2024)**

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#### References

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