

# Development of a Delirium Assessment and Management Algorithm in the Pediatric Intensive Care Unit (PICU)

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## BACKGROUND

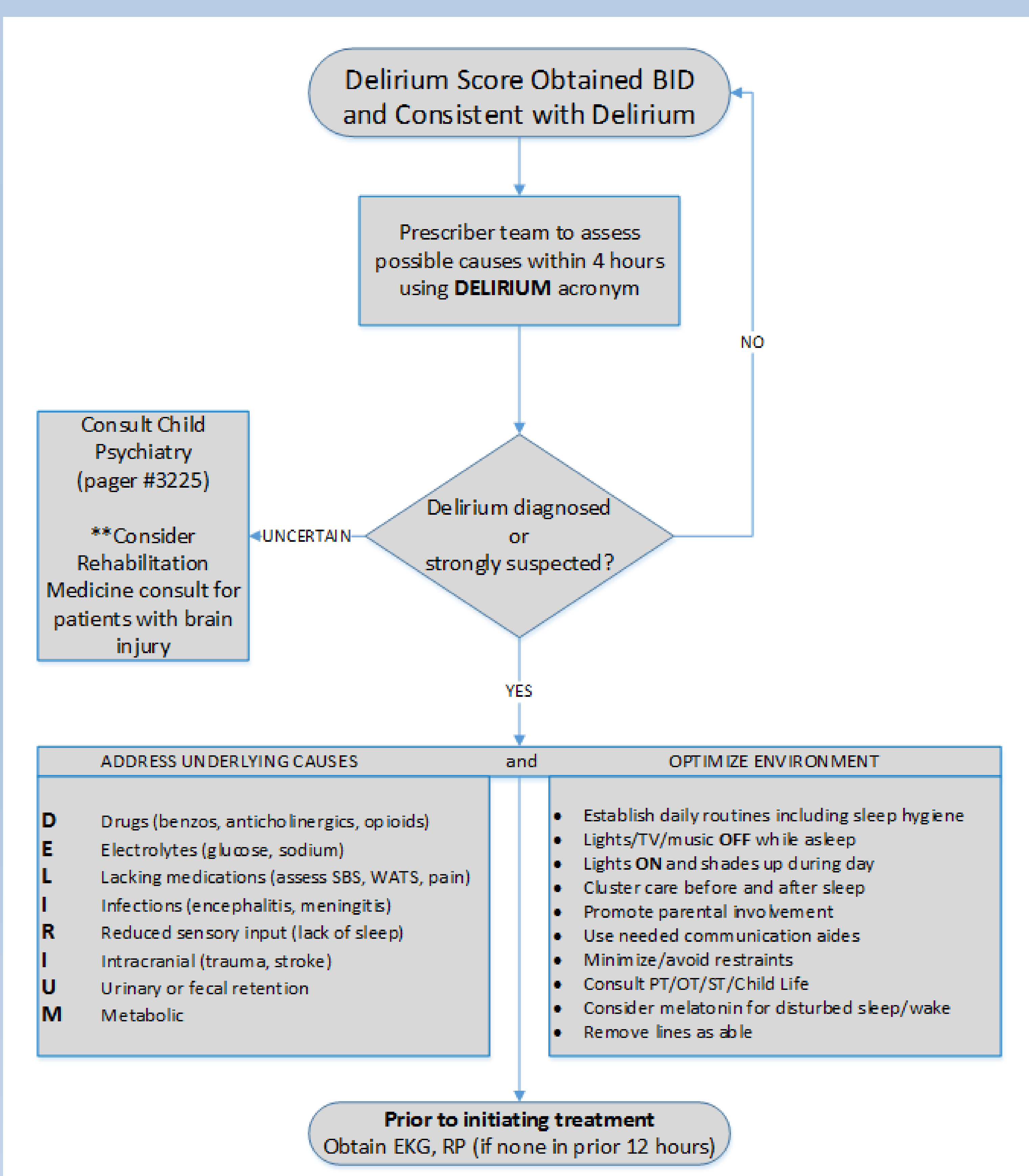
Delirium is a significantly under-recognized problem in the PICU. We use Cornell Assessment of Pediatric Delirium (CAPD) scale in our PICU to identify patients with delirium.<sup>(1)</sup> A review of Children's of Alabama (COA) PICU data identified an opportunity to standardize care for patients with delirium.

## DESCRIPTION

A chart review of all sedated and mechanically ventilated patients admitted to COA PICU was performed between August 2017 and February 2018. The incidence of delirium and variability in delirium diagnosis and management were evaluated. The incidence of delirium was found to be 20%. The mean time to diagnose delirium was 13.7 days with a mean duration of delirium of 9.4 days. The delay in delirium diagnosis and variability in the management of delirium in our PICU was determined to be due to lack of a standard process to diagnose and manage delirium in our PICU.

## FINDINGS

Chart review and data analysis revealed variation in delirium assessment and management, particularly in initial medication dose, medication wean and duration of treatment. Developing a standard algorithm for delirium assessment and management will decrease variation and improve patient care.

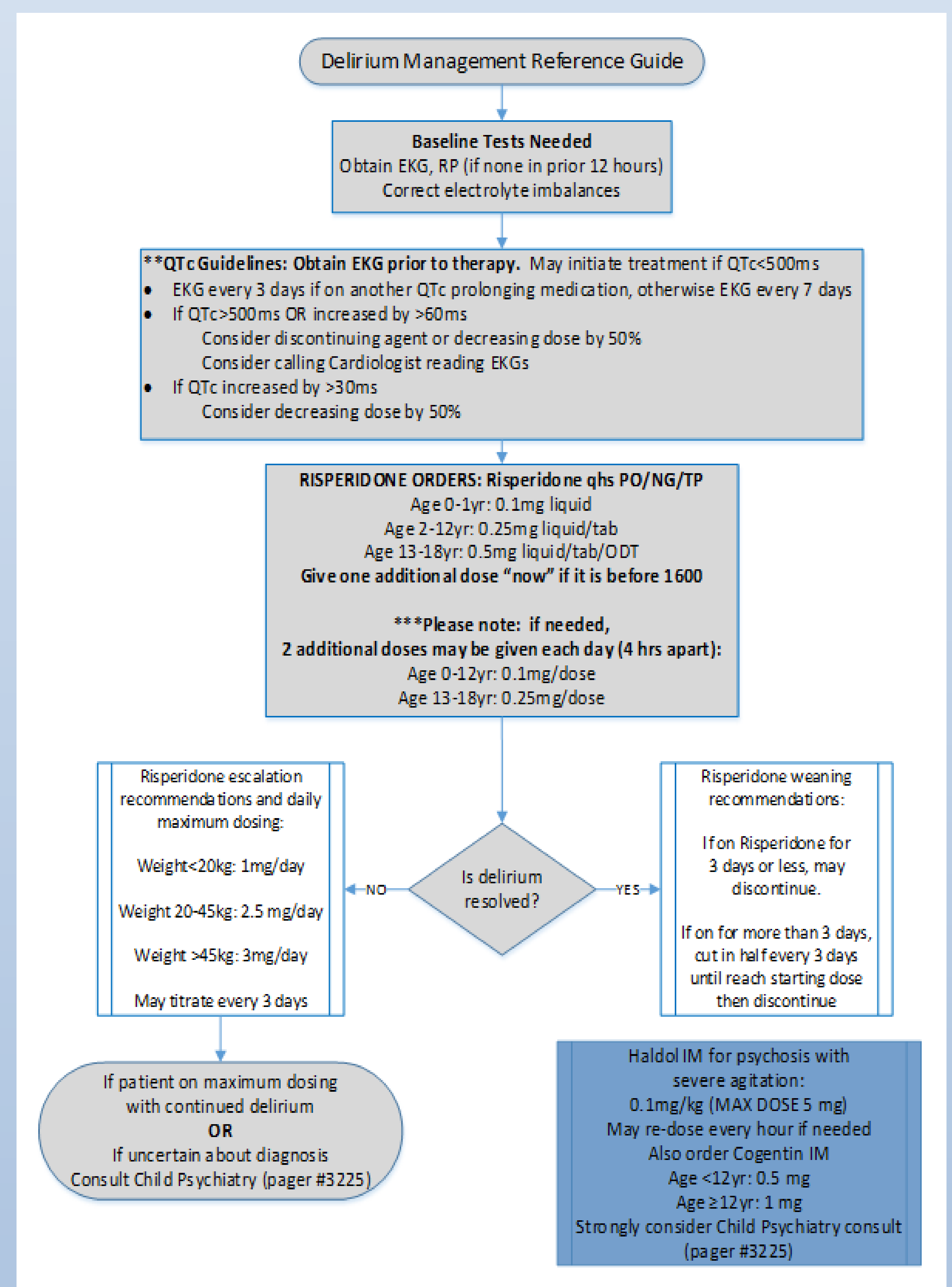


## ACTIONS TAKEN

We developed an evidence-based delirium assessment and management algorithm to standardize our approach to delirium. The algorithm was reviewed and approved by our faculty and staff.

## PROJECT AIM

To standardize delirium management and improve outcomes through implementation of Delirium Assessment and Management Algorithm.



## NEXT STEPS

A pilot of the algorithm began June 2018, to evaluate its efficacy, and make appropriate changes using robust quality improvement methodology.

## REFERENCES

1. Traube C, Silver G, Kearney J, Patel A, Atkinson TM, Yoon MJ, et al. Cornell Assessment of Pediatric Delirium: a valid, rapid, observational tool for screening delirium in the PICU\*. Crit Care Med. 2014;42(3):656-63.