




How to Prevent and Manage Delirium in PICU


 **Glasses/ Hearing Aids.** Those with hearing and vision problems are more at risk of delirium. Make sure your child has their glasses/hearing aid with them in PICU.


 **Communication Aids.** If your child uses a communication board or device or sign language to communicate please let the PICU team know. Those with communication difficulties are more at risk of developing delirium.

 **Sleep.** Children with an altered sleep/ wake cycle in PICU, are more at risk of developing delirium.

Day: Blinds wide open for natural light. Encourage play and activities with help of PICU team. Should only have naps if that's usual routine at home

Night: Turn off TV, keep as quiet as possible, Keep lights dimmed, and follow usual night time routine.

 **Mobility.** Immobile children are more at risk of developing delirium. Children in PICU will be encouraged to do different mobility activities as part of the EMU program.

 **Toys/ Comfort Items.** Bringing a child's favorite toys, teddies and comfort blankets from home can help re-orientate children. When children are more awake they should fill their time with play so having age appropriate developmental toys can help.



Photographs. Photographs of family and friends can help re-orientate your child and reassure them. You can remind them of who people are in the photos.



Books. Even when a child is on a ventilator (breathing machine) and is on sedation (medicines that make them sleepy) they can hear things going on around them. Reading their favourite story and hearing your voice will reassure them and let them know they are safe.



Calm Reassuring Voices. Speaking to your child in calm reassuring voice will help re-orientate your child. Asking simple questions with a yes no answer can stop your child becoming agitated. Remind them who they are, where they are, the time and day.



Soothing Music. Playing music your child likes and can recognise from home/school may reassure them and make them feel safe.



Daily Routine Timetable. It is important to try and recreate as normal a routine as possible. If you have any ques-

*Author: Louise Noone & Paediatric Delirium Group, July 2022
Contact: 01 4096791© 2022,*

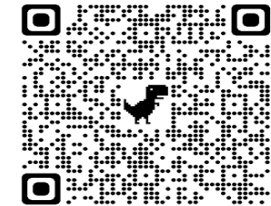
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Children's Health Ireland
at Crumlin

Information for Parents / Guardians

Delirium in PICU



This leaflet has been produced by Children's Health Ireland (CHI).

It explains what Paediatric Delirium is, what causes it, how it can be treated and how you as their parent/guardian can help.

Delirium

Your child has been admitted to Paediatric Intensive Care Unit (PICU). We know that being unwell in hospital can temporarily affect memory and cognition in children of all ages.

Sedation (*medication that causes sleepiness*) is usually reduced as your child's physical condition improves. Their behavior may not be as you would expect. And they may be agitated and difficult to communicate with. At times parents say "*this doesn't seem like my child*".

We know this can be extremely difficult for parents. It is important to let the PICU team know that you do not recognise your child's behavior. You may find your child's condition frightening. This state of **temporary** confusion is called delirium.

What is Delirium?

Delirium is a state of confusion that can suddenly appear when a child is unwell. Children with delirium behave differently than usual and may act strangely. This delirious state is usually temporary. When their physical condition improves, the confusion often improves and eventually goes away. The confused state can vary in duration from several days to weeks. Its duration can depend on the severity of their illness, the child's age and physical condition.

What you might notice?

- **Agitation.** Your child may be pulling at their lines and tubes or trying to get out of bed. They may be difficult to console.
- **Reduced Level of Consciousness.** They may be very sleepy and difficult to communicate with.
- **Behavioral Changes.** Your child may become withdrawn. They may appear paranoid or mistrusting of people around them.
- **Not Recognising People.** They may not recognise people even their parents.
- **Perception.** Your child may have a disturbed image of their surrounds and may see and hear things that aren't there (hallucinations)
- **Memory Problems.** The child may not remember things that you have just told them.
- **Variation Over Time.** Your child's presentation may vary during their stay and may be worse at night.

What causes Delirium?

Paediatric Delirium is caused by a change in the neurotransmission pathway (*the pathway where nerve cells pass messages from one cell to another using small chemicals*) and this causes **temporary** changes in behavior and movement.

There is often more than one cause for this change in neurotransmission and in some cases it may not be possible to identify the exact cause.

The most common medical causes are fever, infections, major operations, heart or lung conditions and the side effects of certain medications.

Children who are more at risk of developing delirium are those:

- After Cardiac Surgery.
- Requiring a Ventilator (*breathing machine*).
- Requiring sedation (*medication to make them sleepy*).
- With an altered sleep/wake cycle.
- Who are immobile.

Treatment of Delirium

The PICU team will try to determine any medical causes of delirium as quickly as possible and treat those appropriately.

The main treatment for paediatric delirium is non-pharmacological management that tries to orientate the child and reduce stress and discomfort. The treatment to prevent and manage the delirium is the same so the strategies below should be implemented for all children in PICU.

Children suffering from delirium have difficulty communicating or responding emotionally. Hearing familiar voices, seeing familiar people and toys helps them to re-orientate and feel safe.