

SOS Paediatric Delirium Score

Score ≥ 4

Score < 4

Identify Potential Causes & Treat - BRAINMAPS*

B

- Bring oxygen (e.g hypoxemia, anemia).

R

- Remove or wean drugs that cause

A

- Atmosphere (e.g. bright lights, loud noises, unfamiliar people).

I

- Inflammation, infection and immobilisation.

N

- New organ dysfunction.

M

- Metabolic disturbance (e.g acidosis, electrolyte imbalance).

A

- Awake (e.g sleep wake disturbances)

P

- Pain

S

- Sedation

Reassessment on Next Shift or if Concerned Patient may be Delirious.

Initiate Strategies to Reduce

Sleep and Environment

- Increase light exposure during daytime and create dark environment at night to encourage natural sleep-wake cycle.
- Minimise night time interventions
- Minimise napping during the day.
- Relaxing music before bed.
- Noise reduction (*consider use of ear plugs/masks*).
- Address sensory limitations e.g. glasses, hearing aids or use of communication boards.

Parental Engagement

- Create familiar environment- music, books and toys from home.
- Encourage parents to speak to their child, reassure them and re-orientate them to the environment.
- Encourage parents to participate in their child's care (*as safety allows*) - feeding, washing and dressing and changing nappies.
- Create a daily schedule with parents to emulate the home schedule.
- Hypoactive delirium- increase social interaction

Early Mobility

- Spectrum of passive and active activities are considered early mobility.
- Position in developmentally appropriate positions- hands together in midline.
- Limit TV/Screen time and promote developmentally appropriate activities e.g. toys, jigsaws, blocks. Consider referral to play therapists.
- Minimal restraints (*if possible*).
- Team to consider out of bed to chair/parents arms +/- ambulation if appropriate.
- Consider referral to Physiotherapy/Occupational therapy.

Pharmacological

- Last line.
- Treat Pain – simple analgesia eg paracetamol and/or ibuprofen.
- Avoid and discontinue drugs that reinforce delirium (*if possible*) e.g. benzodiazepines such as midazolam/lorazepam, and anticholinergics such as oxybutynin, ipratropium and hyoscine.
- 1st Line Clonidine (*high dose*). Consider risperidone and/or haloperidol as last resort

If no improvement or significantly high score consider referral to psychiatry

Remember -

Prevention is more effective than treatment. Do not wait until delirium develops to enact the above strategies. Minimise exposure to sedation agents if possible.