SOS Paediatric Delirium Score

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, unfamilar people).
I	• Inflamation, 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

Score < 4

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.

*BRAINMAPS adapted from: Smith HA, Brink E, Fuchs DC, et al. 2013. Pediatric delirium: Monitoring and management in the pediatric intensive care unit. *Pediatric Clinics North America*, 60(3): pp 741–760

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