Delirium is a disturbance of BOTH cognition and consciousness with the following diagnostic criteria:
1. Acute change or a fluctuating course in patient’s mental status
2. Inattention
3. Change in cognition such as an impaired ability to receive, process, store, or recall information
4. Triggered by a medical or surgical condition

Delirium occurs in up to 80% of critically ill adults, and is associated with worse outcomes. Absence of large cohort studies on pediatric delirium.

**OBJECTIVES**
- Review development of the Pediatric and Preschool CAM-ICU tools for diagnosis of delirium in critically ill pediatric patients
- Review findings and prevalence of delirium in the PICU setting

**PEDIATRIC TOOL DEVELOPMENT**

**Pediatric Confusion Assessment Method for the ICU (pCAM-ICU)**
- Adaptation of the CAM-ICU for patients ≥ 5 years
- Maintains hierarchal approach for delirium diagnosis
- Requires presence of inattention
- Age appropriate adjustments for Features 2 & 4

**Feature 2: Inattention**
- Attention screening examination by letters or pictures

**Feature 4: Disorganized Thinking**
Levels of cognitive developmental considered

**Preschool Confusion Assessment Method for the ICU (psCAM-ICU)**
- Developed for patients 6 months – 5 years
- Developed with an interdisciplinary team
- Adaptation of the pCAM-ICU maintaining objective and direct patient assessments
- Developmental modifications to Features 2 & 4

**Feature 2: Objective assessment using eye contact, tracking, sustained attention, purposeful movements**

**Feature 4: assessed with questions about 24 hour behavior at the bedside**

Inconsolability
Sleep-wake cycle
Unawareness

**PEDIATRIC TOOL VALIDATION**

Delirium assessments (Validity):
- Once daily paired, independent assessments
- Assessments < 3 hours apart

**Assessment 1** → Using the psCAM/pCAM-ICU
**Assessment 2** → Neuropsychiatric assessment

**PREVALENCE of PEDIATRIC DELIRIUM**
- Delirium occurs in up to 36% of critically ill pediatric patients
- Delirium occurs more commonly in infants & children < 2 yrs, reported as high as 46%

**MYTHS about Delirium and Monitoring**
- Belief that delirium can be easily diagnosed without a valid bedside tool
- Belief that delirium recognition will not lead to change in patient management plan
- Belief that delirium presence will result in removal of all sedatives and analgesics
- Belief that delirium diagnosis suggests the patient is “crazy” and requires antipsychotics

**CONCLUSIONS**
- Pediatric delirium is prevalent in the ICU
- Valid tools such as the pCAM-ICU, psCAM-ICU, and others (PAED, CAP-D) can be used for pediatric delirium monitoring in the ICU
- Myths regarding delirium can limit use of tools
- Education is needed to enhance the medical team “buy-in” and effectiveness of pediatric delirium monitoring and management