

ABSTRACT

Elizabeth Macari Brothers, MSN, APRN, CPNP-AC, CCRN-P

Pediatric Critical Care

Nurse Practitioner

Wolfson Children's Hospital

Jacksonville, FL

Michael Maymi DNP, APRN, CPNP-AC, CCRN-P, CNE

Clinical Assistant Professor

University of Florida College of Nursing

Gainesville, FL

Poster number: Th 9

Implementing a Pediatric Delirium Scoring Tool in Order to Reduce Sedation Time

If left untreated, delirium is highly associated with poorer outcomes, including longer mechanical ventilation time, prolonged length of stay, increased mortality, and thus an increased cost of care (Patel et al., 2017). By objectively measuring both delirium and sedation interventions, patients can be weaned off sedation sooner and thus leave the PICU sooner. This leads to the clinical question: in the pediatric intensive care unit, does implementing an objective delirium measurement tool and daily discussion of the score with the multidisciplinary team versus not using an objective delirium measurement tool reduce the length of sedation days for critically ill patients over three months? The Plan-Do-Study-Act method was used to evaluate the practice change. Twenty-one patients (10 pre and 11 post-CAP-D implementation) on continuous sedation were included. The retrospective chart review showed reduced sedation days after CAP-D implementation, with an average duration of sedation being 21.9 days before and 18.36 days after. A one-way ANOVA test or the Kruskal-Wallis test was completed to see the statistical significance of this data. The p value was 0.48, showing that due to the small sample size the duration of sedation difference is not significant. Therefore, in the future a larger sample size should be used.