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New SCCM Guidelines for Critically Ill Children in PICU Address Delirium, Pain, Agitation, Withdrawal

Emphasize importance of continual assessment, nonpharmacologic interventions, and family involvement

AT A GLANCE

- Comprehensive new SCCM guidelines for critically ill children in the PICU contain recommendations for addressing delirium, pain, agitation, and withdrawal.
- The guidelines note that the interdisciplinary team should continually assess these and other issues to improve care.
- Families are vital members of the treatment team and can provide normalcy for the child, such as by bringing their favorite music or games.
- Incorporated into the guidelines are many goals of the SCCM's ICU Liberation Campaign, including early mobility, good sleep hygiene, and addressing delirium.

MOUNT PROSPECT, Ill. – [Feb. 4, 2022] – As many as three out of five children in the pediatric intensive care unit (PICU) develop delirium. Routine monitoring for delirium, pain, agitation, and withdrawal while instituting an interdisciplinary model of care is vital to ensuring the best care and outcomes, according to the first comprehensive guidelines on caring for critically ill infants and children, developed by the Society of Critical Care Medicine (SCCM).

The 2022 SCCM Clinical Practice Guidelines on Prevention and Management of Pain, Agitation, Neuromuscular Blockade, and Delirium in Critically Ill Pediatric Patients With Consideration of the ICU Environment and Early Mobility (PANDEM), are being published in February in SCCM's *Pediatric Critical Care Medicine* journal.

Previous guidelines focused more on identification and diagnosis than on monitoring or were less evidence based. The new guidelines are broader in scope and contain 44 recommendations based on the increasingly rigorous pediatric-specific literature, featuring management strategies such as enhanced use of protocolized sedation and analgesia. The guidelines also underscore the importance of nonpharmacologic interventions and family involvement to enhance comfort, care, and possibly outcomes.

"Comprehensive care requires the use of a variety of tools to repeatedly and intentionally reassess critically ill children, including answering three simple questions by the medical team on rounds at least every day—Where is the patient now, where do we want them to go, and how do we get them there?" said Heidi A.B. Smith, MD, MSCI, cochair of the guidelines committee. "It should be an active everyday process to determine how we liberate patients from the ICU—Can we get them off the ventilator today? If not, what do we need to do to get them off of it tomorrow?"

Critical care nurses play a vital role in conducting the necessary assessments for pain, agitation, delirium, and withdrawal; following management guidelines by the team; and then reassessing treatment success. Targeted sedation is an important area where nurse empowerment can

impact care as bedside assessments translate to titration of sedation. Less sedation may lead to better clinical outcomes, including decreased delirium prevalence and iatrogenic withdrawal syndrome.

“Delirium often is under-recognized in children but it’s a very real thing,” said John W. Berkenbosch, MD, FAAP, FCCM, cochair of the guidelines committee. “Even those who recognize delirium often treat it the wrong way by starting an antipsychotic or adding further sedation or a benzodiazepine. The guidelines recommend trying nonpharmacologic interventions and enhancing sleep by bundling care so you don’t wake the patient every hour. There’s very good evidence regarding the preferred combination of sedatives and analgesics in combination with nonpharmacologic methods and comfort measures to help prevent delirium as well as making kids’ days and nights in the ICU as normal as possible.”

The guidelines recommend employing nonpharmacologic methods such as music, physical, occupational, and child life therapy to help instill real-life normalcy into the child’s ICU stay. For example, clinicians can suggest that families bring in the child’s favorite music, headphones, videogames, or toys.

“The safety protocols for COVID-19 have underscored how important it is to bring a sense of normalcy to children, whose caregivers are wearing gowns, gloves, and other personal protective equipment (PPE), which create a barrier between the infant or child and necessary touch, talk, and face-to-face connection,” said Dr. Smith. “Building normalcy into their stay is all the more important for children whose families live several hours away and can’t visit regularly.”

She notes that COVID-19 has brought some positive changes, including the use of videoconferencing to update families, ensuring that children can hear their parents, and enhancing the use of language interpreters via a touchscreen tablet for children whose families do not speak English.

Parents need to be empowered to be involved in their child’s care as much as possible, from simple tasks such as changing a diaper to being educated on how to provide nutrition using a feeding tube. As clinicians, we can even push boundaries using safety protocols to allow parents to hold their child when intubated, even if it is challenging for the medical team.

“It’s the right thing for the kids. The more normal we make it for kids and their family members, the better their healing process,” said Dr. Berkenbosch. “Family members are as much a part of treating children as the physician, nurse, therapist, or pharmacist. They know their child best and can tell us, for example, ‘That’s my child’s hungry cry or mad cry.’ Facilitating parental involvement as much as possible helps us intervene quickly and effectively.”

For ease of use, the guidelines include a summary of the recommendations in table format. The guidelines also call out where literature is lacking and plead for more research in those areas, such as how to best wean children from various sedatives and determining the ideal depth of sedation.

Many of the concepts in the PANDEM guidelines reflect the goals of SCCM’s ICU Liberation Campaign, including adequately treating pain, thoughtfully determining sedation medications, assessing for and treating delirium, promoting early mobility, and engaging families in the care of their loved one.

“SCCM has added pediatric-specific considerations on the ICU Liberation website and is actively working on electronic medical record tools to help PICUs more easily implement, track,

and sustain the elements of ICU Liberation," said Kristina Ann Betters, MD, cochair of the SCCM ICU Liberation Committee. "We also hope these tools will allow us to further study the clinical benefits of ICU liberation on a large scale across institutions and varied settings."

Visit sccm.org/pandem for more information on the guidelines.

THE SOCIETY OF CRITICAL CARE MEDICINE

The Society of Critical Care Medicine (SCCM) is the largest nonprofit medical organization dedicated to promoting excellence and consistency in the practice of critical care. With members in more than 100 countries, SCCM is the only organization that represents all professional components of the critical care team. The SCCM Critical Care Congress brings together intensivists and critical care experts from around the world to share the latest scientific research, develop solutions to common issues, and improve the care of critically ill and injured patients. Visit sccm.org for more information. Follow @SCCM or visit us on Facebook.

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