



Pediatric Delirium Guide for Patients and Families

What is pediatric delirium?

- ✓ A change in normal brain functioning that can happen when someone is sick
- ✓ It can happen commonly in children that are hospitalized
- ✓ It causes temporary changes in how a child thinks, acts and behaves
- ✓ It can come on slowly or rapidly and lasts minutes to days
- ✓ It can happen in babies, toddlers, adolescents, and teenagers

What causes delirium?

- ✓ Preexisting or current illness
- ✓ Infection
- ✓ Unfamiliar surroundings or long periods without a parent or family member
- ✓ A head injury
- ✓ Not enough sleep or disruptions of normal sleep
- ✓ Medications, including medicines that make your child appear sleepy
- ✓ Withdrawal from certain medications
- ✓ Poorly controlled pain or too much pain medicine
- ✓ Less oxygen to the brain
- ✓ Surgery

Many times more than one thing causes delirium. It is common for children in the ICU to have delirium. When they get medical care 24 hours a day, it can be hard to know when to be awake or asleep. This can cause extra stress on the brain.

Who is at greater risk for delirium?

Children who:

- ✓ Are young (under 5 years of age)
 - ✓ Have epilepsy
 - ✓ Have developmental delays
 - ✓ Have cyanotic heart disease
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What does delirium look like in children?

- ✓ Confusion, not knowing who they are or where they are
- ✓ Inconsolability
- ✓ Difficulty paying attention
- ✓ Forgetfulness or memory problems
- ✓ Strong moods that change quickly
- ✓ Unable to understand what is going on around them
- ✓ Sleep disturbances (not able to sleep, or sleeping excessively, days and nights may be reversed)
- ✓ Seeing or hearing things that are not real
- ✓ Agitation or restless movements
- ✓ Withdrawn or uninterested in what normally brought them joy

These symptoms may come and go and may be worse at night. Alert your healthcare team if your child experiences any symptoms of delirium. Your healthcare team can evaluate and investigate causes and take action.

What you can do to help your child:

- ✓ Be present at bedside and talk to the nurse about safe ways to comfort your child
- ✓ Continue to remind your child where they are, who you are and what day is it
- ✓ Provide familiar objects such as a favorite stuffed animal, blanket or familiar sounds
- ✓ Speak in a calm voice. Talk in clear, short sentences
- ✓ Provide glasses or a hearing aid if needed
- ✓ Encourage normal sleep wake cycles and schedule

- ✓ Listen to their fears and reassure them they are safe
- ✓ Read books or show happy pictures when you feel it is a good time
- ✓ Ask about having lights on during the day and dark and quiet at night

What to consider for your own health and well-being as a parent or caregiver of a delirious child:

- ✓ Take breaks and eat regularly.
- ✓ Try not to take any comments or behavior from the child personally
- ✓ Consider recording a loving message for the child
- ✓ Allow visiting family and friends to off load burdens for you
- ✓ Let the healthcare team know if you have questions or need more support for yourself

What to do when a child with delirium returns home:

- ✓ Follow-up with your pediatrician
- ✓ Consider asking for referrals to therapy if your child or family is struggling with returning back to normal after being in the ICU
- ✓ Work on continuing to establish a routine at home
- ✓ Ask for help from loved ones as you transition back home
- ✓ Some children find it hard to focus or pay attention. They may not want to return to school or may do poorly in school. Talk to your child's teacher and reach back out to your pediatrician if needed
- ✓ Some children have anxiety, depression, or post-traumatic stress symptoms. They may feel sad or mad, scared or worry a lot, have bad dreams, or confused memories. Talk to your child's provider. They may suggest your child meet with a mental health provider
- ✓ You and your family may also have anxiety, depression, or post-traumatic stress symptoms. Ask your primary care doctor for help if you start feeling this way. Please do not feel ashamed.



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