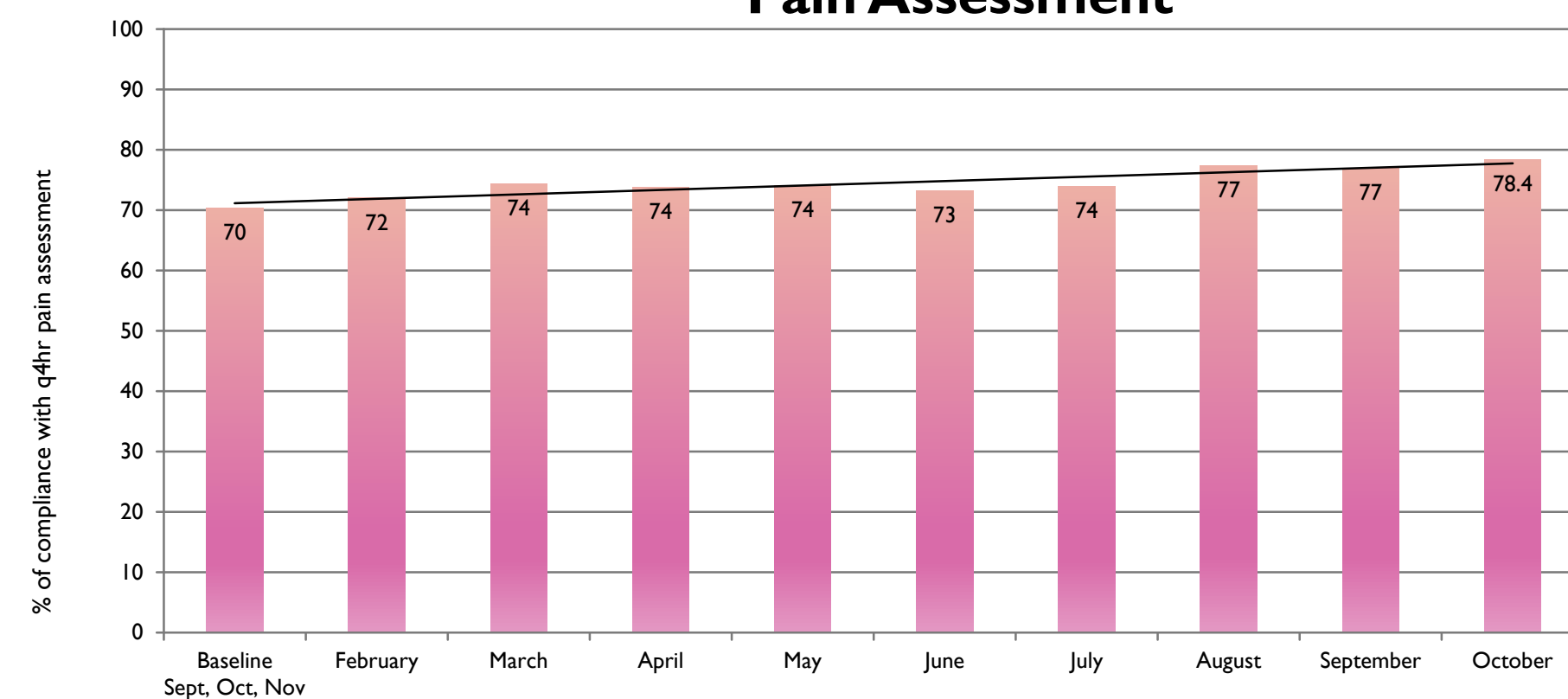


# MANAGING ICU DELIRIUM IN ALBERTA

## PAIN

**Pain Assessment**

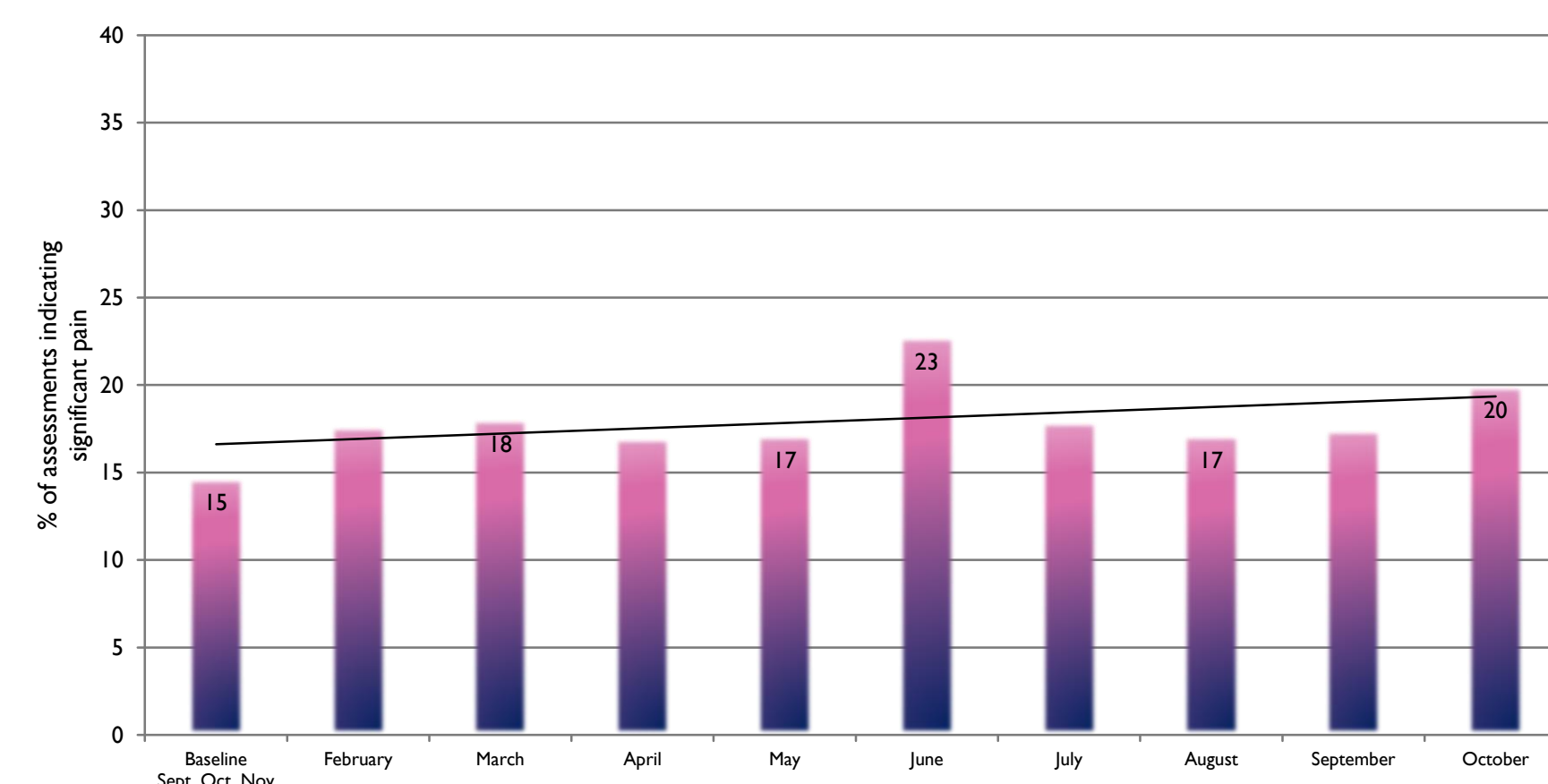


**22% of the time pain assessments are more than 4 hours apart**

## MANAGEMENT OF PAIN

- Treat pain first & minimize sedatives!
- Assess pain **minimum of q4h** and chart in MetaVision using CPOT, NRS ,VAS or FLACC scales.
- Document the **reassessment of pain** using CPOT, NRS ,VAS or FLACC scales, post intervention.
- Pre-procedural pain management
- Non-pharmacological pain management interventions

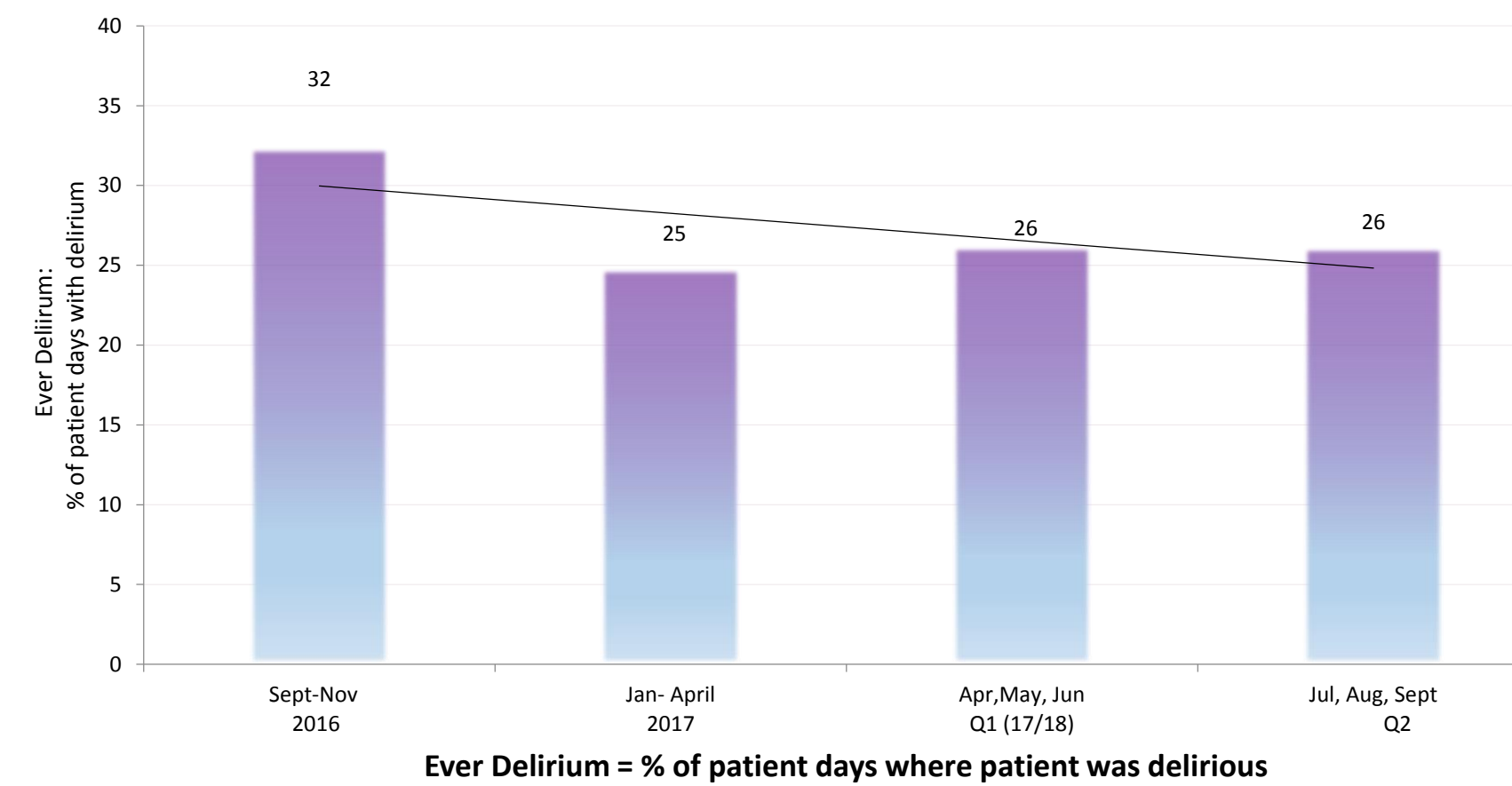
**Significant Pain**



**Significant Pain = CPOT ≥ 3, NRS ≥ 4, VAS ≥ 4, FLACC ≥ 4**  
\*this does not include 'comments' sections completed

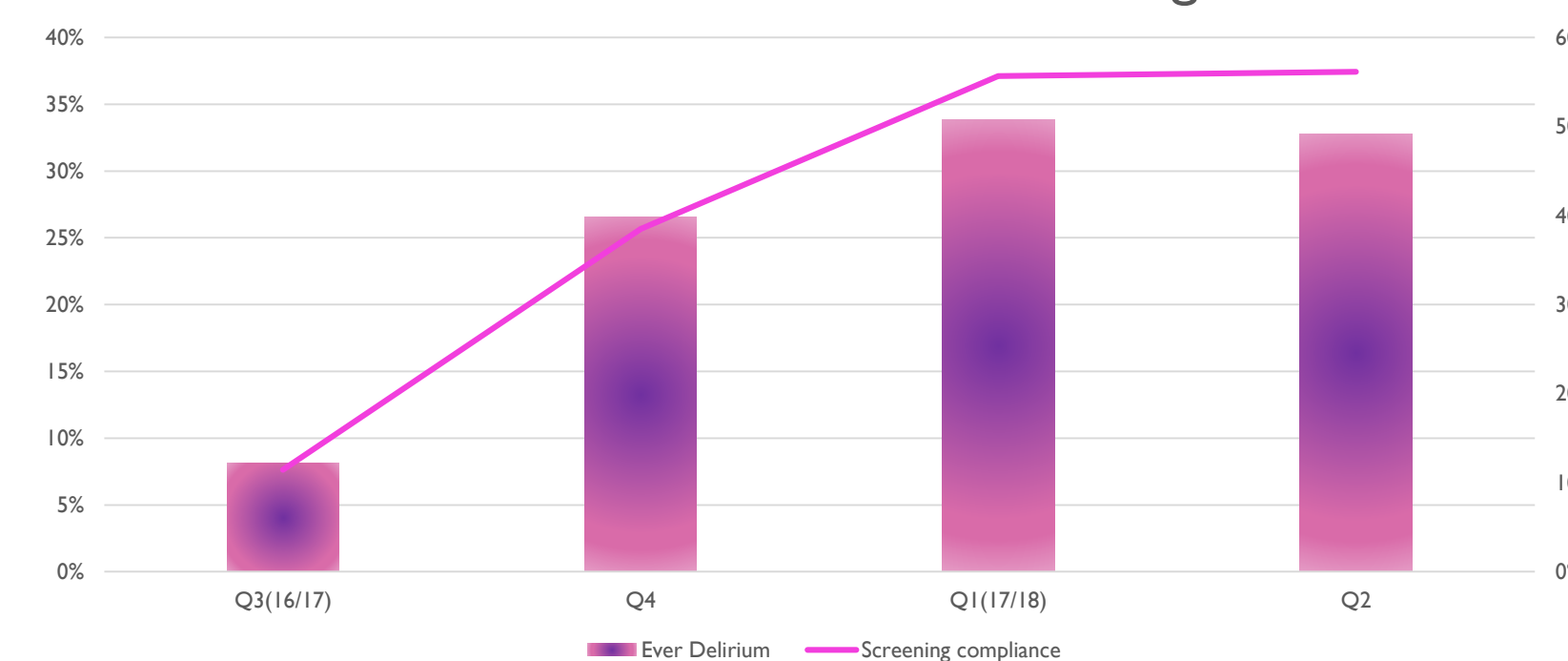
## DELIRIUM

**Adult Delirium**



**6% reduction in patient days with delirium in Alberta adult ICUs**

**Pediatric Delirium & Screening**



**Screening for delirium has increased by 44% since last year!**

## MOVING THE DIAL ON DELIRIUM



Collaborate with your team



Treat Pain First



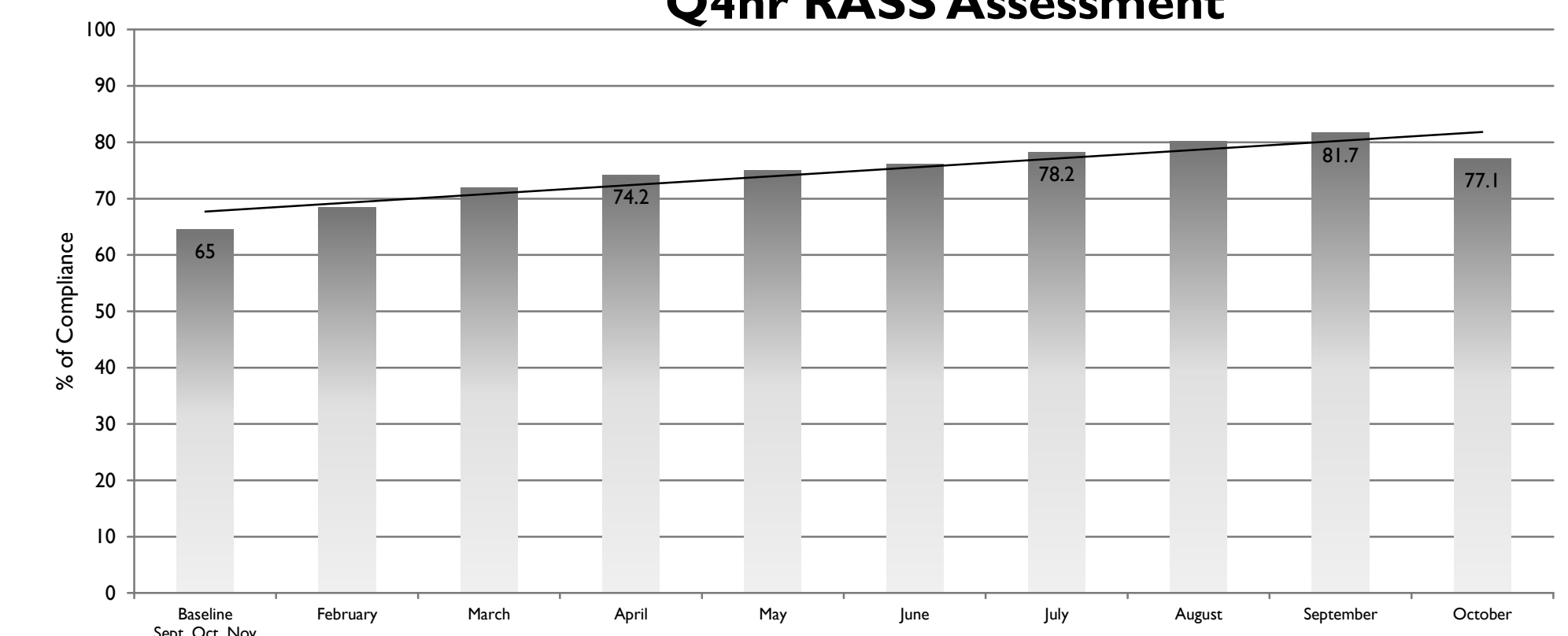
Reduce 'delirium causing' medications



Move patients early and progress everyday.

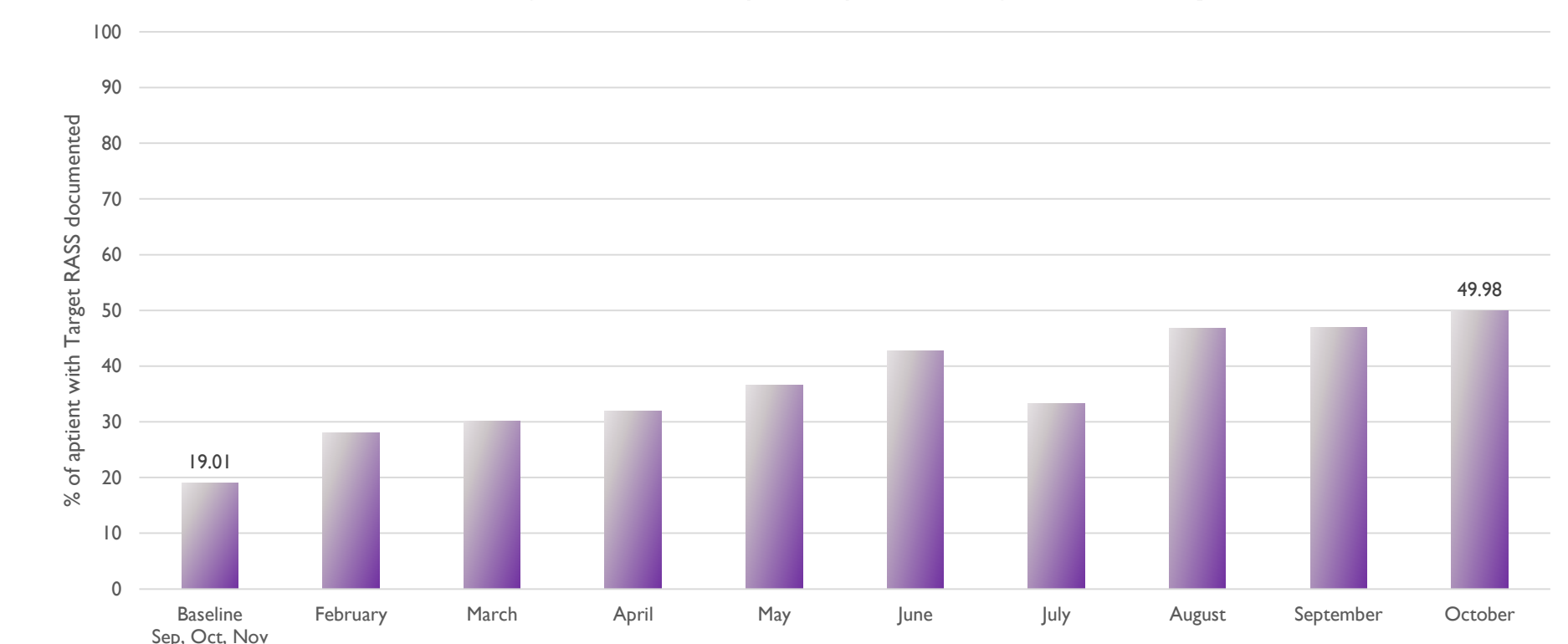
## AGITATION

**Q4hr RASS Assessment**



**q4h RASS assessments have improved by 12% since 2016**

**Provincial Average Target RASS (ever) during ICU Stay**



## NEXT STEPS for CC-SCN

- Launch updated delirium dashboard on Tracer for each unit to monitor their own improvement progress.
- Build new mobility documentation and transition to obtaining mobility data through eCritical
- ICDSC- Improve provincial approach to using this tool. Improve consistency and decrease variability.
- SBT- Focus on improving clinical practice across the province and acquire provincial consensus for metrics measuring SBT
- Learning Session #4 – Spring 2018 (tentative)
- Continue supporting critical care units throughout Alberta in their implementation of the ABCDEF delirium best practice bundle