

Critical Care Strategic Clinical Network[™]

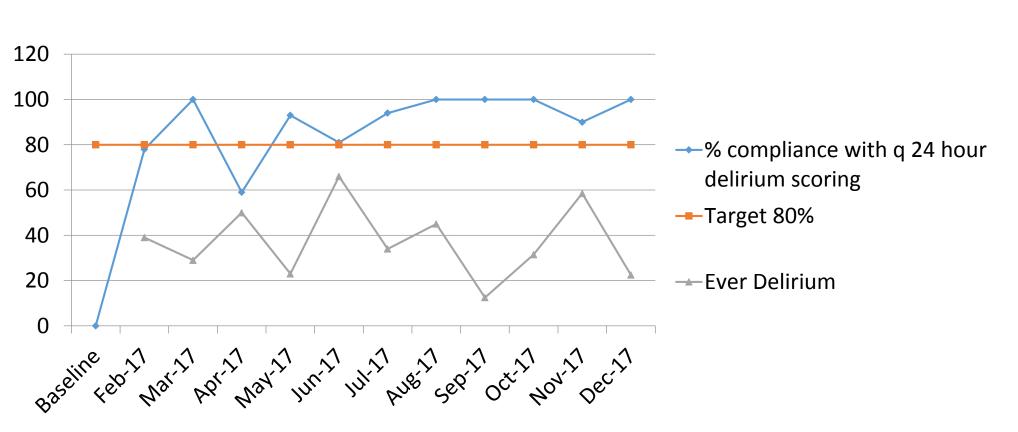
Alberta Children's Hospital PICU

THE PAST

- Poly-pharmacy instead of revising drugs, new ones were added
- Inconsistent measurement of pain and sedation, no measurement of delirium

OUR UNIT DELIRIUM TEAM

- Natasha Bansley RN CNCCP (C) \bullet
- Laura Bird RRT Educator
- Wendy Bissett CNE CNCCP (C)
- Janelle Carbert RN
- Paul Doughty MD FRCPC lacksquare
- Kat Grant MScPT
- Stephanie Hall RN CNCCP (C) \bullet
- Laurie Lee MN NP CNCCP (C)
- Shannon Lindsay RRT



THE PRESENT

- Unit Champions to support day to day practice of the PAD program in PICU
- Consistent measurement of pain, agitation and delirium
- Re-engagement of critical team members lacksquarethrough morning bullet rounds with child life, PTs, and communication team
- Extubation Readiness Tests led by RRTs with lacksquareinclusion/exclusion criteria to improve early extubation and lessen ventilator days
- Consistent involvement of families including attempts to emulate the patient's schedule from home as much as possible through use of "My Daily Schedule"

Date:	: Reviewe	d together RN / Parent
Things that help calm me down / make me happy:	Time	Morning Routine
		5
Things that halp ma		
Things that help me sleep / rest:	Time	Afternoon Routine
	-	
hings that scare / upset		
/ frustrate me:	Time	Evening/bedtime Routine
Toys / Items I brought with me from home:		



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THE FUTURE

- Restraint as a last resort
- Sleep Promotion Strategies
- Back to the Bedside (B2B) initiative to bring staff back into patient room for charting and monitoring
- Bedside blitzes by PAD champions to reengage and educate staff
- PAD binder of all resources and stats
- PAD cupboard of communication tools, iPads, cognitive exercise devices
- Buzzy bees to reduce pain sensation from pokes

We commit to de-adopt:

The culture of reliance on physical restraints

We will adopt:

A culture of sleep promotion and family engagement in creating patient schedules

