Evaluating the RASS and CAP-D in a Pediatric CICU

Date: July 6, 2022
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Place: 204 SCCB

Abstract

Problem: Pediatric delirium is highly prevalent in the intensive care setting, as much as seventy percent to eighty-seven percent. Kalvas & Harrison (2020) found that sixty-six percent of critically ill children in a pediatric intensive care unit suffered from a diagnosis of delirium. Delirium has been widely linked with increased costs, mortality, and length of stay.

Methods: The quality improvement (QI) project used a descriptive design to collect retrospective and prospective data before and after an individualized bedside education session was completed. The project used convenience sampling to assess the ability to accurately identify the presence of delirium and its sub-type among patients undergoing cardiac surgery in a pediatric cardiac intensive care unit (CICU).

Results: Descriptive statistics and Chi-square tests were ran and although there was not statistical significance between the identification of delirium and its sub-types, there was a notable shift. A larger sample size may be necessary to show statistical significance.

Implications for practice: There should be continued education on the use of the Richmond Agitation Sedation Score (RASS) and Cornell Assessment of Pediatric Delirium (CAP-D), whether that be quarterly or annually. There should also be initial education on the RASS and CAP-D for newly hired staff. The RASS and CAP-D should continue to be used identify delirium and its sub-types accurately. Multiple PDSA cycles may be necessary to reach even greater compliance. One such PDSA cycle might include adding delirium specific rounding to practice.

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