

**IMPLEMENTATION OF PEDIATRIC ANESTHESIA
EMERGENCE DELIRIUM SCALE**

Team Leader: Robert Strain, RN, BSN

Nemours A.I. Dupont Childrens Hospital, Wilmington, Delaware

Team Members: Mary Woerner, RN, BSN, CPN; Donna Dituri, BSN, RN, CPN;
Larry Heredita, CRNA, MSA, MJ

This is an evidence-based project that looked at the literature to examine opportunities for improvement in the detection of pediatric emergence delirium (PED) in the post anesthesia/sedation recovery room area. PED has been considered a common post anesthetic complication that is mainly self-limited but has led to injuries to the patient or to the patient's caregiver. The incidence of PED commonly ranges between 10-80% depending of the literature and the instrument used to measure PED. Also, due to the significant variability in the clinical presentation, there is no universally accepted definition for PED. The result was a PAED scale that has shown to be reliable and validated. The scale will allow those caregivers recovering a child from anesthesia the ability to identify PED. By identifying a child with PED we can use the appropriate interventions to treat PED. The use of PAED scale will also allow for research in the area of PED by being able to have one scale to compare the severity to PED.

Objective: To provide an accurate tool to identify PED in the post anesthesia area.

Process of implementation Introduce and provide a reliable scale in the PACU

Statement of successful practice: After educating staff on the PAED scale, our PACU implemented identifying PED in the post-anesthesia area, which helped correctly identify those children who exhibited PED.

Implications for advancing the practice of peri-anesthesia nursing: By identifying those children who are exhibiting PED using the PAED scale can be treated for emergence delirium quickly.

Setting for the project: PACU