

Comparing Emergence Delirium Scales in the Pediatric PACU: Is PAED Really the Most Effective Scale?

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Background Information: In our institution, PACU nurses encounter challenges in distinguishing between pain and emergence delirium (ED). Pediatric ENT procedures tend to have shortened procedure times, making ED more prevalent in ages 2-6. Due to the subjective definitions and multiple screening tools for ED, there are inconsistent incidence rates reported (10-80%). Although PAED is currently the only validated ED scale, a variety of assessment tools can be used to detect the presence of ED—RASS and WATCHA. Studies state scores for these scales depict ED: PAED (0-20) ≥ 10 , RASS (-5-+4) ≥ 2 , and WATCHA (0-4) ≥ 3 .

Objectives of Project: Therefore, a collaborative team in the Aerodigestive PACU evaluated multiple ED scales to determine the most efficient and practicable scale for our unit.

Process of Implementation: Our team collected data on 100 pediatric patients and randomly placed them into 3 ED scale groups—PAED, WATCHA, RASS. Inclusion criteria included: age (≥ 2 years) and surgery types; Adenotonsillectomy (T&A) or T&A with or without myringotomy. FLACC and the assigned delirium scale were surveyed based on the frequency of vitals from Phase 1 to discharge. All PACU interventions were recorded on the data collection sheets according to patient status.

Statement of Successful Practice: A total of 1184 ED and pain scores were measured throughout the entirety of PACU. Average ED scores in Phase 1 (N=553) were the following: WATCHA 0, RASS -4, PAED 12. For Phase 2 (N=631): WATCHA 1, RASS 0, PAED 7. Regardless of which ED scale was utilized, 63% of patients received medication interventions. The ED score was higher in the intervention group compared to the non-intervention group ($p < 0.05$). Our data showed common medications administered were Demerol for pain and Clonidine for ED. Of the total interventions, 50% was due to pain while 7% was due to ED.

Implications for Advancing the Practice of Perianesthesia Nursing: Preliminary findings suggest implementing a protocol that provides guidance on ED scores to allow for early interventions. Regardless of the ED scale, higher scores correlate with increased medication interventions. Low reporting of ED interventions may confirm it is challenging to decipher between ED and pain. However, further investigation is needed to determine which scale is most appropriate for our PACU.