

## **DELIRIUM IN CHILDREN**

Compared to adult populations, delirium is uncommon in children, but the clinical presentation is similar. Just like in adults, delirium in children can be caused by just about anything!

Features include:

- Fluctuating state of arousal/awareness of surroundings that may manifest as periods of stupor followed by hyper-arousal within short spaces of time.
- Disorientation to time, place and person (confusion)
- Hallucinations (or misperceiving environmental stimuli)
- Delusions (or saying weird things that make no sense)

Because delirium is so uncommon in children, staff may mistake its manifestations for signs of a behavioural disturbance. It is important to have a high index of suspicion for delirium when:

- severe illness with compromise of several physiological functions
- post-operatively esp. in PICU
- poly-pharmacy esp. neuroleptics and opiate analgesia
- intra-cranial pathology

Treatment of delirium is largely supportive. Neuroleptic medications are contra-indicated as they contribute to confusion, thus actually increasing the length of time to recovery, and in children have high rates of serious side effects.

Practical steps to facilitate recovery include:

- a quiet, low stimulus environment
- familiar faces such as family members and regular staff
- clear explanations and frequent re-orientation
- treating the underlying causes
- patience

Unfortunately there is no magic tablet to treat delirium.

