

A Case Report - Infant Delirium After Cardiac Surgery

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Introduction: Post-operative delirium is a significant but underestimated complication in pediatrics. Impairment in concentration, perception, language, memory and orientation is frequently observed in children as they awaken from anesthesia. Restlessness with inconsolable crying and fiddling is seen in infants. At present, in our cardiac intensive care unit, we do not routinely use any instruments to detect delirium in infants and children nor do we have an interprofessional program for the prevention and treatment of delirium. As a result, there are no structured preventive measures being carried out for the high-risk patients, and delirium often remains unrecognized and inadequately treated.

Method: Based on a literature review and our observations of a 2 ½ year-old girl post cardiac surgery who was treated in our intensive care unit, we identified the main symptoms and triggers of infant delirium.

Results: The literature shows that children and the elderly have an increased risk of delirium. The delirium cascade can be triggered by systemic diseases or iatrogenic interventions. Delirium in children is often associated with accidental extubation and removing catheters, prolonged ventilation time, prolonged hospital stays and can elevate the risk of mortality. Children have delusional memories and experiences of their stay in ICU, which may result in a post-traumatic stress syndrome. We observed restlessness in the 2 ½ year old girl and she stopped verbal communication over several days, only whined and gritted her teeth. Delirium presents a higher risk of long-term damage to the child's perception and development.

Conclusion: A coherent treatment concept is required in order to improve the early detection and treatment of delirium in children. Delirium presents in a wide variety of symptoms and characteristics depending on the child, his/her age and medical condition. This necessitates the routine use of a sensitive and highly specific instrument by healthcare professionals in order to distinguish delirium from a withdrawal syndrome. Measures such as noise reduction, co-ordination of medical and nursing interventions, involvement of parents in the care of their child, keeping favourite toys close to the child and the use of a primary nursing system positively affect the duration and outcome of delirium.