### Patient with Coma
(RASS –4 and –5) or (SBS –2 and –3)

Is the patient's depressed level of consciousness (LOC) caused by the disease state?

#### Evaluate possible causes of Delirium “BRAIN MAPS”

<table>
<thead>
<tr>
<th>B</th>
<th>Bring oxygen: treat hypoxemia, decreased cardiac output, anemia, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>Remove or Reduce deliriogenic drugs: anticholinergics, benzodiazepines, etc.</td>
</tr>
<tr>
<td>A</td>
<td>Atmosphere: unfamiliar area and people, bright lights, loud noises, absent family, no schedule.</td>
</tr>
<tr>
<td>I</td>
<td>Infection, Immobilization (restraints), Inflammation</td>
</tr>
<tr>
<td>N</td>
<td>New organ dysfunction: central nervous system, cardiovascular, pulmonary, hepatic, renal, and endocrine.</td>
</tr>
<tr>
<td>M</td>
<td>Metabolic disturbances: low/high sodium, potassium, glucose, and calcium, alkalosis or acidosis.</td>
</tr>
<tr>
<td>A</td>
<td>Awake: absence of bedtime routine or presence of sleep-wake cycle disturbance.</td>
</tr>
<tr>
<td>P</td>
<td>Pain: uncontrolled pain with not enough drug, or well controlled pain with too much drug.</td>
</tr>
<tr>
<td>S</td>
<td>Sedation: assess needs and set sedation target.</td>
</tr>
</tbody>
</table>

#### Pharmacologic therapy causing depressed LOC

**Establish** the desired target level of sedation.
- Consider a RASS or SBS of 0 (alert and calm) as the target.
- If disease therapy requires the patient be sedate, set the target as high as possible while allowing for needed interventions.
- Re-evaluate the risk/benefits of sedation for patients daily.
- Maintain adequate analgesia.

**Provide** titration plan to reach/maintain target level of sedation.
- Chose sedatives with less deliriogenic activity when sedation is required.
- Titrate or discontinue use of deliriogenic medications such as benzodiazepines if not necessary.

**Use** the Pediatric Road Map to guide discussion during clinical rounds

**Re-evaluate** possible causes of delirium (“BRAIN MAPS”) and coma.

**Consider** preventative measures for delirium.

#### Preventive Measures

- **Maintain** continuity of care; have loved ones present around the child.
- **Create** calm, reassuring environment with familiar pictures, toys, blankets, and tranquil music, etc.
- **Establish** a day-night routine with periods of appropriate activity and uninterrupted rest.
- **Consider** the necessity of endotracheal tubes, foley catheter, intravenous lines, and restraints, etc.
- **Consult** child life specialists and hospital teachers when appropriate to promote daily routines.

---
