

B	Bring Oxygen	<ol style="list-style-type: none"> 1. Decreased cardiac output 2. Anemia 3. Hypoxemia 	<ol style="list-style-type: none"> 1. ↑Cardiac Output (volume, inotropy, afterload reduction) or Perfusion Pressure (vasoactives) 2. Measure Hgb/Hct and consider need for RBC transfusion 3. ↑FiO2, ↑ventilatory Support, consider bronchodilation → Daily consideration of patient readiness for extubation, consult RT 	B
R	Reduce Deliriousogenic Drugs or Conditions	<ol style="list-style-type: none"> 1. Anticholinergics, steroids 2. Iatrogenic Withdrawal Syndrome 3. Alcohol or Recreational Drug Abuse 4. Serotonin Syndrome, Catatonia 	<ol style="list-style-type: none"> 1. Review MAR, consult PharmD, consider discontinuation/consolidation 2. Highest risk during initial wean from analgesedation or aggressive wean/discontinuation of taper 3. Consider in adolescents 4. Consider delirium in the spectrum of other conditions impacting mental status 	
A	Atmosphere: Levels of sensory and emotional stimulation	<ol style="list-style-type: none"> 1. Bright lights 2. Incessant noise 3. Lack of developmentally nurturing surroundings 4. Lack of family presence 5. Lack of continuity of care 	<ol style="list-style-type: none"> 1. Create uninterrupted periods of rest during day/night with soft lights or dark, a calm and reassuring environment (toys, blankets) (‡) 2. Consider creating "sound barrier" for periods of rest. Limit frequent, loud bedside discussions. Use music for comfort if appropriate. (‡) 3. Access to visual, language and hearing communication aides, developmentally appropriate toys, books 4. Family Engagement and Empowerment: Involve in patient care, comforting, and decision making, ICU diary, kangaroo care (♦)(‡) <ul style="list-style-type: none"> ➤ Family is key to understanding patient baseline: History of trauma and developmental baseline being clearly understood? ➤ Consult psychosocial team for enhanced emotional support (child life, social work, spiritual care team). (‡) 	F
I	Infection Inflammation Immobilization	<ol style="list-style-type: none"> 1. Infection 2. Inflammation 3. Immobilization 	<ol style="list-style-type: none"> 1. Assess and consider new infection: fever, elevated WBC count, ↑inflammatory factors 2. Monitor inflammatory response 3. Consider timing to remove restraints / No-No's / catheters / tubes. (‡) <ul style="list-style-type: none"> ➤ Engage respiratory, physical and occupational therapy to promote Early Mobility and Exercise (♦) and child life for emotional support. ➤ Children should participate in daily routines of hygiene, range of motion exercises, and sitting at bedside or out of bed. (‡) 	E
N	New Organ Dysfunction	<ol style="list-style-type: none"> 1. Hepatorenal insufficiency 2. Cardiopulmonary insufficiency 3. Endocrinopathies 4. Superimposed on neurocognitive disorder (TBI) 5. New neurocognitive disorder 	<ol style="list-style-type: none"> 1. Reverse renal/hepatic dysfunction: may impact drug metabolism and toxin clearance 2. Re-assess and address inadequate cardiac output and organ perfusion 3. Monitor and address endocrinopathies: parathyroid, adrenocorticoid, thyroid 4. Suspect acute changes in mental status in the setting of a neurocognitive disorder to be <i>DELIRIUM</i> <ul style="list-style-type: none"> ➤ Restart home medications for key medical conditions: ADHD, depression, anxiety, other psychiatric management 5. Stroke (ischemic, embolic), intraparenchymal/ventricular hemorrhage, hydrocephalus → <i>May present as new onset DELIRIUM</i> 	
M	Metabolic Disturbance	↓Ca++, ↓↑Na+, ↓↑Glucose, ↑K+, Acidosis Vitamin deficiencies	<ul style="list-style-type: none"> • Monitor and Manage Electrolyte or Chemical Imbalances • Niacin, Thiamine, Folate, Vitamin B12 	
A	Awake	Sleep-wake Cycle Disturbance	<ul style="list-style-type: none"> • Improve sleep hygiene: daily and bedtime routines, bundled care, naps, and child life and family care (♦) • Consider management for sleep architecture: melatonin, music therapy 	G
P	Pain	<ol style="list-style-type: none"> 1. Not Enough Analgesia 2. Over-administration of Opioid 	Assess, Address, and Reassess <ol style="list-style-type: none"> 1. Prioritize Comfort Care and NON-opioids: acetaminophen, ibuprofen, ketorolac.(♦) Consider use of sensory pyramid. ⁽²³⁾ 2. Family involvement: Can the patient be held, bundled? 	A
S	Sedation	<ol style="list-style-type: none"> 1. Anxiety and Need for Management 2. Over-administration of Sedative 3. Residual Anesthesia 	Assign Target Sedation Level – Refer to Unit-Specific Sedation Protocols <ol style="list-style-type: none"> 1. AGITATION: a symptom of pain, anxiety, IWS, delirium, and fear → can the patient be consoled? <ul style="list-style-type: none"> ➤ Prioritize NON-pharm approach for agitation: touch / music / technology / family / re-positioning. (♦) Consider use of sensory pyramid. ⁽²³⁾ 2. Choice and Level of sedation when on MV important <ul style="list-style-type: none"> ➤ Titrate Sedation to reach target sedation score and minimize deep sedation/coma, avoid high-level Benzodiazepine exposure as able (♦) 3. Emergence agitation common after anesthesia: assess & treat pain, family presence for social anxiety, quiet environment for initial recovery <ul style="list-style-type: none"> ➤ If severe despite (above): consider bolus dose dexmedetomidine or propofol, anesthesia consult if persists 	C

TABLE 2: A to F BUNDLE from the Society of Critical Care Medicine⁽¹¹⁻²⁰⁾

A: Assess, prevent, and treat pain: Treat pain first.

B: Spontaneous Breathing Trials: Can the vent be weaned? Does patient qualify for spontaneous breathing trial?

C: Choice of analgesia and sedation: Set a target RASS that is only as deep as the patient requires to be hemodynamically stable and safe. Treat pain first. If patient not meeting RASS goal, can the RASS goal change for lighter sedation? Consider withdrawal/treat with what was last weaned.

D: Delirium: Assess, Prevent, and Manage: Delirium Pathway and BRAIN MAPS

E: Early Mobility & Exercise: Move using approved level of EM, work with PT/OT/Speech to schedule EM.

F: Family Engagement and Empowerment: Facilitate caregiver participation in rounds, decision making, care activities, and coping techniques.
Engage child life, social work, and spiritual care to assess and meet emotional support needs.

G: Good Sleep Hygiene: Consider sleep hygiene to decrease iatrogenic harm and risk for delirium.

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