The Pediatric Delirium Work Group (PDWG) at Weill Cornell Medicine is a multidisciplinary team of expert pediatric practitioners and researchers dedicated to investigating and caring for patients with pediatric delirium, a frequent and serious complication of childhood illness. Our representatives include pediatricians, nurses, intensivists, psychiatrists, therapists encompassing child life, physical, occupational, speech and respiratory therapy, pastoral care providers, social workers and - most importantly - family representatives.

**Pediatric Delirium**

Delirium is defined as an acute and fluctuating change in mental status that occurs as a side effect of a serious underlying illness, or as a complication of its treatment. It affects more than 20 percent of critically ill children, and is associated with increased length of hospitalization, higher medical costs, patient and family distress, and child mortality. Delirium is almost always reversible, and generally occurs early in the course of a child’s hospitalization. When diagnosed promptly, it is amenable to treatment.
Causes
Delirium in children is often multifactorial – a combination of an underlying illness, side effects of medication, and the unnatural hospital environment.

Signs & Symptoms
A child with delirium displays altered cognition (thinking) and awareness. He or she may appear agitated, or conversely, apathetic and withdrawn. A child with delirium almost always has disrupted sleep.

Diagnosis
The Cornell Assessment of Pediatric Delirium (CAPD) is an observational bedside tool developed by our group and used worldwide for diagnosing delirium in children of all ages.

Treatment & Prevention
Research has shown that deep sedation (especially with a class of drugs known as benzodiazepines), prolonged bed rest, and sleep deprivation all increase the risk of delirium. By means of minimizing sedation, encouraging patient mobilization and optimizing the hospital environment to promote sleep, we hope to decrease delirium rates.
News

Delirium in Critically Ill Children Common, May Go Undetected
March 28, 2017
Reuters

Delirium in Critically Ill Children Admitted to Intensive Care Units Common and Widespread
March 14, 2017
Weill Cornell Medicine

Study Underscores Need to Screen Pediatric Cancer Patients for Delirium
November 21, 2017
Weill Cornell Medicine

Contact Us
Our active clinical research projects identify the mechanisms underlying delirium, and investigate approaches to prevention and treatment. We encourage interested parties to contact us for information and endowment opportunities.

Chani Traube, M.D., F.A.A.P., F.C.C.M.
Director, Weill Cornell Pediatric Delirium Work Group
Associate Professor, Division of Pediatric Critical Care Medicine
(212) 746-3056

Pediatric Delirium Work Group
Division of Pediatric Critical Care Medicine
525 E. 68th St., M-508, Box 437
New York, NY 10065
Pediatrics
Weill Cornell Medicine

Appointments & Referrals:
(646) 962-KIDS
(646) 962-5437

Chairman's Office:
Weill Cornell Medicine
525 E 68th St.
Box 225
New York, NY 10065
(646) 962-5437