



Workshop Title:

**PICU LIBERATION, A NETWORKING WORKSHOP: FEASIBILITY, IMPLEMENTATION, AND EFFICACY IN CHILDREN**

**Workshop Date / Time:**

June 2, 2024 / 08:00 - 17:00

**Workshop Type:**

In-person Full-Day Workshop

**Workshop Organizer(s):**

Chani Traube

**Workshop Moderator:**

Chani Traube, US, MD

**Workshop Facilitators:**

Grace Arteaga, US, MD

Bronagh Blackwood, UK, RN

Karen Choong, Canada, MD

Jose Colleti, Brazil, MD

Matteo Di Nardo, Italy, MD

Roberta Esteves Vieira de Castro, Brazil, MD

Alexandra Ferguson, Australia, PT

Jennifer Hong, US, MD

Erwin Ista, Netherlands, RN

Yu Kawai, US, MD

Sapna Kudchadkar, US, MD

Laurie Lee, Canada, NP

John Lin, US, MD

Debbie Long, Australia, RN

Joseph C. Manning, UK, RN, PhD, MBE

Lisa McIlmurray, Ireland, RN

Brenda Morrow, South Africa, PT

Barney Scholefield, Canada, MD

Heidi Smith, US, MD

Chani Traube, US, MD

Stacey Williams, US, DNP, APRN, CPNP-AC

Jerry Zimmerman, US, MD

**Learning objectives:**

After attending this workshop, attendees will be able to:

- Understand that Pediatric ICU Liberation is a comprehensive, holistic approach to care for all critically ill children that focuses on optimizing pain management, minimizing excessive sedation, preventing and reducing delirium, facilitating separation from mechanical ventilation, decreasing



ICU-acquired weakness and debilitation with early mobilization, and integrating patient and family participation into the ICU care process.

- Describe each individual Bundle element that comprises ICU Liberation.
- Identify resources and approaches that have been successful in implementing ICU Liberation in pediatric intensive care units.
- Recognize that successful ICU Liberation implementation requires multi-professional commitment and use of quality improvement, dissemination and implementation, and change leadership tools to adapt the ICU Liberation strategy to unit specific resources, personnel, and capabilities.
- Identify 2-3 areas for future research collaboration.

#### **Workshop Objectives:**

1. Review the current evidence and personal experience supporting ICU Liberation feasibility, implementation, efficacy, and sustainability among critically ill children.
2. Provide an opportunity for international experts to convene in-person and develop strategies for future dissemination and research collaboration.

PICU Liberation reflects bundled clinical standard work for provision of usual care to critically ill patients. Implementation of the ABCDEF Bundle facilitates patients who are more awake, and physically and psychosocially active.

Elements of the ABCDEF Bundle include the following concurrent interventions:

A—Always prioritize the treatment of pain;

B—Both daily (at least) spontaneous awakening and spontaneous breathing trials (proactively wean sedation and mechanical ventilation);

C—Choice of and need for sedatives (avoiding benzodiazepines and diphenhydramine);

D—Delirium—monitoring and modulating;

E—Early mobilization; and

F—Family engagement and empowerment in the care plan.

This approach emphasizes non-pharmacologic approaches to analgesia and anxiolysis, promotes weaning of therapies when appropriate, facilitates delirium detection and prevention, encourages patient activity of any kind, and encourages patients and families to become involved in the care plan as respected provider team members. In a dose-response fashion, ICU Liberation has been reported to be strongly associated with improvements in multiple, patient-centered, clinically meaningful outcomes, including reduced mortality for both adults and children.