

**SHEET**

# Diagnosis and Management of Children with Post Intensive Care Syndrome in Paediatrics (PICS-p)

Adopted by the HAS Board on 10 July 2025

## Main points

- ➔ PICS-p (Post-Intensive Care Syndrome in Paediatrics) refers to a group of symptoms that appear following a hospitalisation in the pediatric intensive care unit (PICU)
- ➔ It may limit activity, impair the quality of life of the child and his family and disrupt family relationships. The symptoms affect children and/or their parents and/or their siblings and/or the close family circle.
- ➔ The diagnosis should be established in the presence of any de novo, persistent, or progressive symptoms following hospitalization in paediatric critical care, especially in patients identified as being at increased risk.
- ➔ Screening for PICS-p involves all healthcare professionals likely to see the child in the year following admission to PICU. Questioning and clinical examination alone may point towards PICS-p.
- ➔ A number of risk factors have been identified before, during and after paediatric critical care.

## Prevention of PICS-p

Table 1. Preventing the various symptoms of PICS

Physical symptoms	Cognitive symptoms	Psychological/psychiatric symptoms	Socio-familial symptoms
<b>Mobilisation:</b> <ul style="list-style-type: none"> <li>– early (within 24-72 h)</li> <li>– individualised and at least daily</li> <li>– carried out safely, appropriately and in line</li> </ul>	<b>Regular re-evaluation of analgesia-sedation</b> Multi-modal management of <b>delirium:</b> <ul style="list-style-type: none"> <li>– screening carried out early (from 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>– Regular <b>communication</b> with the patient/parents</li> <li>– Environment and sensory well-being (noise, light, facilities) +</li> </ul>	Pay particular attention to <b>relatives</b> of children in hospital <ul style="list-style-type: none"> <li>– Presence of parents</li> <li>– Early psychological support</li> </ul>

<p>with the patient's state of health</p> <ul style="list-style-type: none"> <li>– by a multidisciplinary team with the involvement of family members</li> </ul>	<p>after admission) and regularly, using validated and appropriate scales</p> <ul style="list-style-type: none"> <li>– prevention and treatment with non-pharmacological measures + sedation-analgesia protocols aimed at reducing the use of BZPs</li> <li>– inclusion of parents in the treatment</li> </ul>	<p>parental involvement in treatment</p> <ul style="list-style-type: none"> <li>– Psychosocial support: <ul style="list-style-type: none"> <li>• organisation of care units to enable the <b>continuous presence of parents or substitutes</b></li> <li>• early preventive meetings: regular psychological support for patients and their parents from the moment of hospitalisation</li> <li>• facilitate visits by siblings</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>– Assessment of support needs by a social worker</li> <li>– Appropriate, early and repeated communication</li> </ul>
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## PICS-p screening and diagnosis

- Which professionals?
  - By any healthcare professional
  - Ideally, coordinated by the paediatric critical care department.
- Who is affected?
  - All patients/families
- How?
  - Using scores/scales by the primary care physician
  - Structured clinical assessment repeated over time
  - Post-intensive care consultation to be scheduled in the month following discharge from the intensive care unit
- Information transmission
  - Discharge letter to the general practitioner and any specialist or other professional concerned
- Objectives
  - Transfer coordination to the general practitioner
  - Restore a positive family, social and educational dynamic
  - Improve quality of life