were screened for delirium using a standardized measure that assesses delirium across five dimensions—consciousness, cognition, orientation, perception, and physiological activity.

The incidence of delirium was 83.8%, and the duration of delirium was 3.5 days. The median duration of mechanical ventilation at the onset of delirium was 1.5 days, with delirium developing in 47% of children on the first day of mechanical ventilation. According to extubation day, delirium was first observed 24 hours or more before extubation in 74.6% of the patients, on the day of extubation in 23.1% of patients, and 24 or more hours after extubation in 2.2% of patients. The independent risk factors for delirium in children receiving mechanical ventilation were being age five or younger, use of physical restraints, and pediatric sequential organ failure assessment score.

The study was conducted in a single center, and the study sample was small, so some mechanical ventilation–related variables didn't reach statistical significance. Because only a limited number of influencing factors were included in the research, the potential effects of other relevant variables on delirium may have been overlooked.

Fu CH, et al. *Clin Nurs Res*. 2025;34(8):427-435.

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Better positioning associated with lower pain scores, less morbidity in preterm infants

ACCORDING TO THIS STUDY:

- **Higher quality positioning is associated with lower pain scores and potentially less early morbidity in preterm infants during the first week of life.**
- **Use of a standardized educational tool that improves staff training and provides a way to assess and optimize infant positioning could improve neonatal ICU standards.**

Positioning that mimics the fetal posture is associated with beneficial outcomes in the neonatal ICU (NICU). Researchers sought to determine whether the implementation of the Infant Positioning Assessment Tool (IPAT) is associated with lower pain scores and fewer early neonatal morbidities in preterm infants during the first week of life.

The retrospective, observational study was conducted in a single center in which the Neonatal Pain, Agitation, and Sedation Scale (NPASS) had long been used, and the IPAT, a six-item assessment tool designed to standardize and evaluate developmentally supportive positioning techniques in the NICU, was more recently introduced.

A total of 117 infants were included in the study, 77 in the IPAT group, which was evaluated with both the NPASS and the IPAT, and 40 in the control group, which was evaluated using the NPASS only.

Pain scores increased in infants with intraventricular hemorrhage on day 3 and day 7 and in those with necrotizing enterocolitis on day 4 and day 5 but decreased with the use of the IPAT on day 5 to day 7. There was moderate evidence for a negative association between IPAT scores and intraventricular hemorrhage on day 1 and day 6 and a strong negative association with necrotizing enterocolitis on day 7.

The chief limitation of this study is that it wasn't a randomized controlled trial. Furthermore, assessments weren't made by a single evaluator, and subjective scoring variability may have occurred among different evaluators.

Integrating simple, low-cost, and easily applicable positioning practices into daily NICU routines may contribute to improved quality of care, the authors conclude.

Kersin SG, et al. *J Neonatal Nurs*. 2026;32(1):101747.

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Lower LDL-C, lower risk of recurrent cardiovascular events in stroke survivors

ACCORDING TO THIS STUDY:

- **In patients with prior ischemic stroke, lower achieved low-density lipoprotein cholesterol (LDL-C) levels are associated with a lower risk of recurrent major adverse cardiovascular events without a clear increase in the risk of hemorrhagic stroke.**
- **More intensive LDL-C lowering may lead to better cardiovascular outcomes in these patients.**

Intensive lipid-lowering therapy has been shown to reduce the risk of major adverse cardiovascular events in patients with atherosclerotic disease, but only limited data are available in patients with prior ischemic stroke. Researchers conducted a secondary analysis of previous double-blind, placebo-controlled, open-label extension trials of intensive lipid-lowering therapy in patients with a history of atherosclerotic cardiovascular disease and elevated low-density lipoprotein cholesterol (LDL-C) to determine whether very low values of LDL-C would be associated with lower rates of cardiovascular events, including recurrent stroke.

The secondary analysis included 5,291 patients (mean age, 65 years; 34.1% women). All patients had a history of ischemic stroke, occurring a median of 3.3 years before trial entry. LDL-C levels less than 20 mg/dL were achieved in 666 patients, 20 mg/dL to less than 40 mg/dL in 1,410 patients, 40 mg/dL to less than 55 mg/dL in 586 patients, 55 mg/dL to less than 70 mg/dL in 508 patients, and more than or equal to 70 mg/dL in 2,121 patients.

A monotonic relationship was found between a lower achieved LDL-C level and a lower adjusted annualized incidence rate of the composite primary end point (cardiovascular death, myocardial infarction, stroke, hospitalization for unstable angina or coronary revascularization) and the key secondary end point (cardiovascular death, myocardial infarction, or stroke). Compared with patients with achieved LDL-C values of 70 mg/dL or higher, those with LDL-C values less than 40 mg/dL had incidence rate ratios of 0.69 and 0.73 for the primary and key secondary end points, respectively, and 0.75 for ischemic stroke. Hemorrhagic stroke was infrequent and had no apparent relationship to achieved LDL-C.

The authors note that the results may not apply to patients with a recent ischemic stroke. Also, this analysis was an observational comparison of outcomes by achieved LDL-C determined from trial data with no randomized allocation to different achieved LDL-C levels, and only early LDL-C values were considered. ▼

Monguillon V, et al. *Circulation*. 2026;153(2):86-93.

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