**Delirium Assessment Worksheet**

**For Clinical and Research Uses**

**Participant Name: Date:**

**Assessor Name: Time:**

Please fill out the following questionnaire regarding your delirium and sedation assessments using multiple sources including chart, family (if possible), intensivist (if possible), bedside nurses and patient. Do **NOT** use any delirium assessment tool (e.g. ICDSC or CAM-ICU). **Important:** Record the patient/family’s exact words when possible. Do NOT give your interpretation of behaviors, but rather detail the exact behavior observed (e.g. Instead of “respondent disoriented”, write “respondent said she was on a ship in Hawaii”. Instead of “respondent seems inattentive”, write: “could not make eye contact, attention darted to every noise in room”.)

1. Is the patient’s family present? **Circle** either “Yes” or “No.” If “No,” continue to question 3. If “Yes,” continue to question 2.

|  |  |  |
| --- | --- | --- |
| Yes | No |  |

2. Please use the space below to record any observations that the **family member(s**) had regarding the patient’s thinking, concentration, awareness, etc. that you feel is important for your delirium diagnosis.

|  |  |
| --- | --- |
| * **Inattention:** (difficulty concentrating on conversation or tasks, unable to follow commands, unable to stay awake – needs verbal prompting to stay alert)
 | * **Attentive:** (Patient able to pay attention to you during conversation and/or task; name the days of the week backwards)
 |
| * **Disorganized thinking:** (Patient is tangential, rambling, incoherent or irrelevant; thoughts are not logical and difficult to follow, inappropriate words)
 | * **Follow commands, responds appropriately** to questions (verbal, nods, signals with hands)
 |
| * **Disoriented:** (thinking he/she was somewhere other than the hospital, using the wrong bed, or misjudging the time of day)
 | * **Confused**
 | * **Oriented**
 |
| * **Hallucinations/Misperceptions of reality/visual disturbances/audible disturbances:** (Interviewer must either witness this feature during the interview or patient reports it within past 24 hours)
 |  |
| * **Sleep/Wake cycle disturbance:** (Did the patient have evidence of disturbance of the sleep-wake cycle, such as excessive daytime sleepiness with insomnia at night?)
 | * **Sleeping** and feeling restful in morning
 |
| * **Memory impairment**
 | * **No memory impairment**
 |
| * **Restlessness**
 | * **Calm**
 |
| * **Agitation**
 | * **No agitation**
 |
| * **Slowness**
 | * **Sluggish state, withdrawn**
 |
| * **Irritable, combative, aggressive**
 |  |
| * **Pulling** at lines, **climbing** out of bed
 |  |
| * **Vocal disturbance** (screaming, calling out)
 |  |
| * **Uncontrolled Pain**
 | * **Pain appropriately managed**
 |
| * **Change** from baseline attention/awareness and **Fluctuation** of disturbances severity over 24 hours
 | * **Pre-existing, established, or evolving neurocognitive disorder** that better explains the disturbances (Alzheimer’s, dementia, TBI…)
 |
| * **Psychiatric** conditions
 | * **Anxiety**
* **Depression**
* **Other**
 |
| * **Other**
 |  |

|  |
| --- |
| Other comments:  |
|  |
|  |
|  |

3. Is the intensivist present?

|  |  |
| --- | --- |
| Yes | No |

4. What is the patient’s RASS score at present time? **Circle** one. Do not turn sedation off.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 |
| Unarousable | Deep Sedation | Moderate sedation | Light sedation | Drowsy | Alert and calm | Restless | Agitated | Very agitated | Combative |

5. Use the space below to include any important observations from **talking with the patient, his/her bedside RN, intensivist; and from the patient’s chart**, that are important for your delirium diagnosis.

|  |  |
| --- | --- |
| * **Inattention:** (difficulty concentrating on conversation or tasks, unable to follow commands, unable to stay awake – needs verbal prompting to stay alert)
 | * **Attentive:** (Patient able to pay attention to you during conversation and/or task; name the days of the week backwards)
 |
| * **Disorganized thinking:** (Patient is tangential, rambling, incoherent or irrelevant; thoughts are not logical and difficult to follow, inappropriate words)

**Cognitive test** **(ask the patient the following four yes/no questions and mark if answered correctly):** Will a leaf float on water? Are there elephants in the ocean? Do two pounds weigh more than one? Can you use a hammer to cut wood? Say to patient: “Hold up this many fingers” (Hold 2 fingers in front of patient) “Now do the same thing with the other hand” (Do not repeat number of fingers) \*If the patient is unable to move both arms, for 2nd part of command ask patient to “Add one more finger”An error is counted if the patient is unable to complete the entire command. Two or more errors are considered disorganized thinking. | * **Follow commands, responds appropriately** to questions (verbal, head nods, signals with hands)
 |
| * **Disoriented:** (thinking he/she was somewhere other than the hospital, using the wrong bed, or misjudging the time of day)
 | * **Confused**
 | * **Oriented**
 |
| * **Hallucinations/Misperceptions of reality/visual disturbances/audible disturbances:** (Interviewer must either witness this feature during the interview or patient reports it within past 24 hours)
 |  |
| * **Sleep/Wake cycle disturbance:** (Did the patient have evidence of disturbance of the sleep-wake cycle, such as excessive daytime sleepiness with insomnia at night?)
 | * **Sleeping** and feeling restful in morning
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 | * **Sluggish state, withdrawn**
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 |  |
| * **Pulling** at lines, **climbing** out of bed
 |  |
| * **Vocal disturbance** (screaming, calling out)
 |  |
| * **Uncontrolled Pain**
 | * **Pain appropriately managed**
 |
| * **Change** from baseline attention/awareness and **Fluctuation** of disturbances severity over 24 hours
 | * **Pre-existing, established, or evolving neurocognitive disorder** that better explains the disturbances (Alzheimer’s, dementia, TBI…)
 |
| * **Sedation** medication(s)
 | * **Opioid** medication(s)
 |
| * **Psychiatric** conditions
 | * **Anxiety**
* **Depression**
* **Other**
 | * **Electrolyte Imbalance**
 |
| * **Withdrawal**
 | * **Infection**
 |
| * **CNS** (TBI, stoke, hypoxia..)
 | * **Other**
 |
| * **Evidence** from history, physical examination, lab findings that the **disturbances are a** **direct consequence of another medical condition** (substance intoxication, withdrawal, exposure to toxin, or due to multiple etiologies)
 |  |

|  |
| --- |
| * Other comments:
* Intensivist comments:
 |
|  |
|  |
|  |

6. Is delirium present? **Circle** either “Yes” or “No.” If “Yes,” please identify the subtype in question 7.

|  |  |  |
| --- | --- | --- |
| Yes | No |  |

7. What subtype of delirium is present?

* **Hyperactive** - agitation, restlessness, disruptive behaviours (shouting, resisting, hitting)
* **Hypoactive** - inactive, withdrawn, sluggish state, emotional emptiness, lethargy, quiet confusion
* **Mixed** – Pt that fluctuate between the two types in unpredictable patterns

**After meeting with the neuropsychiatrist, please complete questions 10 through 12 to record the consensus of delirium presence/absence, subtype and the presence of other psychiatric conditions:**

**Date of meeting:**

**Time of meeting:**

1. Is delirium present?

|  |  |
| --- | --- |
| Yes | No |

1. What subtype of delirium is present?

|  |  |  |
| --- | --- | --- |
| Hyperactive | Hypoactive | Mixed |

1. Are other psychiatric conditions present? If “yes,” please indicate the psychiatric condition in the space below:

|  |
| --- |
|  |

***For researcher’s use only:***

Assessment day (check 1): Check if patient UTA: 

* Day 1 Reason:
* Day 2  Patient in procedure
* Day 3  RASS<-3
* Day 4  GCS<9
* Day 5  Other (please write below)

Time of day (check 1):

* AM
* PM