**Supplemental Table 26. The Relationship Between RASS and Positive Delirium Assessments**

|  |  |  |
| --- | --- | --- |
| **Study** | **RASS -2** | **RASS 0 to -1** |
|  | **#** **assessments** | **# delirium detection positive** | **Frequency %** | **# assessments** | **# delirium detection positive** | **Frequency %** |
| Svenningsen2013 [1] | 471A | 301 | 64 | 9441B | 2065 | 22 |
| Haenngi M2013 [2] | 92C(96)C | 90(88)C | 98(92%)D | 232(228)D | 125(116)D | 31(29)D |
| Gusmao 2014 [3] | 100 | 80 | 80 | 896 | 146 | 16 |
| Patel2014 [4] | 124 | 119 | 98 | 1019 | 259 | 25 |
| **Total** | **883** | **678** | **77** | **11,816** | **2711** | **23** |

A530 of 1001 assessments at RASS -2 were characterized as Unable To Assess (UTA)

B1184 of 10,626 assessments at RASS -1 to 0 were characterized as UTA

CData combined RASS -2 and -3.

DDelirium assessments in parentheses used ICDSC; all others used CAM-ICU

**References**

1. Svenningsen H, Egerod I, Videbech P, Christensen D, Frydenberg M, Tønnesen EK: **Fluctuations in sedation levels may contribute to delirium in ICU patients**. *Acta Anaesthesiol Scand* 2013, **57**(3):288-293.

2. Haenggi M, Blum S, Brechbuehl R, Brunello A, Jakob SM, Takala J: **Effect of sedation level on the prevalence of delirium when assessed with CAM-ICU and ICDSC**. *Intensive Care Med* 2013, **39**(12):2171-2179.

3. Gusmao-Flores D, Martins JCS, Amorin D, Quarantini LC: **Tools for diagnosing delirium in the critically ill: is calibration needed for the less sedated patient?** *Intensive Care Med* 2014, **40**(1):137-138.

4. Patel SB, Poston JT, Pohlman A, Hall JB, Kress JP: **Rapidly reversible, sedation-related delirium versus persistent delirium in the intensive care unit**. *Am J Respir Crit Care Med* 2014, **189**(6):658-665.