

Delirium Check Sheet

Date: _____ **Resident Name:** _____

PGY Level: ___PGY1 ___PGY2 ___PGY3 ___PGY4 ___PGY5

Completed the following delirium related education:

- Online SCORE module Delirium related small group session
 None Other: _____

Consult requested for: Delirium Other: _____

Validated Delirium screening Assessment:

- Performed Not Performed Recommended by consultant

Delirium Risk Assessment performed preoperatively

- Performed Not Performed Recommended by consultant

Measures:

If Applicable, the following were: (check which one applies)	Done	Not Done	Recommended by Consultant	N/A
Pain: assessed and if positive treated (starting with Tylenol as 1 st line if possible), limiting opiate use.				
Impairments: Assessed if patient had hearing aids, glasses and/or dentures prior and if so made sure patient had them in the hospital and were using them.				
Intake: Volume status and nutritional intake assessed and corrected if needed				
Electrolytes: measured and corrected if abnormal (including Mg, Phos)				
Tethers: removed (restraints, IVs, Foley, ect) if possible				
Urine/Bowel: Assessed for constipation and/or Urinary retention. Pt was on bowel regiment.				
Oxygenation: assessed and managed if hypoxic (MI, PE, CHF, COPD, ect)				
Metabolic: assessed and managed if possible (acute renal failure, glucose:hypo or hyper, thyroid, ect)				
Renal: If in renal failure, consulted pharmacist to renally dose all medications.				
Medications: Withdrew all drugs (or taper when necessary) contributing to delirium(especially skeletal muscle relaxants, antihistamines, anticholinergics, benzos, opiates, steroids, and dopamine receptor antagonists (e.g.metoclopramide))				
Mobility: Ordered out of Bed to chair with each meal and PT/OT consult				
Environmental factors: Asked nurse to do environmental adaptations (e.g., Use dry erase boards (with nurse/physician names, date, etc.), a large clock, calendars to aid in reorientation, enhanced lighting by opening shades and keep lights on during the day, and implement noise reduction.)				
Sleep: Treated insomnia with good sleep hygiene and avoided the use of sleep aids: If something was given for sleep, it was Melatonin or low dose trazadone not benzodiazepines or Non-benzodiazepine hypnotics (e.g. ambien)				
Treatment: If Delirious, treated non-pharmacologically first and if antipsychiatrics used, only used for hyperactive delirium and started at low dose.(e.g. haldo 0.5)				

Additional Comments: