

## CHART-DEL Instrument: Chart Abstraction for Delirium During Hospitalization

	<b>Circle answer</b>
<p>1. Is there any evidence in the chart of acute confusion (e.g., delirium, mental status change, disorientation, hallucinations, agitation, etc.)? Review entire medical record, including progress notes, nursing notes, consult notes, etc.</p>	<p>Yes</p> <p>No</p> <p>Uncertain</p>
<p>2. What is the source of information about the <u>first</u> episode of acute confusion?</p>	<p>Nurse's notes</p> <p>Physician's progress notes</p> <p>Other (specify): _____</p> <p>Uncertain</p>
<p>3. Approximate time of onset of first episode of acute confusion? Check nurse's notes, progress notes, orders, laboratories, for earliest time recorded referable to the event.</p>	<p>Date: ____ / ____ / ____                   Month           Day           Year .</p> <p>Time: ____ : ____ am pm</p> <p>Uncertain</p>

4. Describe each reference to acute confusion in the chart, verbatim:

Date (mo/day/yr)	Time (am, pm)	Source	Description (verbatim, in detail)

Date (mo/day/yr)	Time (am, pm)	Source	Description (verbatim, in detail)

	<b>Circle answer</b>
5. What was the total duration (in days) of confusion (i.e., as determined by all references to confusion in chart)	Days  Uncertain
6. Was there any evidence of agitation associated with the delirium (ie, hyperactive delirium?)  If yes, please describe:	Yes  No  Uncertain

<p>7. Was there any evidence of reversibility or improvement of acute confusion during the hospitalization?</p> <p>If yes, please describe:</p>	<p>Yes</p> <p>No</p> <p>Uncertain</p>
<p><b>Delirium Present:</b></p>	<p>Yes</p> <p>No</p>