AMERICAN DELIRIUM SOCIETY

TO BE USED BY

Delirium Competencies
(to be observed at bedside or through simulation)

Delirium Competencies								
Method of instruction: E = Education session P = Protocol/policy review C = Clinical practice D = Demonstration	**Method of Evaluation:** O = Observation in clinical setting RD = Return demonstration (simulation or case study) V = Verbally stated	**Self-Assessment by Employee**			**Method of evaluation (see key on left)**	**Evaluator Assessment**			**Method of evaluation (see key on left)**
		Never done	Needs review or practice	Competent		Does not meet	Meets	Exceeds	
Delirium identification									
Use of screening tool to detect or rule out delirium. (*Tool chosen by medical facility) - Able to accurately use chosen delirium assessment tool to identify the absence of delirium. - Able to accurately use chosen delirium assessment tool to identify the possible presence of delirium.									
Identify signs and symptoms of hyperactive, hypoactive, and mixed delirium types.									
Demonstrate how to find baseline cognitive status (i.e. family/caregiver, or chart review) to identify if there is a change.									

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Managing delirium detection									
Able to assess for possible cause (DELIRIUM mnemonic).									
Communicate positive delirium screen to provider (consider SBAR format). - Include other assessments or symptoms present and what could be contributing and recommendation to providers of next step.									
Delirium risk and risk reduction									
Able to state modifiable and non-modifiable risk factors.									
Able to state common deliriogenic medications or classes of medications.									
Able to identify an individual's modifiable risk factors and implement strategies to decrease those risks.									
Sleep hygiene strategies									
Cognitive stimulation strategies									
Environmental strategies: calm, clutter free…									

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Delirium management									
List potential nonpharmacologic strategies									
Able to state when antipsychotic use may be beneficial for symptoms of delirium. State risks and monitoring needed. (QTc prolongation, over sedation…)									
State safety measures to consider. (sitter, alarms, telesitter, more visible room…) Able to state risk of restraint use.									
Patient/family education									
Able to describe to patient/family what delirium is, patients risk factors and how reduce risk.									
Able to inform the family on how to interact with a patient during and following a delirium episode.									

Evaluator's signature: _____ **Date:** _____