AMERICAN DELIRIUM SOCIETY

TO BE USED BY

NURSES

Delirium ISBAR

INTRODUCTION

This is _____ calling from _____

Situation

I am calling about _____ (***patient***).
He/She has had a change in mental status and is scoring positive on the CAM/4 - AT/_____ (***other valid assessment***).
(***Describe when this change occurred and what has changed such as symptoms, illness, injury, medical condition***)

Background

He/She was admitted on _____ (***date***) for _____ (***history***)
His/Her baseline mental status is _____
(***Cognition when not ill or injured. Descriptors may include normal, mildly/significantly impaired if reported by family. Recent documentation from health care encounters or wellness visits may include formal testing***, e.g., ***Mini-cog or MMSE***).

Assessment

Vital signs: _____
Current mental status (***Use delirium screening tool elements to describe***): _____
Physical assessment findings: _____
Nutrition and hydration: _____
Recent labs: _____
Pain: _____
Medication list, recent changes: _____
Potential etiologies of delirium: _____

Recommendation

_____
_____
_____

Documentation

Completed CAM/4 - AT/_____ (***other valid assessment***) results: _____
Provider notified: _____
New orders such as labs/tests medication changes: _____
Plan of care implemented _____
Vital signs: _____