AMERICAN DELIRIUM SOCIETY

TO BE USED BY

PROVIDERS

Delirium Provider Note

Asked to see patient due to: _____

Patient presents with: _____

Cognitive	Yes	No	
CAM 1+2+either 3 or 4 = Delirium	☐	☐	1) Altered mental status from baseline
	☐	☐	2) Inattention (20↔1; days of the week↔; "A" test)
	☐	☐	3) Altered LOC (hyperalert/agitated; drowsy/lethargic) RASS
	☐	☐	4) Disorganized thinking (disoriented, impaired memory, unsure of why in hospital, disjointed thoughts)

	Item	Score	Scoring Instructions
4AT Score 4 or > = Delirium	Alertness		0 = normal; fully alert but not agitated OR Mild sleepiness for < 10 seconds after awakening and then normal 4 = clearly abnormal
	AMT4: (age, DOB, current location, current year)		0 = no mistakes 1 = 1 mistake 2 = 2 or more mistakes/untestable
	Attention (months of year backward)		0 = 7 or more months correctly 1 = starts but scores <7 months/ refuses to start 2 = untestable (cannot start because unwell drowsy, inattentive)
	Acute change or fluctuating course (evidence of significant change or fluctuation in: alertness, cognition, other mental function such as paranoia, hallucinations) arising over past 2 weeks and still present in past 24 hours		0 = No 4 = Yes
	TOTAL SCORE		

Screening EEG/DeltaScan	5	4	3	2	1	Positive	Negative
DeltaScan Score	☐	☐	☐	☐	☐	☐	☐

Risk Factors			
Yes	No	Unk	
☐	☐	☐	Dementia/pre-existing baseline cognitive impairment
☐	☐	☐	Age 65 or greater
☐	☐	☐	Active substance abuse
☐	☐	☐	History of Delirium
☐	☐	☐	Significant sensory deficit (vision/hearing)

CIWA (if ETOH withdrawal is an issue)	
☐ N/V (0-7)	☐ Tactile disturbance (0-7)
☐ Tremor (0-7)	☐ Auditory disturbance (0-7)
☐ Paroxysmal sweats (0-7)	☐ Visual disturbance (0-7)
☐ Anxiety (0-7)	☐ Headache (0-7)
☐ Agitation (0-7)	☐ Disorientation (0-4)
Score = _____	

Medication Review

Yes	No	
☐	☐	Diphenhydramine/Benadryl (or other anticholinergics)
☐	☐	Ativan/Lorazepam (or other benzodiazepine)
☐	☐	Ambien/Zolpidem (or other sedative/hypnotic)
☐	☐	Reglan/Metoclopromide (or other antiemetic)
☐	☐	Pepcid/Famotidine (or other H2 blocker)
☐	☐	Fentanyl, Morphine sulfate (or other narcotic)
☐	☐	Steroids
☐	☐	Other, specify: _____

Acute Medical Issues

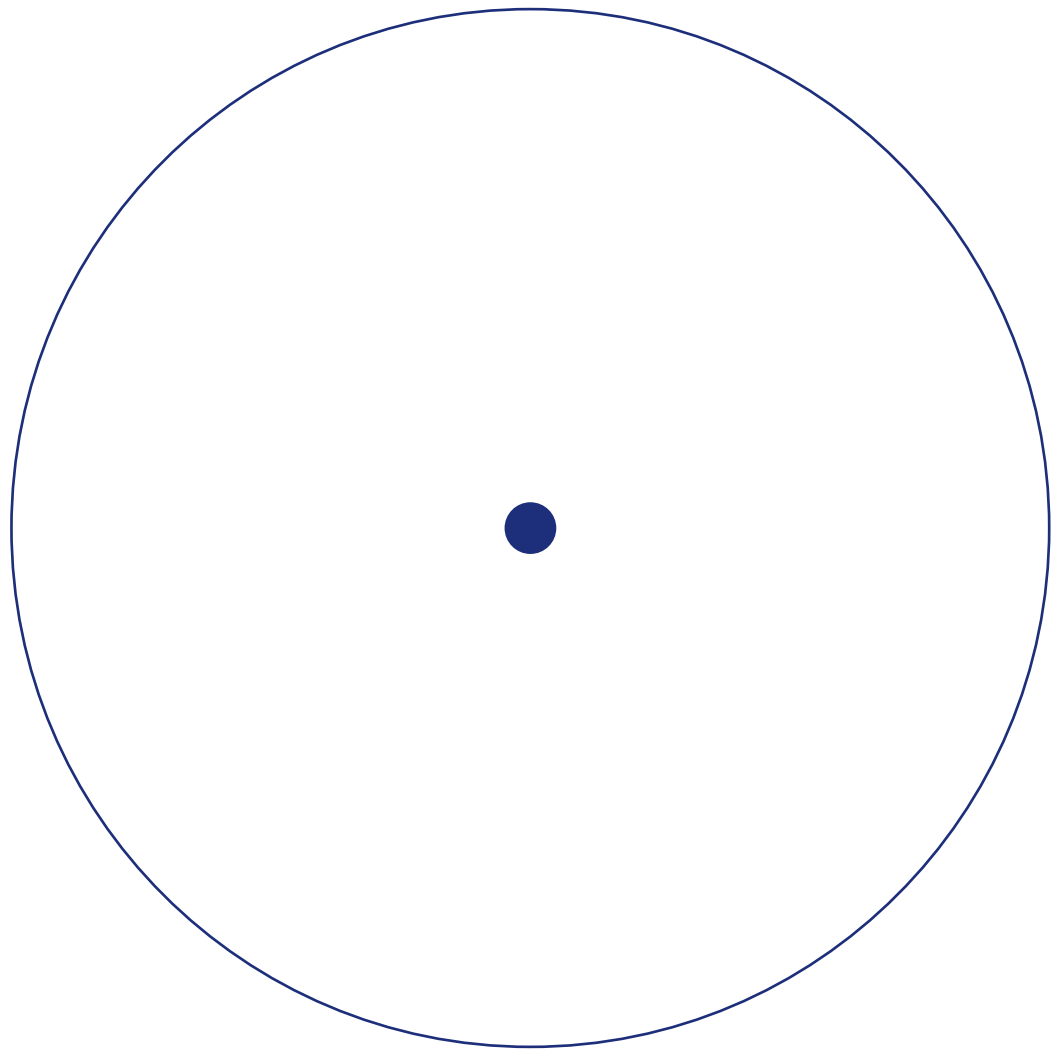
Yes	No	
☐	☐	Infection (UTI, Pneumonia, Skin, other)
☐	☐	Cardiovascular (MI, CHF, arrhythmia, severe anemia)
☐	☐	Respiratory (COPD exacerbation, hypoxia, PE)
☐	☐	Electrolyte abnormality (Na, K, Phos, Mg, dehydration)
☐	☐	Neuro (head injury, CVA)
☐	☐	Uncontrolled pain
☐	☐	Malignancy
☐	☐	Other, specify: _____

Physical Exam

Vital Signs	T:	AR:	RR:	BP: ___ / ___	Pulse Ox:	% on FIO2:	Last BM:	Last UO:
	Pain							
Neuro	☐ CN intact	☐ DTR intact	☐ Sensory intact	Abnormalities: _____				
Cardiac	☐ S_1 S_2 RRR			Abnormalities: _____				
Chest	☐ Lungs clear			Abnormalities: _____				
Abdomen	☐ Abdomen non-tender	☐ Bowel sounds present		Abnormalities: _____				
Other	_____							

Mini Cog	Check Appropriate Box
Repeats	☐ 3 words ☐ 2 words ☐ 1 word ☐ 0 word
Recalls	☐ 3 words ☐ 2 words ☐ 1 word ☐ 0 word
Clock Drawing	☐ #'s in correct order and spacing is correct
	☐ #'s in correct order but incorrectly spaced
	☐ #'s are incorrect
	☐ Hands correct ☐ Hands incorrect
Impression	Delirium ☐ hyperactive ☐ hypoactive ☐ mixed related to: ☐ Infection ☐ Hypotension/Hypo-perfusion ☐ _____ Withdrawal ☐ Hypoxia ☐ Medication _____ ☐ Metabolic _____ ☐ Other _____ ☐ Unknown _____

Set time to ten minutes after eleven.



Plan

Further Work-Up	**Studies: Standard**	☐ CBC	☐ Chem 10	☐ Glucose	☐ U/A – reflex to culture	
		☐ TSH	☐ B12	☐ Folate	☐ EKG	☐ Serum drug levels (PRN)
	Additional PRN	☐ RPR	☐ Ammonia	☐ ABG	☐ Albumin	☐ Cardiac enzymes
		☐ LFTs	☐ Bilirubin	☐ INR	☐ CXR	☐ Ultrasound
		☐ MRI	☐ Head CT	☐ LP	☐ EEG	☐ Tox Screen (serum or urine)
		☐ Free T4	☐ Sed Rate	Other, specify: _____		

- ☐ Fall Precautions
- ☐ Aspiration Precautions
- ☐ Maximum Mobilization _____
- ☐ Bladder Scan for PVR and straight cath if greater than 300mL
- ☐ CIWA at least every 4 hours (if ETOH withdrawal is an issue)
- ☐ Keeping in Touch Volunteers
- ☐ Art Volunteers
- ☐ Meal Mates
- ☐ Pet Therapy
- ☐ Hourly Intentional Rounding
- ☐ Gerontology Consult (if pt is age 65+; not responding to standard interventions)
- ☐ Psychiatry Consult (if pt is < age 65 and not responding to standard interventions or age 65+ with psych co-morbidities)
- ☐ Palliative Medicine Consult
- ☐ Neurology Consult
- ☐ Geriatric RN Consult
- ☐ Pastoral Consult
- ☐ Social Work Consult

Medications:

- ☐ Pain medication _____
- ☐ Electrolyte replacement _____
- ☐ Oxygen to keep O2 sat ≥ 92%
- ☐ Haldol IV
- ☐ Seroquel PO

FOR ALCOHOL WITHDRAWAL: (Follow Alcohol Withdrawal Protocol)

- ☐ Gabapentin
- ☐ Ativan
- ☐ Folate 1mg oral daily
- ☐ Thiamine 100mg oral daily
- ☐ Multivitamin 1 tab oral daily

☐ **Communication:** _____

☐ **Attending:** _____

☐ **RN:** _____

☐ **Family:** _____ ☐ Explained condition ☐ Invited to participate in care

Signature: _____ **Date:** _____ **Time:** _____