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| **Enable if INPT\_FE Flag = 1** |
|  | delidone |  [ ]  Delirium Risk review was previously completed for this case for the same episode of care. If checked, disable Delirium Risk Module.If not checked, enable Delirium Risk Module. |  |  |
|  |  | **Assessment of Delirium Risk**  |  |  |
| 1 | docdel | Did the physician/APN/PA document a current problem of delirium in the History and Physical?1. Yes2. No | 1,2 | **Delirium is a mental disturbance characterized by confusion, disordered speech, and hallucinations.****The intent of this question is to look for physician/APN/PA documentation of a current problem of delirium in the History and Physical.** Physician/APN/PA documentation of delirium in the assessment/plan of an ED note (e.g. 1010M) or admission note is acceptable. |
| 2 | dochgms | Did the physician/APN/PA document a current change in the patient’s mental status in the History and Physical?1. Yes2. No | 1,2 | **The intent of this question is to look for physician/APN/PA documentation of a current change in mental status in the History and Physical.** **Documentation of a change in mental status, altered mental status, or other similar wording is acceptable.** Physician/APN/PA documentation of a change in mental status in the assessment/plan of an ED note (e.g. 1010M) or admission note is acceptable.  |
| 3 | doconf | Did the physician/APN/PA document a current problem of confusion in the History and Physical? 1. Yes2. No | 1,2 | **The intent of this question is to look for physician/APN/PA documentation of a current problem of confusion (or confused) in the History and Physical.** Physician/APN/PA documentation of confusion in the assessment/plan of an ED note (e.g. 1010M) or admission note is acceptable. |
| 4 | docorient | Did the physician/APN/PA document a current problem of disorientation in the History and Physical?1. Yes2. No | 1,2 | **Disorientation = patient is not oriented to person, place, and time.** **The intent of this question is to look for physician/APN/PA documentation of a current problem of disorientation (or similar wording such as disoriented) in the History and Physical.** Physician/APN/PA documentation of disorientation in the assessment/plan of an ED note (e.g. 1010M) or admission note is acceptable.  |
| 5 | rskdeli | In the admission History and Physical, did the physician/APN/PA document the patient was assessed or screened for delirium? 1. Yes2. No | 1,2 | **The intent of this question is to look for physician/APN/PA documentation in the H&P that the patient was assessed or screened for delirium.** Examples of acceptable physician/APN/PA documentation include but are not limited to:* “Patient is dehydrated and tachycardic --at risk for delirium;”
* “Patient was screened for delirium and found to be at low risk;”
* “Assessed patient for delirium and patient is not at risk.”

If there is no physician/APN/PA documentation in the History and Physical assessment/plan that the patient was assessed or screened for delirium, enter value 2. Physician/APN/PA documentation of delirium risk in the assessment/plan of an ED note (e.g. 1010M) or admission note is acceptable.  |
| 6 | delimh | Was there documentation of any other term(s) or description(s) in the History and Physical that would indicate a recent mental status change, patient confusion or delirium?1. Yes2. No | 1,2If 2, go to end | **The intent of this question is to look for additional terms documented in the H&P that are related to delirium or a mental status change.****Examples of terms include but are not limited to:*** Changes in ability to focus or control attention
* Changes in ability to engage in self care
* Changes in ability to communicate and/or evidence of confusion
* New evidence of disorientation (e.g., does not know current date)
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| 7 | othterm | Enter the other term(s) or description(s) that would indicate a recent mental status change, patient confusion or delirium.

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 | Free text entry | Enter the other term(s) documented in the H&P that would indicate a recent mental status change, patient confusion or delirium. |