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| **Enable if INPT\_FE Flag = 1** | | | | |
|  |  | **Assessment of Delirium Risk** |  |  |
| 1 | docdel | Did the physician/APN/PA document a current problem of delirium or the following equivalent terms in the History and Physical, ED note, or admission note?  **equivalent terms for the presence of delirium:**   * agitation * encephalopathy * hallucinations * lethargy * unresponsive   1. Yes  2. No | 1,2 | Delirium is a mental disturbance characterized by confusion, disordered speech, and hallucinations.  **The intent of this question is to look for any physician/APN/PA documentation of a current problem of delirium in the History and Physical (H&P),** **ED note, and admission note documentation.**  Review all noted data sources and if delirium or any of the equivalent terms are documented, select value “1” or yes.  **Examples:**   * Patient is evaluated by Psych in the ED and the provider documents in the History and Physical: “No acute delirium noted, patient does not appear to be at risk for delirium,” select value “2” or no as documentation indicates no delrium. * Admission note states, “patient agitated and having hallucinations”, select value “1” as agitation and hallunicinations are equivalent terms for the presecne of delirium.   **NOTE: Dementia is NOT the same as delirium**  **NON-equivalent terms for delirium:**   * alcohol or substance withdrawal * dementia * falls * incontinence * mild cognitive impairment * not able to answer questions * poor historian * sedated * seizures * specific psychiatric syndromes * stroke |
| 2 | dochgms | Did the physician/APN/PA document a current change in the patient’s mental status (e.g. altered mental status (AMS)) in the History and Physical, ED note, or admission note?  1. Yes  2. No | 1,2 | **The intent of this question is to look for physician/APN/PA documentation of a current change in mental status (e.g. altered mental status (AMS) or change from baseline) in the History and Physical, ED note, or admission note.**  **Documentation of a change in mental status, altered mental status, or other similar wording is acceptable.** |
| 3 | doconf | Did the physician/APN/PA document a current problem of confusion in the History and Physical, ED note, or admission note?  1. Yes  2. 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, ED note**, **or admission note**. |
| 4 | docorient | Did the physician/APN/PA document a current problem of disorientation in the History and Physical, ED note, or admission note?  **Examples of acceptable terms for disorientation include but are not limited to:**   * A&O x 2 * Disoriented * Oriented to self and place but not year   1. Yes  2. No | 1,2 | **Disorientation = patient is not oriented to person, place, and/or 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,** **ED note,** **or admission note.**  **Examples of acceptable physician/APN/PA documentation include but are not limited to:**   * A&O x 2 * Disoriented * Oriented to self and place but not year |
| 5 | rskdeli | In the admission History and Physical, ED note, or admission note, did the physician/APN/PA document the patient was assessed or screened for delirium?  1. Yes  2. No | 1,2 | **The intent of this question is to look for physician/APN/PA documentation in the History and Physical,** **ED note, or admission note 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.” * “Patient’s orientation assessed (e.g. A&O x3) and does not have delirium” * “Patient is at risk for delirium and was assessed for mental status change, confusion, and disorientation. No symptoms of delirium, mental status change, confusion, disorientation.”   **The following terms can be considered equivalent terms for the presence of delirium.** If there is documentation the patient was assessed or screened for any of the following, enter value “1”.   * agitation * encephalopathy * hallucinations * lethargy * unresponsive   **The following terms are NOT equivalent terms for delirium:**   * alcohol or substance withdrawal * dementia * falls * incontinence * mild cognitive impairment * not able to answer questions * poor historian * sedated * seizures * specific psychiatric syndromes * stroke   **If there is no physician/APN/PA documentation in the History and Physical, ED note, or admission note that the patient was assessed or screened for delirium, enter value “2”.** |