# **Document Links:**

**Delirium Risk Module** 

**COHORT** (rcvd on pull list)

70 - Global Measures

81 - Sepsis

#### **REVSTAT**

REVIEW STATUS (not abstracted)

- 0. Abstraction has not begun
- 1. Abstraction in progress
- 2. Abstraction completed w/o errors
- 3. TVG failure (exclusion)
- 4. Record contains missing data
- 5. Administrative Exclusion

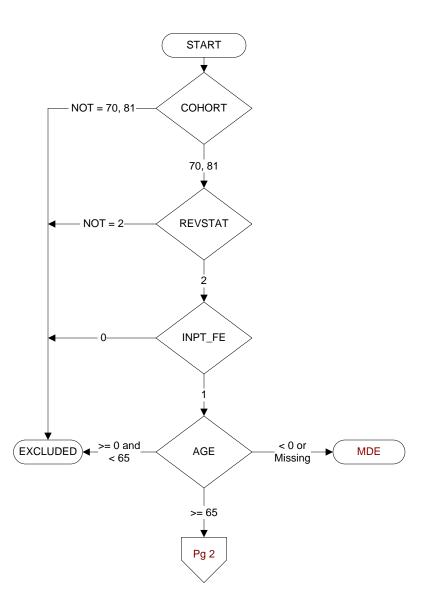
INPT\_FE (rvcd on pull list)

Flag indicating Delirium should be enabled

AGE (calculated field)

ADMDT - BIRTHDT

MDE = Missing or Invalid Data Exclusion (data error)



# DOCDEL (Delirium)

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

#### DOCHGMS (Delirium)

Did the physician/APN/PA document a <u>current</u> 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

#### **DOCONF** (Delirium)

Did the physician/APN/PA document a <u>current</u> problem of confusion in the History and Physical, ED note, or admission note?

- 1. Yes
- 2. No

### **DOCORIENT** (Delirium)

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

# RSKDELI (Delirium)

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

