

**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

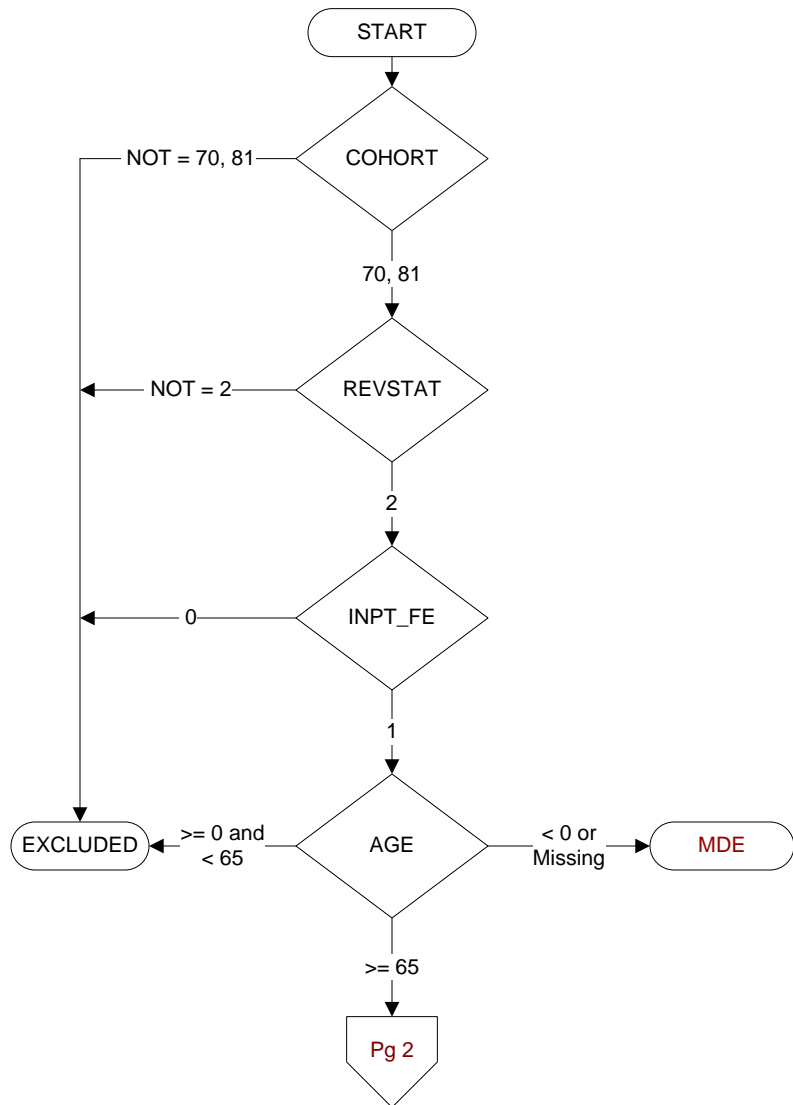
**INPT\_FE** (rcvd on pull list)

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 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

**DOCONF (Delirium)**

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

**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

