

**Document Links:**

[Delirium Risk Module](#)

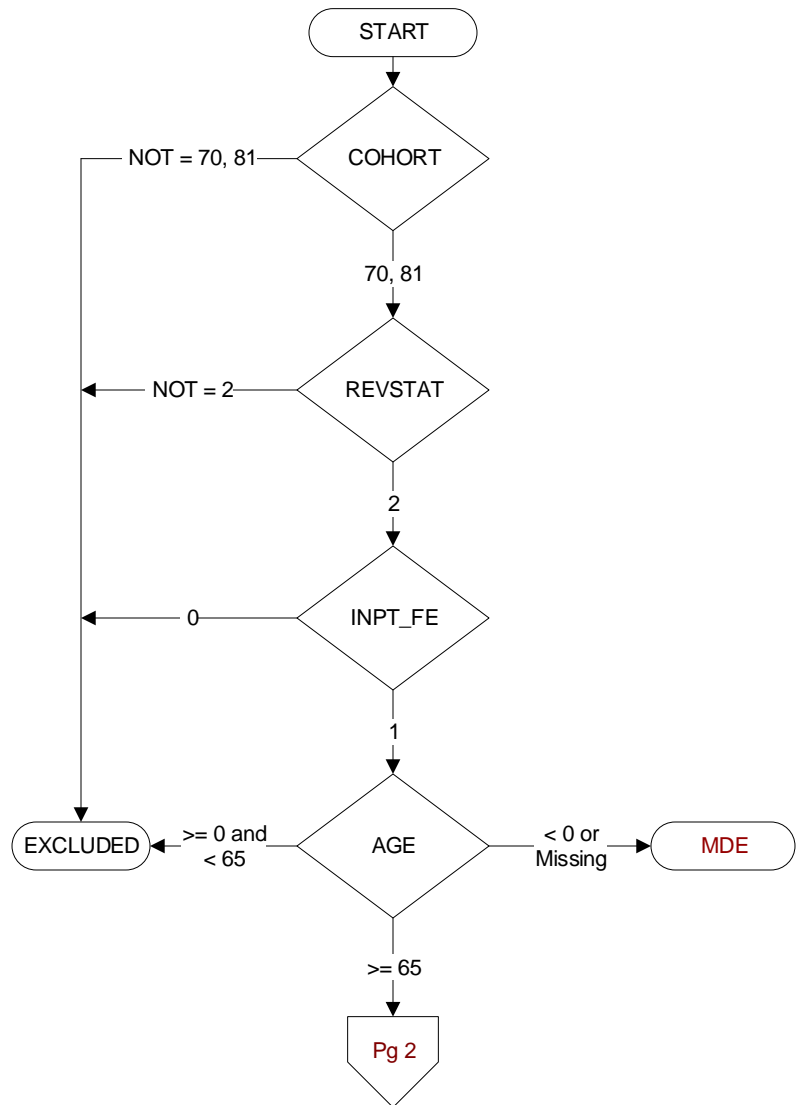
**COHORT** (rcvd on pull list)  
70 - Global Measures  
81 - Sepsis

**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

