|  |
| --- |
| **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 following terms can be considered equivalent terms for the presence of delirium: encephalopathy, lethargy, agitation, hallucinations, and unresponsive.****The following terms are NOT equivalent terms for delirium: dementia, mild cognitive impairment, poor historian, not able to answer questions, stroke, specific psychiatric syndromes, seizures, alcohol or substance withdrawal, falls, incontinence, and sedated.****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 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 (e.g. altered mental status or change from baseline) 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 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 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/or time (e.g. A&O x 2, oriented to self and place but not year).** **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 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.”
* “Patient’s orientation assessed (e.g. A&O x3) and does not have delirium”

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 an ED note (e.g. 1010M) or admission note is acceptable.  |