Document Links:

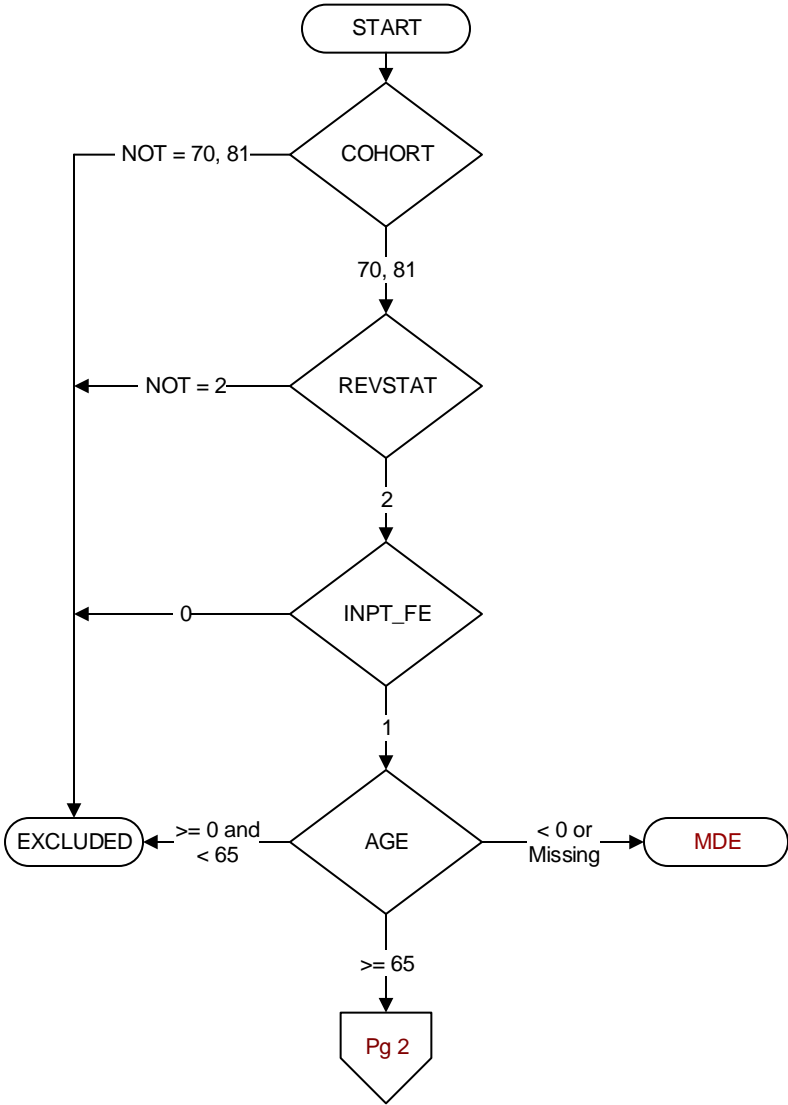Delirium Risk Module

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)

START

COHORT — NOT = 70, 81

70, 81

REVSTAT — NOT = 2

2

INPT_FE — 0

1

AGE

>= 0 and < 65 → EXCLUDED

< 0 or Missing → MDE

>= 65

Pg 2

DOCDEL (Delirium)
Did the physician/APN/PA document a current problem of delirium or the following equivalent terms in the History and Physical, Emergency Department (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