

fy2026q2 – FE82 - % hospitalized patients ≥ 65 at risk for delirium (GM, Sepsis)

Document Links:
[Delirium Risk Module](#)

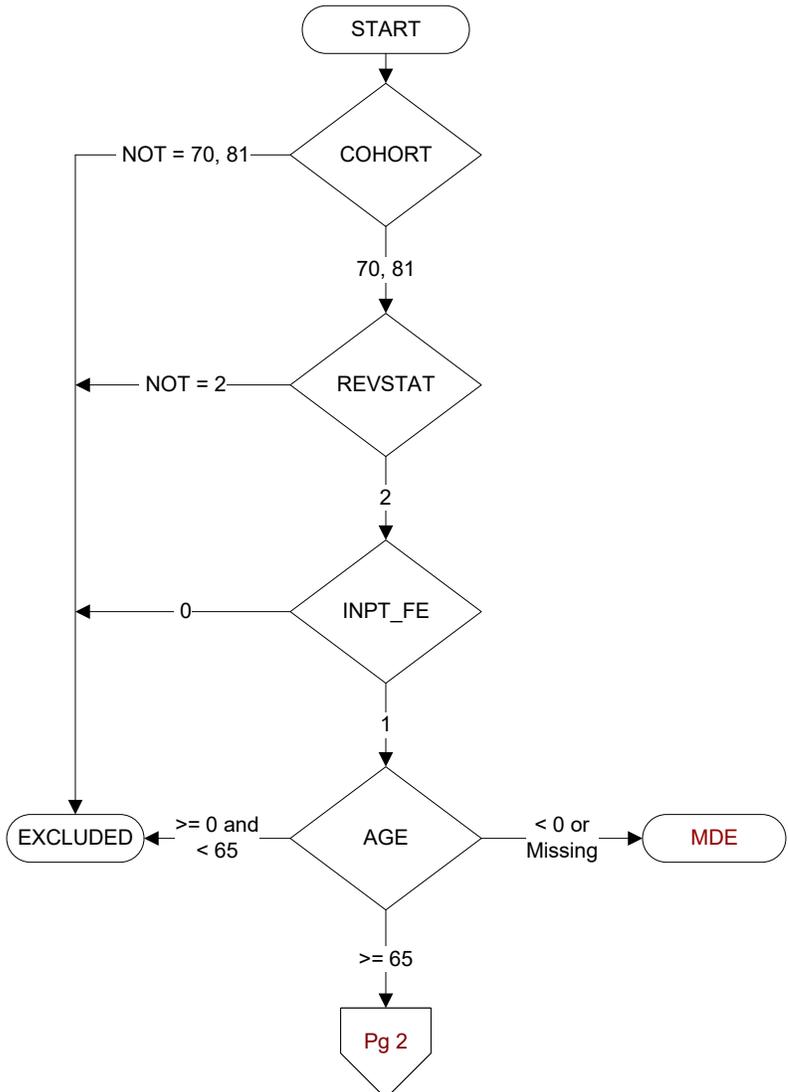
COHORT (rcvd on pull list)
 70 - Global Measures
 81 - Sepsis

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)



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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 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

