Fraser Health
AUTHORITY

APPENDIX 1

DELIRIUM: SCREENING TOOL

Addressograph

Initial Assessment Date:_____

Initials: _____ **Initial Score:**_____

(Directions: In "Change in Behaviour", check off all applicable behaviour. Add up checks in "Changed" and enter in Initial Score.)

Note any SUDDEN Changes in Behaviour(s)

INDICATORS	Usual	Changed	Date Observed
Attention Span	❑ maintains focus ❑ sustains attention ❑ able to shift attention easily	❑ inability to focus ❑ unable to sustain attention ❑ unable to shift attention	
Sleep/Wake Cycle	Wake time _____ Sleep time _____	❑ reversal of sleep pattern ❑ drowsy in day ❑ active at night	
Continence	❑ continent ❑ incontinent	❑ incontinent (unaware of being) [new]	
Memory	❑ good ❑ fluctuates ❑ poor: ❑ short term ❑ long term	❑ fluctuates ❑ poor: ❑ short term ❑ long term ❑ disoriented	
Personal Habits	**ADL** ❑ independent ❑ needs help **IADL** ❑ independent ❑ needs help	**ADL** ❑ needs help **IADL** ❑ needs help	
Language Pattern	❑ can understand others ❑ can make others understand self ❑ dentures and ability to talk	❑ rapid ❑ repetitive ❑ slow ❑ expletives ❑ slurring ❑ inability to complete sentence	
Perceptual Changes	❑ no problems ❑ problem _____ _____ _____ _____	❑ difficulty in interpreting environmental cues ❑ delusions ❑ hallucinations (visual) ❑ illusions	
Sensory Changes	❑ visual acuity ❑ hearing acuity	❑ visual difficulty ❑ hearing difficulty	
Psychomotor Activity	❑ independent ❑ needs help ❑ assistive device ❑ gait, balance normal	❑ ***Hyper:*** agitated, restless, pacing ❑ ***Hypo:*** lethargic, withdrawn, sluggish ❑ falls increased	

DATE	TARGETED BEHAVIOURS	PLANNED TREATMENTS/APPROACHES	OUTCOMES/EFFECTIVENESS