



**DELIRIUM SYMPTOM SCREENING TOOL**

**DELIRIUM DVD, 2006**

Assessor Name: \_\_\_\_\_

Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

**To be completed within 24 hours when SUDDEN CHANGE in behaviour is noted which is not accounted for by preexisting/established or evolving dementia.**

<i>Indicators</i>	<i>Usual Behaviour Identify all those that apply</i>	<i>Noted Sudden Change in Behaviour (Describe changed behaviour)</i>	<i>Date / Time / Initial</i>
<b>Sleep/Wake Cycle</b>	Wake time _____ Sleep time _____ Rest time _____ Toileting times _____		
<b>ADL's</b>	<input type="checkbox"/> Total Care <input type="checkbox"/> Needs assistance <input type="checkbox"/> Independent		
<b>Communication</b>	<input type="checkbox"/> Can understand others <input type="checkbox"/> Can make others understand self <input type="checkbox"/> Dentures fit and able to talk <input type="checkbox"/> Able to hear <input type="checkbox"/> Able to see		
<b>Attention / Concentration</b>	<input type="checkbox"/> Able to focus during conversation/ activity <input type="checkbox"/> Easily redirected <input type="checkbox"/> Able to complete a task		
<b>Perceptual changes</b>	<input type="checkbox"/> Interprets environment appropriately <input type="checkbox"/> Misperceptions <input type="checkbox"/> Hallucinations <input type="checkbox"/> Delusions <input type="checkbox"/> Paranoia <input type="checkbox"/> Other _____		
<b>Memory</b>	<input type="checkbox"/> Good <input type="checkbox"/> Fluctuates <input type="checkbox"/> Poor - short term <input type="checkbox"/> Poor - long term		
<b>Psychomotor Activity</b>	<input type="checkbox"/> Normal activity level <input type="checkbox"/> Hyper: agitated, restless, pacing <input type="checkbox"/> Hypo: lethargic, withdrawn, sluggish <input type="checkbox"/> Easily distracted <input type="checkbox"/> Demeanor: calm / irritable <input type="checkbox"/> History of falls		
<b>Nutrition</b>	Fluids <input type="checkbox"/> Adequate fluid intake <input type="checkbox"/> Resists fluids <input type="checkbox"/> Dehydrated Food <input type="checkbox"/> Adequate food intake <input type="checkbox"/> Resists eating <input type="checkbox"/> Poor nutritional state		

Adapted with permission: Earthy, A. (2002). Delirium CPG. Fraser Health Authority. Vancouver, BC.