

# Responding to positive delirium screens audit

Please complete the survey below.

Thank you!

Date of Audit

Auditor's initials

Is the patient 65 years or older or 45 years or older if Aboriginal or Torres Strait Islander?

- ☐ Yes  
☐ No

Does the medical record include a completed delirium screening tool?

- ☐ Yes  
☐ No  
(check the FRAMP-CI or 4AT form)

Who completed the screening?

- ☐ Nurse  
☐ Allied Health  
☐ Medical  
☐ Pharmacist  
☐ Aboriginal Liaison  
☐ Not Documented

What was the screening score?

- ☐ 0  
☐ 1-3  
☐ greater than/equal to 4  
(Review the whole admission. Select '0' only if the score was '0' throughout the admission. If there was a positive score at any time during the admission, select the first positive score.)

Exclude record from audit. Record does not meet audit inclusion criteria

What was the date of the first positive delirium screen?

## Patient Details

Patient ID code

Patient age in years

(age during delirium episode)

Sex

- ☐ Male  
☐ Female

Indigenous status:

- ☐ Aboriginal, not Torres Strait Islander  
☐ Aboriginal and Torres Strait Islander  
☐ Torres Strait Islander  
☐ None of the above  
☐ Not documented

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Primary language

- ☐ English  
☐ Other

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If other, specify:

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Date of admission

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Date of discharge:

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Ward patient was on at time of positive delirium screen.

- ☐ ED Short Stay Unit (EDSSU)  
☐ Intensive Care Unit (ICU)  
☐ 1A  
☐ 1B  
☐ 2C  
☐ Short Stay Unit (SSU)  
☐ 3A  
☐ 3B  
☐ 3C  
☐ 3D  
☐ 4A  
☐ 4B  
☐ 4C  
☐ 2A

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Clinical specialty at time of positive screen.

- ☐ general medical  
☐ general surgical  
☐ geriatrics  
☐ psychiatry  
☐ emergency medicine  
☐ critical care  
☐ rehabilitation  
☐ other

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If other, specifiy

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Principal diagnosis

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Discharge status

- ☐ Home at baseline  
☐ New nursing home  
☐ Transitional Care Placement (TCP)  
☐ Respite  
☐ Home with new services  
☐ Home with family/carers (new arrangement)  
☐ Transferred to another acute hospital  
☐ Deceased  
☐ Other

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If other, specify

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**Statement 3: Patient-centred information and support**

The patient and their carers were provided information about delirium and its prevention.

- ☐ Yes  
☐ No  
☐ Just to the patient  
☐ Just to the family/carer

Who provided delirium information?

- ☐ Nurse  
☐ Allied Health  
☐ Medical  
☐ Pharmacist  
☐ Aboriginal Liaison  
☐ Not Documented  
☐ Other

If other, specify.

The carers were actively engaged in the patient's care.

- ☐ Yes  
☐ No  
☐ Patient has no family or carer

The positive delirium screening score was communicated to the relevant clinician to assess the patient for delirium.

- ☐ Yes  
☐ No

Who communicated the positive delirium screen?

- ☐ Nurse  
☐ Allied Health  
☐ Medical  
☐ Pharmacist  
☐ Aboriginal Liaison  
☐ Not Documented  
☐ Other

If other, specify.

Comments:

**Statement 4: Assessing and diagnosing delirium.**

The patient was assessed using a validated tool by a clinician trained to assess delirium.

- ☐ Yes  
☐ No

Who assessed the patient for delirium?

- ☐ Nurse  
☐ Allied Health  
☐ Medical

A diagnosis of delirium was determined and documented by a clinician working within their scope of practice.

- ☐ Yes  
☐ No

If no, was this due to the positive score being related to a pre-existing cognitive impairment and delirium was ruled out post a comprehensive assessment?

- ☐ Yes  
☐ No  
☐ No documented reason

End audit here

The diagnosis of delirium was discussed with the patient and their carer.

- ☐ Yes  
☐ No  
☐ Just with carer  
☐ Just with patient

Who discussed the delirium diagnosis?

- ☐ Nurse  
☐ Allied Health  
☐ Medical  
☐ Pharmacist  
☐ Aboriginal Liaison  
☐ Not documented  
☐ Other

If other, specify.

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The patient and/or carer were asked about any recent changes in the patient's behaviour or thinking.

- ☐ Yes  
☐ No  
☐ Just patient  
☐ Just carer

Who asked the patient and/or carer about these recent changes?

- ☐ Nurse  
☐ Allied Health  
☐ Medical  
☐ Pharmacist  
☐ Aboriginal Liaison  
☐ Not Documented  
☐ Other

If other, specify.

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Comments:

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### Statement 5: Identifying and treating underlying causes

The patient had a comprehensive assessment that includes relevant multidisciplinary consultation.

- ☐ Yes  
☐ No

Who was involved in completing the comprehensive assessment?

- ☐ Nurse  
☐ Allied Health  
☐ Medical  
☐ Pharmacist  
☐ Aboriginal Liaison  
(select all that apply)

What information did the nurse gather?

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The patient received multicomponent interventions.

- ☐ Yes  
☐ No

Evidence of any of the following nursing interventions.

- ☐ Mobilisation at least once or twice daily
- ☐ Early mobilisation post procedure
- ☐ Sit out of bed for meals
- ☐ Maintain/monitor hydration
- ☐ Maintain/monitor nutrition
- ☐ Regulate bladder function
- ☐ Regulate bowel function
- ☐ Reorient and reassure patient regularly
- ☐ Non-pharmacological therapies to promote sleep
- ☐ Providing clock/calendar
- ☐ Regular pain assessment and providing pain relief strategies
- ☐ Provide oxygen therapy where appropriate
- ☐ None of the above
- ☐ Other

If other, specify.

Comments:

### Statement 6: Preventing complications of care

The patient was assessed for the following risks:

- ☐ Function decline
- ☐ Dehydration
- ☐ Malnutrition
- ☐ Falls
- ☐ Pressure injuries  
(select all that apply)

Who assessed for functional decline?

- ☐ Nurse
- ☐ Allied health
- ☐ Medical
- ☐ Not documented

Functional decline risk prevention and management strategies were applied according to the functional decline assessment.

- ☐ Yes
- ☐ No

Who was involved in functional decline interventions?

- ☐ Nurse
- ☐ Allied Health
- ☐ Medical
- ☐ Not documented

Who was involved in assessing for dehydration?

- ☐ Nurse
- ☐ Allied Health
- ☐ Medical
- ☐ Not documented

The strategies were applied to prevent/manage dehydration.

- ☐ Yes
- ☐ No

Who was involved in strategies to prevent/manage dehydration?

- ☐ Nurse
- ☐ Allied Health
- ☐ Medical
- ☐ Not documented

|                                                                                                                         |                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Who was involved in assessing for malnutrition?                                                                         | <input type="checkbox"/> Nurse<br><input type="checkbox"/> Allied Health<br><input type="checkbox"/> Medical<br><input type="checkbox"/> Not documented                                                                                                     |
| The strategies were applied to prevent/manage malnutrition.                                                             | <input type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                                                                                       |
| Who was involved in strategies to prevent malnutrition?                                                                 | <input type="checkbox"/> Nurse<br><input type="checkbox"/> Allied Health<br><input type="checkbox"/> Medical<br><input type="checkbox"/> Not documented                                                                                                     |
| Who was involved in assessing for falls risk?                                                                           | <input type="checkbox"/> Nurse<br><input type="checkbox"/> Allied Health<br><input type="checkbox"/> Medical<br><input type="checkbox"/> Not documented                                                                                                     |
| The falls risk prevention and management strategies were applied according to the falls risk assessment.                | <input type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                                                                                       |
| Who was involved in applying falls risk prevention and management strategies/intervention?                              | <input type="checkbox"/> Nurse<br><input type="checkbox"/> Allied Health<br><input type="checkbox"/> Medical<br><input type="checkbox"/> Not documented                                                                                                     |
| Who was involved in assessing for pressure injuries risk?                                                               | <input type="checkbox"/> Nurse<br><input type="checkbox"/> Allied Health<br><input type="checkbox"/> Medical<br><input type="checkbox"/> Not documented                                                                                                     |
| The pressure injury prevention and management strategies were applied according to the pressure injury risk assessment. | <input type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                                                                                       |
| Who was involved in pressure injury prevention and management strategies/interventions?                                 | <input type="checkbox"/> Nurse<br><input type="checkbox"/> Allied Health<br><input type="checkbox"/> Medical<br><input type="checkbox"/> Not documented                                                                                                     |
| Evidence the patient experienced any of the following during their hospital stay.                                       | <input type="checkbox"/> Dehydration<br><input type="checkbox"/> Malnutrition<br><input type="checkbox"/> Fall resulting in fracture or other intercranial injury<br><input type="checkbox"/> Pressure injury<br><input type="checkbox"/> None of the above |
| Comments:                                                                                                               | <hr/>                                                                                                                                                                                                                                                       |

**Statement 7: Avoiding use of antipsychotic medicines**

The patient was prescribed an antipsychotic and/or benzodiazepine medication.

- ☐ No  
☐ Antipsychotic  
☐ Benzodiazepine  
☐ Antipsychotic and Benzodiazepine

Evidence of a plan for the duration of therapy and the criteria for cessation of therapy

- ☐ Yes  
☐ No

Was/were the medication/s ceased?

- ☐ Yes  
☐ No

Comments:

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**Statement 8: Transition from hospital care**

The patient had an individualised comprehensive care plan on discharge.

- ☐ Yes  
☐ No

The individualised comprehensive care plan was discussed with patient and carer.

- ☐ Yes  
☐ No  
☐ Just with patient  
☐ Just with family/carers

Who was involved in the discussion of the individual comprehensive care plan with the patient and/or carer?

- ☐ Nurse  
☐ Allied Health  
☐ Medical  
☐ Pharmacist  
☐ Aboriginal Liaison  
☐ Not Documented

The patient was readmitted for delirium within 10 days of discharge.

- ☐ Yes  
☐ No

Comments:

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End of Audit