

Delirium Screen

Are there behaviour changes?

Recent and sudden behavioural changes should prompt consideration of delirium. People with delirium can experience heightened arousal, become restless, agitated and aggressive. Alternately, they may be withdrawn, sleepy, and quiet. This tool is designed to assist health care professionals assess reversible causes of delirium that may be impacting on a person's behaviours.

INFECTION



MEDICINES



PAIN



BOWEL



INFECTION

MEDICINES

PAIN

BOWEL

Look for (if you answer 'yes' to any of the questions below please complete assessments)	Y N	Assessments to be completed	Comments (including follow-up conducted)
<p>Are there systemic signs of infection? E.g. fever, fast pulse, chills and rigor (shaking)</p> <p>Are there localized signs of infection?</p> <p>Chest: cough, shortness of breath, runny nose, sore throat?</p> <p>Urine: pain on urinating, new incontinence (consider MSU as per protocol)</p> <p>Skin: redness?</p> <p>Dental?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>INFECTION CHECK COMPLETED <input type="checkbox"/></p> <p>Temp _____ BP _____</p> <p>Resp _____ SaO2 _____</p> <p>HR _____</p> <p>If any signs of infection e.g. T above 37.5, BP above normal range and increased respirations please consult GP.</p>	
<p>Have there been any changes in the person's medications?</p> <p>Have any of the following recently been commenced? Benzodiazapines, anti-psychotics, anti-depressants, diuretics, steroids or painkillers. Have any of these been suddenly withdrawn?</p> <p>Could the person be experiencing alcohol or drug withdrawal?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>MEDICATION REVIEW WITH GP OR COMMUNITY PHARMACIST <input type="checkbox"/></p> <p>CLINICAL INVESTIGATION COMPLETED, APPROPRIATE CHANGES MADE <input type="checkbox"/></p>	
<p>Is the person in pain?</p> <p>Are there any signs of urinary retention?</p> <p>Has the person had a recent fall – could they have a fracture or a head injury?</p> <p>Has the person recently had surgery?</p> <p>Is the skin intact? Are there reddened areas or any breaks?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>ABBEY PAIN SCALE COMPLETED <input type="checkbox"/></p> <p>Abbey pain scale score _____</p> <p>If Abbey score is over 2 please contact GP to review current prescribed analgesic medication and/or refer to pain management plan. If any signs of infection please consult GP. If any potential pressure areas noted review PAC plan</p>	
<p>Has there been a change in bowel habit?</p> <p>Is there evidence of abdominal pain/cramps? E.g. person holding tummy.</p> <p>Does the person have diarrhoea that may be constipation with overflow?</p> <p>Has appetite or oral intake decreased? Could the person be dehydrated?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>CHECK BOWEL CHART (7 DAYS) <input type="checkbox"/></p> <p>Bristol Stool Score _____</p> <p>Last BO _____ Number of days BNO _____</p> <p>If over 3 days BNO or Bristol Stool type 1 or 2 refer to Bowel Management plan and/or review current strategies. Refer to Joanna Briggs Institute Management of Constipation (2008).</p>	

Name: _____ D.O.B: _____ Facility: _____ Date commenced: _____