Delirium Screen

Could your resident be experiencing delirium?

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 Alternately, they may be withdrawn, sleepy, and quiet.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 causes of delirium that may be impacting on a person's behaviours.

Dementia Support Australia

	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)
BLADDER	Have there been changes in urine colour, frequency, amount (small volumes), odour?	☐	☐	**URINALYSIS COMPLETED** ☐ Date ___/___/___ Blood _____ pH _____ Leucocytes _____ If traces of leucocytes please collect MSU and contact GP **BLADDER SCAN/ PALPATION** ☐ Date ___/___/___ If any signs of distension or retention please contact GP	
	Could the person be in urinary retention? (E.g. when was the last time they urinated?)	☐	☐		
	Has the person recently become incontinent (or has this worsened)?	☐	☐		
	Is the person displaying genital area discomfort (e.g. scratching)?	☐	☐		
BOWEL	Has there been a change in bowel habit?	☐	☐	**CHECK BOWEL CHART (7 DAYS)** ☐ Bristol Stool Score _____ Last BO ___/___/___ Number of days BNO _____ 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).	
	Is there evidence of abdominal pain/cramps or bloating? E.g. person holding tummy.	☐	☐		
	Does the person have diarrhoea that may be constipation with overflow?	☐	☐		
	Has appetite or oral intake decreased?	☐	☐		
PAIN	Does the person have a history of any conditions that could cause pain? E.g. angina, arthritis, fractures.	☐	☐	**ABBEY PAIN SCALE COMPLETED** ☐ Abbey pain scale score _____ 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	
	Are there any changes in gums/teeth, mouth, ears, toenails? E.g. redness, ooze, bleeding?	☐	☐		
	Has the person recently had surgery?	☐	☐		
	Is the skin intact? Are there reddened areas or any breaks?	☐	☐		
INFECTION	Are there signs of localised infection? E.g. pain, redness, swelling, ooze?	☐	☐	**INFECTION CHECK COMPLETED** ☐ Temp _____ BP _____ Resp _____ SaO2 (if able) _____ If any signs of infection e.g. T above 37.5, BP above normal range and increased respirations please consult GP.	
	Has a physical assessment been conducted? Are there signs of pressure sores, ingrown toenails, mouth ulcers?	☐	☐		
	Is there evidence of chest infection? E.g. increased breathing, runny rose, pale skin, productive cough, wheeze, temperature.	☐	☐		
MEDICINES	Have there been any changes in the person's medications?	☐	☐	**MEDICATION REVIEW WITH GP OR COMMUNITY PHARMACIST** ☐ **CLINICAL INVESTIGATION COMPLETED, APPROPRIATE CHANGES MADE** ☐	
	Have any of the following recently been commenced? Sedatives, anti-psychotics, anti-depressants, diuretics, steroids or painkillers. Have any of these been suddenly withdrawn?	☐	☐		

Name: _____ **D.O.B:** ___/___/___ **Facility:** _____ **Date commenced:** ___/___/___ **Signature:** _____

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