

## Delirium: Program Checklists

This is a series of self-assessment checklists for nursing home staff to use to assess processes related to delirium in the facility, in order to identify areas that need improvement. You will find the checklists most useful if you need to look at your current practice more critically.

### Directions

- A staff person or team of persons knowledgeable about the facility policies, protocols, and current practices should complete these checklists.

Use these checklists as the starting point for a quality improvement project guided by the Quality Improvement Worksheets. When answering questions on the checklists, if you are not sure or answer “no” to one of the questions, see the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.

### Included

Checklists on the following delirium-related topics are included:

- Delirium Assessment
- Delirium Care Plans
- Delirium Screening
- Assessing Staff Education and Training

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## Checklist: Delirium Assessment

**Does your facility perform a delirium assessment when symptoms of delirium are noted?**

\_\_\_\_\_ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for delirium screening.

\_\_\_\_\_ **This is an area we are working on.** Our target date for implementing a process for assessment is: \_\_\_\_\_. If needed, use the Quality Improvement Worksheets to guide your improvement process.

\_\_\_\_\_ **Yes.** Please continue to the questions below.

**Does your facility's protocols for delirium assessment address all the areas listed below?**

|  | Yes                      | No                       | Person Responsible: | Comments: |
|--|--------------------------|--------------------------|---------------------|-----------|
| 1. Does your facility have a protocol for when and how delirium assessments will be completed for those identified at high-risk for delirium or those who exhibit symptoms of delirium?  | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| 2. Does your facility's delirium assessment include evaluation of the following hallmarks of delirium?   |                          |                          |                     |           |
| <ul style="list-style-type: none"> <li>• Disturbances in level of consciousness               <ul style="list-style-type: none"> <li>- Impaired attention (decreased ability to focus, sustain or shift</li> <li>- Decreased awareness of environment</li> </ul> </li> <li>• Change in cognitive status               <ul style="list-style-type: none"> <li>- Disorientation/disorganized</li> <li>- Memory deficits</li> </ul> </li> <li>• Rapid onset and fluctuation of symptoms</li> <li>• Marked change in psychomotor activity (agitation or lethargy, or alternation between the two)</li> <li>• Perceptual disturbances such as illusions, hallucinations</li> <li>• Disturbance of sleep-wake cycle</li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
|  | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
|  | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
|  | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
|  | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |

## Checklist: Delirium Assessment (Cont.)

|  | Yes  | No   | Person Responsible: | Comments: |
|--|--|--|---------------------|-----------|
| 3. Does your facility's delirium assessment include review of the following underlying medical conditions associated with delirium? <ul style="list-style-type: none"> <li>• Dementia</li> <li>• Dehydration</li> <li>• Nutritional deficits</li> <li>• Constipation/Impaction</li> <li>• Urinary tract infection (UTI), and other infections</li> <li>• Depression</li> <li>• Medication interactions</li> <li>• Psychoactive drug use</li> <li>• Sleep disturbances/deprivation</li> <li>• Sensory impairments</li> <li>• CNS disorders</li> <li>• Metabolic disorders</li> <li>• Cardiopulmonary disorders</li> </ul> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |                     |           |
| 3. Are differential diagnoses such as dementia and depression explored if resident is found not to have delirium on assessment?  | <input type="checkbox"/>   | <input type="checkbox"/>   |                     |           |
| 4. Is there a communication method in place to discuss symptoms of delirium with the resident's physician?   | <input type="checkbox"/>   | <input type="checkbox"/>   |                     |           |
| 5. After delirium assessment is completed is there a process to initiate delirium plan of care based on root cause?  | <input type="checkbox"/>   | <input type="checkbox"/>   |                     |           |

If any of the above elements in your process to assess for high risk of delirium are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's processes, please continue to another checklist.

## Checklist: Delirium Care Plans

**Does your facility have a policy and procedure to establish and use a care plans for residents identified as high risk for or who have delirium?**

\_\_\_\_\_ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for developing delirium care plan.

\_\_\_\_\_ **This is an area we are working on.** Our target date for implementing a process for delirium care plans for delirium is:\_\_\_\_\_. If needed, use the Quality Improvement Worksheets to guide your improvement process.

\_\_\_\_\_ **Yes.** Please continue to the questions below.

**Does your facility's policy and procedure for Delirium Care Plans address all the areas listed below?**

### *Care Plan Management for Identified High-Risk Residents*

|  | Yes                      | No                       | Person Responsible: | Comments: |
|--|--------------------------|--------------------------|---------------------|-----------|
| 1. Does your facility have a plan to initiate a High Risk Delirium Care Plan to institute preventative measures for residents?                           | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| 2. Does your High Risk Delirium Care Plan include a daily delirium screen?   | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| 3. Does your High Risk Delirium Care Plan include the following preventative elements?   |                          |                          |                     |           |
| • Nutrition and hydration maintenance  | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • Attention to bowel and bladder management (remove indwelling catheters if possible)  | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • Support to routine sleep patterns  | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • Medication regime review to determine possible medications that can precipitate delirium (e.g. Anticholinergics, narcotic analgesics, benzodiazepines) | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • Daily monitor of physical status including vital signs, oxygenation, signs of infection, pain and mobility changes                                     | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • Restraint reduction/elimination  | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • Moderation of sensory stimulation  | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • Initiation of safety protocols   | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • Establishment of consistent and familiar caregivers and environment  | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • Establishment of psychosocial supports including sensory, cognitive and physical enhancements/exercises  | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |

## Checklist: Delirium Care Plans (Cont.)

### *Care Plan Management for Identified High-Risk Residents*

|  | Yes                      | No                       | Person Responsible: | Comments: |
|--|--------------------------|--------------------------|---------------------|-----------|
| Activation of urgent medical assessment if cognitive/mental status changes are noted | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| Frequent reorientation   | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| Ensure use of adaptive/assistive equipment (e.g. hearing aides, eyeglasses, etc.)    | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |

### *General Care Plan Management for Delirium*

|   | Yes                      | No                       | Person Responsible: | Comments: |
|---|--------------------------|--------------------------|---------------------|-----------|
| 1. Does the care plan address elimination or correction of the identified etiologic causes based on the physician's medical evaluation? | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| 2. Are intervention strategies specific to the etiologic agent?   | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| 3. Do intervention strategies include the following supportive elements?  |                          |                          |                     |           |
| • Decrease sensory input in resident environment  | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • Eliminate sources of distraction (visual/auditory) to assist with concentration and attention focus                                   | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • Ensure that sensory aids are in good working order and available to the resident (e.g. eyeglasses and hearing aides)                  | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • Speak slowly and distinctly, repeat key phases as necessary   | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • Use larger print with less color (black/white) to present written/visual information to resident                                      | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • Utilize residents own items and personal effects to stimulate recognition/orientation   | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • Provide clocks, calendars, radios, TV, etc. to reorient to time/place   | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • Explain all procedures prior to performing them   | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |

## Checklist: Delirium Care Plans (Cont.)

|  | Yes                      | No                       | Person Responsible: | Comments: |
|--|--------------------------|--------------------------|---------------------|-----------|
| <ul style="list-style-type: none"> <li>• Establish consistent and familiar caregivers</li> <li>• Schedule activities regularly so resident becomes use to routine</li> <li>• Encouragement of family visits</li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| 4. Does the care plan utilize the support of an interdisciplinary team to assess, implement and monitor interventions to address the delirium? Team members may include nursing, pharmacy, activities, etc.            | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| 5. Does the care plan include a provision for continued daily monitoring of the resident's cognitive status?   | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| 6. Does the care plan include guidelines for documentation and tracking of the delirium episode?   | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| 7. Is there currently a mechanism in place to alert staff to the high-risk of a reoccurrence of delirium once the delirious episode has resolved?  | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |

If any of the above elements in your delirium high risk care plan are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's processes, please continue to another checklist.

## Checklist: Delirium Screening

**Does your facility have a policy and procedure for when and how the staff will screen for delirium?**

\_\_\_\_\_ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for screening residents for delirium.

\_\_\_\_\_ **This is an area we are working on.** Our target date for implementing a process for screening for delirium is:\_\_\_\_\_. If needed, use the Quality Improvement Worksheets to guide your improvement process.

\_\_\_\_\_ **Yes.** Please continue to the questions below.

**Does your facility’s screening for delirium address all the areas below?**

|  | Yes                      | No                       | Person Responsible: | Comments: |
|--|--------------------------|--------------------------|---------------------|-----------|
| 1. Are residents screened for delirium at admission/readmission or when signs and symptoms of delirium are noted?  | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| 2. Does your facility have a delirium screening process in place to determine whether or not a resident is at high-risk or low risk for developing delirium? | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| 3. Does your facility’s screening assessment include the following high-risk factors associated with delirium?   |                          |                          |                     |           |
| • Diagnosis of Dementia  | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • Polypharmacy   | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • UTI/Infections   | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • Acute hospitalization/illness/injury   | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • Underlying psychiatric disorder e.g. Depression  | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • History of substance abuse   | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • History of brain trauma or disease; CNS disorders  | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • Acute stress   | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • Metabolic disorders  | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| • Cardiovascular disorders   | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |



## Checklist: Delirium Screening (Cont.)

|  | Yes                      | No                       | Person Responsible: | Comments: |
|--|--------------------------|--------------------------|---------------------|-----------|
| 6. If staff identifies via screen that a resident is a high-risk or has symptoms of delirium does your facility have a process that will lead to an assessment for delirium? | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |
| 7. Does your facility's policy include protocols for notifying the resident's physician if resident is found to be at high-risk for delirium?                                | <input type="checkbox"/> | <input type="checkbox"/> |                     |           |

If any of the above elements in your process for screening for delirium are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's processes, please continue to another checklist.

## Checklist: Assessing Staff Education and Training

**Does your facility have initial and ongoing education on delirium assessment and management for both nursing and non-nursing staff?**

\_\_\_\_\_ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to improve your processes and or staff education on delirium management.

\_\_\_\_\_ **This is an area we are working on.** Our target date for implementing an education program on delirium management is: \_\_\_\_\_. If needed, use this checklist, current accepted clinical guidelines and the Quality Improvement Worksheets to guide your facility’s education program.

\_\_\_\_\_ **Yes.** Please continue to the questions below.

**Does your facility’s education program for delirium management include the following components?**

|   | Yes                      | No                       | Person Responsible | Comments                 |
|---|--------------------------|--------------------------|--------------------|--------------------------|
| 1. Are all new staff oriented in delirium screening, assessment and management?   | <input type="checkbox"/> | <input type="checkbox"/> |                    | <input type="checkbox"/> |
| 2. Are current staff provided with ongoing education on the identification of risk factors principles of delirium management?   | <input type="checkbox"/> | <input type="checkbox"/> |                    | <input type="checkbox"/> |
| 3. Does education staff provide discipline-specific education for delirium assessment and management (ex. Activities, Dietary, Social Services, etc.)?                          | <input type="checkbox"/> | <input type="checkbox"/> |                    | <input type="checkbox"/> |
| 4. Is there a designated clinical “expert” available at the facility to answer questions from all staff about delirium assessment and management?                               | <input type="checkbox"/> | <input type="checkbox"/> |                    | <input type="checkbox"/> |
| 5. Is the education provided at the appropriate level for the learner (i.e. CNA vs. RN)?  | <input type="checkbox"/> | <input type="checkbox"/> |                    | <input type="checkbox"/> |
| 6. Does the education include staff training on documentation related to delirium (i.e. level of consciousness, fluctuation of mental status, presence of hallucination, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |                    | <input type="checkbox"/> |
| 7. Does your facility’s education program include family education on dementia and its management?  | <input type="checkbox"/> | <input type="checkbox"/> |                    | <input type="checkbox"/> |
| 8. Has staff received training on the use of delirium screening and assessment tools?   | <input type="checkbox"/> | <input type="checkbox"/> |                    |                          |
| 9. Has staff received training on the differences between delirium, dementia and depression?  | <input type="checkbox"/> | <input type="checkbox"/> |                    |                          |

## Checklist: Assessing Staff Education and Training (Cont.)

If any of the above elements in your process for screening for delirium are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's processes, please continue to another checklist.

