

Proxy Test for Delirium - Scoring Sheet

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Patient Name:

MR#:

Nursing Unit:

Nurse Name:

Shift Starts Month/Date/Time:

Shift Ends Month/Date/Time:

Mark the HIGHEST and LOWEST RASS during the shift:

- 5	- 4	- 3	- 2	- 1	0	+ 1	+ 2	+ 3	+ 4
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Place a “Y” for yes, or an “N” for no if either of the statements listed below applies to your patient, based on observations made during the preceding nursing shift and information provided by previous nursing staff & family DURING THE PRECEDING 24 HRS.

	Not at ALL	SOMETIMES	MOST of the time
1. Difficulties with <u>attention</u>	0	1	2
2. Difficulties with <u>awareness/orientation</u>	0	1	2
3. Difficulties with <u>memory</u>	0	1	2
4. Difficulties with <u>language</u>	0	1	2
5. Difficulties with <u>learning new information</u>	0	1	2
6. Difficulties with <u>reasoning and decision-making</u>	0	1	2
7. Difficulties with <u>perceptions</u>	0	1	2
8. Difficulties with <u>visuospatial abilities</u>	0	1	2
9. Demonstrated <u>disorganized thinking</u>	0	1	2
10. Demonstrated changes in <u>alertness/behavior</u>	0	1	2
11. Experienced changes in <u>sleep pattern</u>	0	1	2
12. Changes from baseline cognition & behavior	0	1	2
Total			

Please check ALL THE TERMS THAT APPLY to your patient’s presentation over the course of your shift:

- | | | |
|--|--|---|
| <input type="checkbox"/> anger/irritability | <input type="checkbox"/> restlessness | <input type="checkbox"/> combative |
| <input type="checkbox"/> staring | <input type="checkbox"/> fast/loud speech | <input type="checkbox"/> sparse/slow speech |
| <input type="checkbox"/> uncooperative | <input type="checkbox"/> swearing/singing | <input type="checkbox"/> unawareness |
| <input type="checkbox"/> hypervigilance | <input type="checkbox"/> wandering | <input type="checkbox"/> apathy |
| <input type="checkbox"/> decreased alertness | <input type="checkbox"/> combativeness | <input type="checkbox"/> impatience |
| <input type="checkbox"/> lethargy | <input type="checkbox"/> laughing | <input type="checkbox"/> decreased motor activity |
| <input type="checkbox"/> easy startling | <input type="checkbox"/> distractibility | <input type="checkbox"/> nightmares |
| | <input type="checkbox"/> persistent thoughts | <input type="checkbox"/> euphoria |