

Proxy Test for Delirium (PTD)

Maldonado, et al. 2013 Psychosomatic Medicine Service, Stanford University School of Medicine

| Instructions – Using the provided scoring card, please grade as “0” = “not at all”, “1”=sometimes, “2”=most of the time”, 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 | Some times | MOST of the time |
|--|-------------------|-------------------|-------------------------|
| <p>1. During your shift, has your patient experienced difficulties with <u>attention</u>:</p> <p>For example:</p> <ul style="list-style-type: none"> a. Trouble maintaining focus when you ask questions or provide directions? b. Easily distracted during conversations? c. Easily distracted from tasks requiring attention (e.g., filling out the menu) | 0 | 1 | 2 |
| <p>2. During your shift, has your patient experienced difficulties with <u>awareness/orientation</u>:</p> <p>For example difficulty knowing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Where he/she is? <input type="checkbox"/> What his/her medical condition is? <input type="checkbox"/> Why he/she is here? <input type="checkbox"/> What the date is? | 0 | 1 | 2 |
| <p>3. During your shift, has your patient experienced difficulties with <u>memory</u>:</p> <p>For example:</p> <ul style="list-style-type: none"> a. Forgetting why he/she was admitted to the hospital? b. Forgetting daily events such as visitors, meals, procedures, etc.? c. Forgetting the identities/roles of primary team and staff members? | 0 | 1 | 2 |
| <p>4. During your shift, has your patient experienced difficulties with verbal or written <u>language communication</u> (not just speech):</p> <p>For example difficulties:</p> <ul style="list-style-type: none"> a. Knowing what an object is but being unable to recall the exact name of an object? b. Substituting nonsense words in place of the correct word? c. Responding nonsensically to straightforward questions? d. Producing incomprehensible/mumbling speech? | 0 | 1 | 2 |

| <p>Instructions – Using the provided scoring card, please grade as “0” = “not at all”, “1”=sometimes, “2”=most of the time”, based on observations made during the preceding nursing shift and information provided by previous nursing staff & family DURING THE PRECEDING 24 HRS.</p> | <p>Not at ALL</p> | <p>Some times</p> | <p>MOST of the time</p> |
|---|--------------------------|--------------------------|--------------------------------|
| <p>5. During your shift, has your patient experienced difficulties with <u>learning new information</u>?</p> <p>For example difficulties:</p> <ul style="list-style-type: none"> a. Learning new information regarding his condition? b. Learning new rehabilitation maneuvers during PT/OT? c. Learning to use new hospital equipment (e.g. bedside urinals, crutches, wheelchair, suction)? | <p>0</p> | <p>1</p> | <p>2</p> |
| <p>6. During your shift, has your patient experienced difficulties with <u>reasoning and decision-making</u>?</p> <p>For example:</p> <ul style="list-style-type: none"> a. Difficulties manipulating information in an logical manner while discussing care options with his/her primary team or family? b. Difficulties choosing a preferred option when offered alternatives (e.g. positioning in bed, blinds open vs. closed)? | <p>0</p> | <p>1</p> | <p>2</p> |
| <p>7. During your shift, has your patient had <u>visuospatial</u> difficulties:</p> <p>For example:</p> <ul style="list-style-type: none"> a. Trouble navigating his/her meal tray? b. Missing when trying to grab something, or missing his/her mouth when eating, drinking, or suctioning? | <p>0</p> | <p>1</p> | <p>2</p> |
| <p>8. During your shift, has your patient experienced difficulties with <u>perceptions</u>:</p> <p>For example:</p> <ul style="list-style-type: none"> a. <u>ILLUSIONS</u>, (e.g. believing that objects in the room are something else, or misinterpreting sounds/spoken language that he/she hears)? b. Auditory and/or visual <u>HALLUCINATIONS</u> (e.g., picking at “stuff” in his skin or sheets, grabbing/pointing at imaginary objects; having conversations with people not present in the room?) | <p>0</p> | <p>1</p> | <p>2</p> |

| <p>Instructions – Using the provided scoring card, please grade as “0” = “not at all”, “1”=sometimes, “2”=most of the time”, based on observations made during the preceding nursing shift and information provided by previous nursing staff & family DURING THE PRECEDING 24 HRS.</p> | <p>Not at ALL</p> | <p>Some times</p> | <p>MOST of the time</p> |
|---|--------------------------|--------------------------|--------------------------------|
| <p>9. During your shift, has your patient demonstrated <u>disorganized thinking</u>:</p> <p>For example:</p> <ul style="list-style-type: none"> a. Disorganized or rambling speech? b. Fixed, false beliefs that are inconsistent with reality, such as: <ul style="list-style-type: none"> <input type="checkbox"/> Paranoia (e.g. beliefs that the team is trying to poison him/her)? <input type="checkbox"/> Grandiose ideas? <input type="checkbox"/> Ideas of reference (e.g. thinking irrelevant events are of special significance to his/her life)? | <p>0</p> | <p>1</p> | <p>2</p> |
| <p>10. During your shift, has your patient experienced <u>changes in behavior and/or psychomotor activity</u>:</p> <p>For example:</p> <ul style="list-style-type: none"> a. Acted unusually agitated and hyperalert (e.g., on the edge) b. Demonstrated rapid and unpredictable changes in mood? c. Acted unusually slowed (in either thinking or movements) and withdrawn, exhibiting a noticeable lack of movement, subdued, sad or depressed? | <p>0</p> | <p>1</p> | <p>2</p> |
| <p>11. During your shift, has your patient had <u>changes in sleep pattern</u>?</p> <p>For example:</p> <ul style="list-style-type: none"> a. Experienced insomnia? b. Demonstrated excessive daytime somnolence which is clinically significant and impairing daily function? c. Has your patient experienced extremely vivid and disturbing dreams during the daytime? d. Talking about events from sleep/dreams as if they had actually occurred? | <p>0</p> | <p>1</p> | <p>2</p> |
| <p>12. The disturbance/changes described above developed over a relatively short period of time (hours to days) and represent a change from the patient’s baseline attention and awareness, and tends to fluctuate in severity during the course of a day.</p> | <p>0</p> | <p>1</p> | <p>2</p> |
| <p style="text-align: center;">TOTAL SCORE</p> | | | |