

Patient no:  
DAY FORM

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### DELIRIUM ASSESSMENT

One positive score equals one day positive for delirium or coma

- D1 Was the patient in coma at any time during this day?  Y  N “Yes” if the patient has any of the following on this day:  
- RASS score from -3 to (-5)  
- Ramsey sedations score 4-6  
- MASS score 1-0  
- GCS < 8
- D2 Did the patient have delirium at any time during this day?  Y  N “Yes” if the patient has any of the following on this day:  
- CAM-ICU (positive)  
- ICDSC ( $\geq 4$  points)  
- DOS (>3 points)  
- ICD 10 (code DF05, DF050, DF058)
- D3 Was the patient described as **hypo, hyper or mixed** delirious?  Y  N “Yes” if the patient is described as HYPOactive and is positive for delirium on this day. Lying still with open eyes and no clear contact (GCS >7).  
 Y  N “Yes” if the patient is described as HYPERactive and is positive for delirium on this day. Agitated and non-cooperative, pulling tubes and catheters.  
 Y  N “YES” if the patient is described as MIXED hypo-hyperactive and is positive for delirium on this day .  
Se above for description.
- D4 Was the patient restrained at any time during this day?  Y  N “Yes” if the patient has been physically on this day.

It is only possible to apply "YES" in one of the three.

### Delirium treatment assessment

- D5 Did the patient receive any treatment with **haloperidol** (N05AD01) during this day?  Y  N if “YES” select any of the below  
Total regular dose |\_|\_|\_| mg/day  
Total as needed dose |\_|\_|\_| mg/day  
Was the dose given as a prophylaxis  Y  N

- D6 Did the patient receive any treatment with **olanzapin** (N05AH03) during this day?  Y  N if "YES" select any of the below
- Total regular dose |\_|\_|\_| mg/day
- Total as needed dose |\_|\_|\_| mg/day
- Was the dose given as a prophylaxis  Y  N
- D7 Did the patient receive any treatment with **quetiapine** (N05AH04) during this day?  Y  N if "YES" select any of the below
- Total regular dose |\_|\_|\_| mg/day
- Total as needed |\_|\_|\_| mg/day
- Y  N
- Was the dose given as a prophylaxis
- D8 Did the patient receive **any other pharmacological intervention** for delirium during this day?  Y  N if "YES" select any of the below
- Y  N Benzodiazepine (N05BA)
- Y  N Rivastigmin (N06DA03)
- Y  N Other
- D9 Did the patient receive continuous infusion of **sedatives** on this day?  Y  N if "YES" then select all of the below that the patient received.
- Y  N Propofol (N01AX10)
- Y  N Midazolam (N05CD08)
- Y  N Dexmedetomidin (N05CM18) as continues > 12 hours on this day
- Y  N Other
- D10 Did the patient receive continuous infusion of **opioids** on this day, for more than 2 consecutive hours?  Y  N if "YES" then select all of the below that the patient received.
- Y  N Remifentanil (N01AH06)
- Y  N Sufentanil (N01AH03)

Y  N Fentanyl (N01AH01)

Y  N Morphine (N02AA01)

Y  N Other

D11 Did the patient receive any **sleeping pill** or insomnia medication during this day?

Y  N

if "YES" the patient received any of the following.

Zopiclon (N05CF01), Zolpidem (N05CF02), Triazolam (N05CD05), Lorazepam (N05CD06) or Nitrazepam (N05CD02)

Y  N Short acting benzodiazepine (see box)

Y  N Chloralhydrate (N05CC01)

Y  N Melatonin (N05CH01)

Y  N Dexmedetomidin (N05CM18) continuous > 4 hours between 10 pm – 06 am on this day

Y  N promethazine (R06AD02)

Y  N Other

### Use of life support on this day

D12 Treatment with **continuous infusion vasopressor or inotropes?**

Was the patient been treated with any of the following during this day?

Y  N noradrenaline (C01CA03)

Y  N adrenaline (C01CA24)

Y  N dobutamine (C01CA07)

Y  N dopamine (C01CA04)

Y  N milrinone (C01CE02)

Y  N levosimendan (C01CX08)

Y  N phenylephrine (C01CA06)

Y N

vasopressin (H01BA01)

D13 Did the patient receive **respiratory support** (invasive or non-invasive ventilation including continuous mask CPAP or CPAP via tracheotomy) on this day?

 Y N

D14 Did the patient receive any form of **renal replacement therapy** (continuous or intermittent) on this day?

 Y N

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