

Key Features in the Clinical Evaluation of Delirium

- Feature 1 **Acute change in mental status with a fluctuating course:** This feature is usually observed by a family member or caregiver and is shown by a positive response to the following questions:
Is there evidence of an acute change in mental status from the patient's baseline?
Did the (abnormal) behavior fluctuate during the day, that is, tends to come or go, or increase or decrease in severity?
- Feature 2 **Inattention:** This feature is shown by a positive response to the following question:
Did the patient have difficulty focusing attention, for example, being easily distractible, or having difficulty keeping track of what was being said?
- Feature 3 **Disorganized thinking:** This feature is shown by a positive response to the following question:
Was the patient's thinking disorganized or incoherent, such as rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject?
- Feature 4 **Altered level of consciousness:** This feature is shown by any answer other than “alert” to the following question:
Overall, how would you rate this patient's level of consciousness? (alert [normal], vigilant [hyperalert], lethargic [drowsy, easily aroused], stupor [difficult to arouse] or coma [not able to be aroused])?

Either a combination of Features 1, 2, and 3 or a combination of Features 1, 2, and 4 has a sensitivity of 97 and a specificity of 93.

Table from Physicians' Information and Education Resource (PIER) *Delirium* module.