

A three-step process to identify delirium among older persons

Screening

Nurse and licensed practical nurse

When you gave the patient his/her medication...

R.A.D.A.R.

- was the patient drowsy?
- did the patient have trouble following your instructions?
- were the patient's movements slowed down?

Detecting

Nurse

1. Acute onset and fluctuation
2. Inattention
3. Disorganized thinking
or
4. Altered level of consciousness

Confusion Assessment Method (CAM)

Diagnosing

Physician

1. Acute onset and fluctuation
2. Disturbance of consciousness with reduced ability to focus, sustain or shift attention
3. Change in cognition or the development of perceptual disturbance
4. Evidence of a cause

DSM-IV-TR

Designated principal investigator: Philippe Voyer, R.N., Ph.D.

Principal investigator: Nathalie Champoux, M.D.

Co-investigators: Johanne Desrosiers, O.T., Ph.D., Philippe Landreville, Ph.D., Jane McCusker, M.D., DrPH, Johanne Monette, M.D., M.Sc., Maryse Savoie, R.N., M.Sc.

Scientific coordinator: Sylvie Richard, O.T., M.Sc.

Clinical coordinator: France Lafrenière, R.N., M.Sc.

Research assistants: Denise Milliard, RN, Hélène Richard, M.Sc.