

**(Initiate if MAAS score  $\geq$  2) Delirium Assessment Tool**

<b>1. Acute onset or Fluctuating Course?</b> Mark positive if <b>either</b> 1a or 1b is "Yes"	<b>Positive</b> <input type="checkbox"/>	<b>Negative</b> <input type="checkbox"/>										
<b>1a.</b> Is the patient different than his/her baseline mental status?	Yes	No										
<b>1b.</b> Has the patient had any fluctuation in mental status in the past 24 hours as evidenced by fluctuation on the MAAS scale, GCS, or previous delirium assessment?	Yes	No										
<b>2. Inattention?</b> Mark positive if <b>either</b> score for 2a or 2b is less than 8. (Try the ASE Letters first. If patient is able to perform this test and the score is clear, record the score and move to item 3. If patient is unable to perform this test or the score is unclear, then perform the ASE Pictures test. If you perform both tests, use the ASE Pictures' result to score item 2.	<b>Positive</b> <input type="checkbox"/>	<b>Negative</b> <input type="checkbox"/>										
<b>2a.</b> ASE Letters: record score (enter NA if not tested) (Say to patient, "I am going to read a series of 10 letters. Whenever you hear the letter 'A,' squeeze my hand." Read letters in a normal tone. <b>S A V E A H A A R T</b> Errors are counted when a patient fails to squeeze on the letter "A" <b>and</b> when the patient squeezes on any letter other than "A."	Score (out of 10): _____											
<b>2b.</b> ASE Pictures: record score (enter NA if not tested) Directions are included on the picture packets.	Score (out of 10): _____											
<b>3. Disorganized Thinking?</b> Mark positive if the <b>combined</b> score of 3a <b>and</b> 3b is less than 4.	<b>Positive</b> <input type="checkbox"/>	<b>Negative</b> <input type="checkbox"/>										
<b>3a.</b> Yes/No Questions (Use either Set A or Set B, alternate on consecutive days if necessary) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Set A</td> <td style="width: 50%; text-align: center;">Set B</td> </tr> <tr> <td>1. Will a stone float on water?</td> <td>1. Will a leaf float on water?</td> </tr> <tr> <td>2. Are there fish in the sea?</td> <td>2. Are there elephants in the sea?</td> </tr> <tr> <td>3. Does one pound weigh more than two pounds?</td> <td>3. Do two pounds weigh more than one pound?</td> </tr> <tr> <td>4. Can you use a hammer to pound a nail?</td> <td>4. Can you use a hammer to cut wood?</td> </tr> </table> SCORE: _____ (1 Point earned for each correct answer out of 4)  <b>3b.</b> Command Say to the patient, "Hold up this many fingers." (Examiner holds up two fingers.) "Now do the same thing with the other hand." (Not repeating the number of fingers.) * If patient is unable to move both arms, for the second part of the command, ask patient to "Add one more finger."  SCORE: _____ (1 Point earned if successfully completes entire command.)	Set A	Set B	1. Will a stone float on water?	1. Will a leaf float on water?	2. Are there fish in the sea?	2. Are there elephants in the sea?	3. Does one pound weigh more than two pounds?	3. Do two pounds weigh more than one pound?	4. Can you use a hammer to pound a nail?	4. Can you use a hammer to cut wood?	Combined Score (3a + 3b) _____ (out of 5)	
Set A	Set B											
1. Will a stone float on water?	1. Will a leaf float on water?											
2. Are there fish in the sea?	2. Are there elephants in the sea?											
3. Does one pound weigh more than two pounds?	3. Do two pounds weigh more than one pound?											
4. Can you use a hammer to pound a nail?	4. Can you use a hammer to cut wood?											
<b>4. Altered Level of Consciousness?</b> Mark positive if the MAAS score is anything other than 3.	<b>Positive</b> <input type="checkbox"/>	<b>Negative</b> <input type="checkbox"/>										
<b>Overall Delirium Assessment</b> (Mark positive if <b>both</b> items 1 <b>and</b> 2 are positive <b>and either</b> item 3 <b>or</b> 4 is positive.)	<b>Positive</b> <input type="checkbox"/>	<b>Negative</b> <input type="checkbox"/>										