Assessment tools to screen for suspected delirium in patients with COVID-19

Delirium involves an acute disturbance of brain function that presents with cognitive impairment and behavioural disturbances that can significantly impact upon the ability to receive care.

Delirium is expected to be common and pose a particular challenge in patients with COVID-19. The best treatment for delirium is to treat the underlying cause.

Assessment Tool 1: 4AT Rapid clinical test for delirium

1. Alertness

Normal (fully alert, not agitated)	0
Mild sleepiness (for <10 secs after waking but then normal)	0
Clearly abnormal	4

2. AMT4 (Age, DOB, name of hospital, current year)

No mistakes	0
I mistake	1
≥ 2 mistakes/untestable	2

3. Attention (Months of year backwards)

Achieves ≥ 7 months correctly	0
Starts but scores < 7 months	1
Untestable (too unwell/drowsy/inattentive)	2

4. Acute change of Fluctuating symptoms

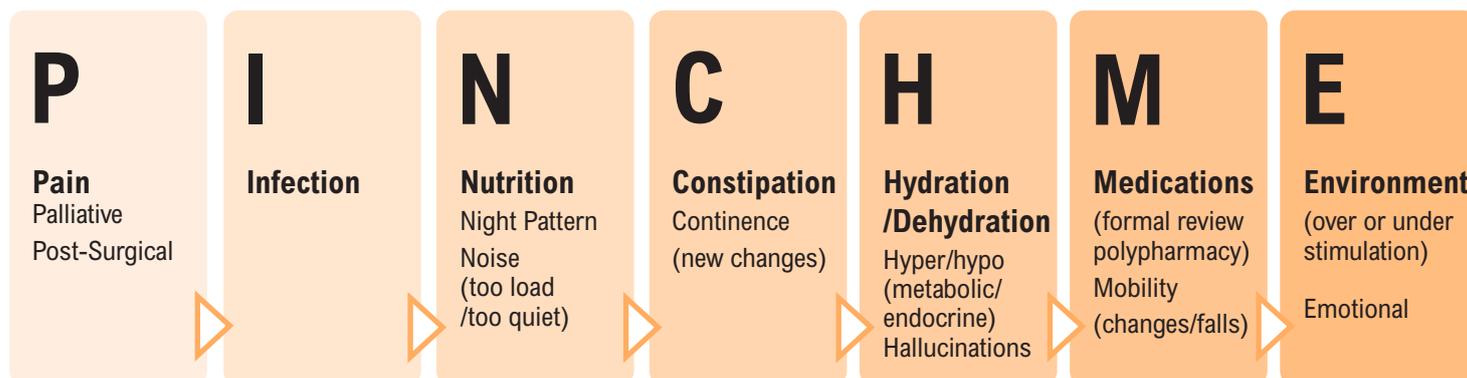|	
No	0
Yes	4

Total score _

≥4: **Probable delirium +/- cognitive impairment**

1-3: Possible cognitive impairment

0: **Delirium unlikely**

Assessment Tool 2: 'PINCH ME' assess potential cause of delirium

P	**I**	**N**	**C**	**H**	**M**	**E**
Pain Palliative Post-Surgical	**Infection**	**Nutrition** Night Pattern Noise (too load /too quiet)	**Constipation** Continence (new changes)	**Hydration /Dehydration** Hyper/hypo (metabolic/ endocrine) Hallucinations	**Medications** (formal review polypharmacy) Mobility (changes/falls)	**Environment** (over or under stimulation) Emotional

See WA Department of Health website for further information.