Daily Structured Assessment (not initial)

Electronic Medical Record Review
      Administration of intervention:
-   Review if administered successfully, review nursing notes regarding administration, tolerability and side effects.
      Review glycaemic control.
      Review nursing and medical notes[*]:
-   Evidence of fluctuating levels of consciousness and behaviour, disturbed sleep cycle, perceptual changes including hallucinations.
-   Evidence of hospital acquired complications.
-   New prescription of antipsychotics or benzodiazepines.

Informant history from patient's family and health care workers where available.

Patient review
      General observations[*]:
-   Alertness, level of consciousness, motor activity, hallucinations.
      Trial related questions:
-   Does the patient recall receiving the intervention? Side effects? Nasal irritation? Trial related issues?
      Orientation and thought content:
-   Assess orientation[*] to: date of birth, current year, place, age, day of week, month.
-   Is the patient aware of the reason for hospitalisation? Duration of hospital admission?
-   If required consider specific questions to assess disorganised thinking[#] (Does a stone float on water? Are there fish in the sea? Do you hit a nail with a hammer?)
      Registration[*]:
-   Three-word registration (rotating words daily to avoid learning bias)
      Attention:
-   Ability to participate in conversation and shift attention.
-   Five letter word backwards[*] (rotating single syllable words daily to avoid learning bias)
-   Months of the year backwards (<7 months)
-   Supplementary tests as required[#^]: SAVEAHAART (≥2 errors), days of the week backwards (≥1 errors), five-digit span forwards(≥1 errors), three-digit span backwards(≥1 errors).
      Recall[*]
      Assessment of perceptual abnormalities:
-   Have you seen and experienced anything unusual or unexpected[*]?
-   Other questions: Do you feel safe? Do you think anyone is out to harm you? Are you being well looked after in the hospital?

Complete short and long from confusion assessment method and delirium index.
-   If the patient is negative on the short form confusion assessment for two consecutive days cease the trial.

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[*]Required for delirium index/long-form confusion assessment method

[#]Consider for patients with delirium superimposed on dementia

[^]Consider if lower education, learning bias suspected