

## Supplementary File 1: Delirium Medical Record Review

Q1 Patient identifier \_\_\_\_\_

Q2 Patient year of birth (yyyy)\_\_\_\_\_

Q3 Patient gender

- Male
- Female
- Not specified

Q4 NESB – Non-English speaking background

- Yes
- No
- Not specified

Q5 Marital status

- Married
- Widowed
- Divorced
- Separated
- Never married

Q6 Where was the patient living at the time of the admission

- At home
- Assisted living
- Residential care
- Not specified

Q7 Discharge disposition

- Discharged to pre-admission place of living
- Discharged to a higher level of care
- Died in hospital
- Not specified
- Transferred to another hospital

Q8 Admission wards

- Medical ward 1
- Medical ward 2
- Surgical ward 1
- Surgical ward 2
- ICU/CCU
- Emergency department
- Short stay ward

Q9 Reason for admission

Q10 Length of stay (days)

Q11 Main Diagnostic codes (please state top five ICD-10 codes)

- Code 1 \_\_\_\_\_
- Code 2 \_\_\_\_\_
- Code 3 \_\_\_\_\_
- Code 4 \_\_\_\_\_
- Code 5 \_\_\_\_\_

Q12 If there was a diagnostic code for delirium, was there a condition onset flag for delirium present?

- Yes
- No

Q13 Did the patient have any of the following risk factors for delirium?

- Known cognitive impairment or dementia (1)
- Severe illness/risk of dying (2)
- Hip fracture (3)
- Cognitive concerns raised by others (4)

Q14 Was cognitive impairment noted within 24 hrs of admission?

- Yes
- No or not specified

Q15 Was cognitive function tested within 24 hrs of admission?

- Yes
- No or not specified

*Skip To: Q18 If Was cognitive function tested within 24 hrs of admission? = No or not specified*

Q16 What instrument was used for this test? Please specify the score in the text box

- ACER \_\_\_\_\_
- AMTS \_\_\_\_\_
- CAM \_\_\_\_\_
- CAM-ICU \_\_\_\_\_
- MOCA \_\_\_\_\_
- RUDAS \_\_\_\_\_
- SMMSE \_\_\_\_\_
- 4AT \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

Q17 Who conducted the test?

- Allied Health
- Geriatrician (Consultant or Senior Registrar)
- Nursing staff
- Other medical staff
- Psychiatrist or Psychogeriatrician

Q18 Was an additional cognitive function test performed during the admission?

- Yes
- No

*Skip To: Q22 If Was an additional cognitive function test performed during the admission? = No*

Q19 If cognitive function was tested during admission please give details of the **lowest** score and days since admission

- Test used \_\_\_\_\_
- Score \_\_\_\_\_
- Days since admission \_\_\_\_\_

Q20 If cognitive function was tested during admission please give details of the **highest** score and days since admission

- Test used \_\_\_\_\_
- Score \_\_\_\_\_
- Days since admission \_\_\_\_\_

Q21 If cognitive function was tested during admission please give details of the **final** score prior to discharge, and days since admission

- Test used \_\_\_\_\_
- Score \_\_\_\_\_
- Days since admission \_\_\_\_\_

Q22 Did the patient have any of the additional risk factors for delirium (I)?

- Depression
- Diminished activities of daily living
- Hearing impairment
- High alcohol use
- Immobility
- Previous history of delirium
- Previous history of cognitive impairment
- Visual impairment

Q23 Did the patient have any of the additional risk factors for delirium (II)? - Medications

- Polypharmacy (five or more prescription drugs)
- Benzodiazepine use
- Opioid analgesic use

Q24 Did the patient have any of the additional risk factors for delirium (III)? - Abnormal blood tests. Please specify whether high (h) or low (l)

- Sodium \_\_\_\_\_
- Potassium \_\_\_\_\_
- Glucose \_\_\_\_\_
- Albumin \_\_\_\_\_

Q25 Was the patient prescribed any psychotropic drugs prior to admission? Please use generic names in lower case

- Anti-convulsants \_\_\_\_\_
- Anti-cholinergics \_\_\_\_\_
- Anti-dementia drugs \_\_\_\_\_
- Anti-parkinsonian drugs \_\_\_\_\_
- Anti-psychotics \_\_\_\_\_
- Benzodiazepines \_\_\_\_\_
- Lithium \_\_\_\_\_
- Melatonin \_\_\_\_\_
- SNRIs \_\_\_\_\_
- SSRIs \_\_\_\_\_
- Stimulants \_\_\_\_\_
- TCAs \_\_\_\_\_
- Others \_\_\_\_\_

Q26 Did the patient develop delirium during the admission, or be noted to have delirium on admission?

- Yes
- No

*Skip To: Q34 If Did the patient develop delirium during the admission, or be noted to have delirium on admission?  
= No*

Q27 Was a delirium screening/diagnostic test performed?

- Yes
- No

Q28 Which delirium screening/diagnostic test was first performed? Please specify the score

- CAM \_\_\_\_\_
- DSM V \_\_\_\_\_
- ICD10 \_\_\_\_\_
- 4AT \_\_\_\_\_
- Other (please specify) (5) \_\_\_\_\_

Q29 Were any of the following precipitating factors present?

- Central line
- Evidence of dehydration
- Evidence of malnutrition
- Evidence of multiple bed moves (>2 wards)
- General anaesthetic given
- Indwelling urinary catheter
- Three or more medications added to medications on admission
- Use of physical restraints

Q30 How many days did the delirium episode last for?

- Number of days \_\_\_\_\_
- Not specified
- Not resolved prior to discharge or transfer

Q31 Was the patient prescribed any psychotropic drugs in hospital prior to the delirium episode? Please use generic names in lower case

- Anti-convulsants \_\_\_\_\_
- Anti-cholinergics \_\_\_\_\_
- Anti-dementia drugs \_\_\_\_\_
- Anti-parkinsonian drugs \_\_\_\_\_
- Anti-psychotics \_\_\_\_\_
- Benzodiazepines \_\_\_\_\_
- Lithium \_\_\_\_\_
- Melatonin \_\_\_\_\_
- SNRIs \_\_\_\_\_
- SSRIs \_\_\_\_\_
- Stimulants \_\_\_\_\_
- TCAs \_\_\_\_\_
- Others \_\_\_\_\_

Q32 Was the patient prescribed any psychotropic drugs in hospital to treat the delirium episode?

- Yes
- No

Q33 Which psychotropic drugs was the patient prescribed in hospital to treat the delirium episode? Please use generic names in lower case

- Anti-convulsants \_\_\_\_\_
- Anti-cholinergics \_\_\_\_\_
- Anti-dementia drugs \_\_\_\_\_
- Anti-parkinsonian drugs \_\_\_\_\_
- Anti-psychotics \_\_\_\_\_
- Benzodiazepines \_\_\_\_\_
- Lithium \_\_\_\_\_
- Melatonin \_\_\_\_\_
- SNRIs \_\_\_\_\_
- SSRIs \_\_\_\_\_
- Stimulants \_\_\_\_\_
- TCAs \_\_\_\_\_
- Others \_\_\_\_\_

Q34 Did the patient have a fall in hospital?

- Pre-delirium episode
- During or post delirium episode
- Not specified

Q35 Did the patient develop a hospital acquired pressure injury?

- Pre-delirium episode
- During or post delirium episod
- Not specified (3)

Q36 Was there evidence of compliance with the Delirium Clinical Care Standard? Please click all that apply

- Patient was identified as high risk for developing delirium
- Patient was identified as high risk and appropriate screening was carried out
- A comprehensive assessment was made to investigate the cause of delirium
- The patient was assessed for risk of falls
- The patient was assessed for risk of pressure injuries
- The patient was given an individualised care plan
- The patient was re-admitted with delirium within 28 days
- The patient was re-admitted for any other reason within 28 days