

Preoperative DCF

Postoperative Delirium Following Total Joint Arthroplasties among South East Asians

Serial No: _____
Date of preoperative assessment: _____

DEMOGRAPHIC

Age: _____
Gender: Male Female
Race: Chinese Malay Indian Others
Language:
English Mandarin Malay
Others _____
Highest education completed:

Height: _____ m
Weight: _____ kg
BMI: _____

OP DETAILS

Surgeon: _____
Type of Operation:
TKR THR
Unilateral L / R OR Bilateral
Primary Revision
Pre-operative Dx:

Grip Strength: _____

BACKGROUND MEDICAL CONDITION

ASA: _____
Charlson Comorbidity Index
Overall score: _____

CVS

- Myocardial infarction
- Congestive heart failure
- Peripheral vascular disease

CNS

- Cerebrovascular disease
- Hemiplegia or paraplegia
- Dementia

Respi

- Chronic pulmonary disease

MSK

- Rheumatologic disease

GI

- Peptic ulcer disease
- Mild liver disease
- Moderate or severe liver disease

Endocrine

- Diabetes without chronic complications

Smoking
Alcoholism
Diabetes:
OHGA Insulin
Latest HbA1c _____
Chronic kidney disease
Pre-existing dementia
Other pre-existing neurological problems
 CVA
 Parkinson Disease
 Depression
 Anxiety
 Schizophrenia and other delusional disorders
Visual impairment
Hearing impairment
STOPBANG score _____
Chronic Medications
Benzodiazepine
Statin
Tramadol Oxynorm
Anti-depressants
Tricyclics SSRI SNRI
MOAI
Anti-psychotics

<input type="checkbox"/> Renal <input type="checkbox"/> <input type="checkbox"/> Malignancy <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Immunological <input type="checkbox"/>	Diabetes with chronic complications Mild Renal disease Moderate or severe renal disease Any malignancy, including leukemia and lymphoma Non-metastatic solid tumour Metastatic solid tumor AIDS/HIV	Haloperidol <input type="checkbox"/> Quetiapine <input type="checkbox"/> Olanzapine <input type="checkbox"/> Clozapine <input type="checkbox"/> Preoperative Laboratory Results Hemoglobin _____ MCV _____ RDW _____ MCV _____ MCHC _____ Urea _____																														
IntraOp ANA Type: _____ <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Fem N block</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Benzo Use:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Atropine Use:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Opioid use If yes , dose: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Dexa use If yes , dose: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Promethazine use:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ondansetron:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Blood Transfusion</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Hypotension If yes, duration: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>			Yes	No	Fem N block	<input type="checkbox"/>	<input type="checkbox"/>	Benzo Use:	<input type="checkbox"/>	<input type="checkbox"/>	Atropine Use:	<input type="checkbox"/>	<input type="checkbox"/>	Opioid use If yes , dose: _____	<input type="checkbox"/>	<input type="checkbox"/>	Dexa use If yes , dose: _____	<input type="checkbox"/>	<input type="checkbox"/>	Promethazine use:	<input type="checkbox"/>	<input type="checkbox"/>	Ondansetron:	<input type="checkbox"/>	<input type="checkbox"/>	Blood Transfusion	<input type="checkbox"/>	<input type="checkbox"/>	Hypotension If yes, duration: _____	<input type="checkbox"/>	<input type="checkbox"/>	
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BASELINE CAM

1. Acute onset change in mental status from baseline?
 - a. Yes
 - b. No
 - c. Uncertain _____
2. Does the patient have difficulty focusing attention, is easily distracted, or has difficulty keeping track of what was being said?
 - a. Yes – mild form , fluctuating
 - b. Yes – marked form , fluctuating
 - c. Uncertain _____
 - d. No
3. Was the patient’s thinking disorganized or incoherent, such as rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject?
 - a. Yes – mild form , fluctuating

- b. Yes – marked form , fluctuating
 - c. Uncertain _____
 - d. No
4. How is the patient’s overall level of consciousness?
- a. Alert (normal)
 - b. Vigilant (hyperalert, overly sensitive to environmental stimuli, startled easily) , fluctuating
 - c. Lethargic (Drowsy, easily aroused) , fluctuating
 - d. Stupor (Difficult to arouse) , fluctuating
 - e. Coma (Unarousable) , fluctuating
 - f. Uncertain _____

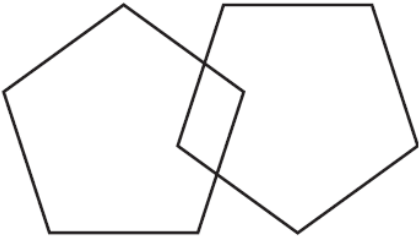
BASELINE MINI MENTAL STATE EXAMINATION

Total score _____

Level of consciousness

Alert Drowsy Stupor Coma

	Question	Score
1	What is the <ul style="list-style-type: none"> • year • month • day of the week • date • current time now (without looking at your watch)? 	/ 5
2	What country are we in? What area/street are we in? Which part of Singapore is this place (North, south, east, west or central) Which hospital are we in? Which floor?	/ 5
3	Show the objects: ball, flag, tree Name 3 objects: 1 second to say each. Then ask the patient all 3 after you have said them. Give 1 point for each correct answer. Then repeat them until he/she learns all 3. Count trials and record. Trials _____	/ 3
4	Serial 7’s. 1 point for each correct answer. Stop after 5 answers. Alternatively spell “world” backward.	/ 5
5	Ask for the 3 objects repeated above. Give 1 point for each correct answer.	/ 3
6	Name a pencil and watch. Repeat the following “No ifs, ands, or buts” Follow a 3-stage command: “Take a paper in your hand, fold it in half, and put it on the floor.” Read and obey the following:	/ 2 / 1 / 3 / 1 / 1
CLOSE YOUR EYES		

	<p>Write a sentence.</p> <p>Copy the design shown</p>  The image shows two identical regular pentagons. The left pentagon is positioned such that its right side overlaps with the left side of the right pentagon. The overlapping area is a smaller pentagonal shape.	/ 1	
		/ 1	