Patient Safety		Yes	No	N/A
•	Wash hands / used hand sanitizer prior to assessing patient			
•	Introduction (First and Last name, Role)			
	Obtains patient consent to provide care			
•	Identifies patient and checks ID bracelet			
History and Information Gathering		Yes	No	N/A
	Elicits time of last urination			
•	Elicits time of last bowel movement			
•	Reviews information from paper and electronic chart regarding medications (Pain) received and lab values (Urinalysis, drug screen, electrolytes, hemoglobin and hematocrit) and point-of- care testing (glucose)			
	Correctly prioritizes and collects all vital signs, temperature must be asked			
•	Integrates appropriate history & information into presentable report			
•	Obtains information from family			
٠	Discusses with family the patient's baseline level of consciousness			
•	Determines how different patient appears compared to several hours prior? (Better, worse, unchanged)			
•	Obtains history of head injuries (i.e. from motor vehicle accident), episodes of delirium, dementia, or seizures			
•	Elicits from the patient treatment parameters, intubation, etc.			- 0
	Full substance abuse assessment - poly substance abuse			4
	Nutritional status (potential Wernick-Korsakoff's syndrome)	no.		
	Elicits patient's condition prior to onset of confusion			
•	Asks about two or more of the following; history of alcoholism, drug abuse, recent depression, seizure disorder			
•	Obtains history of pain from patient			27
•	Elicits Clinical Institute Withdrawal Assessment (CIWA) score from nurse for patients experiencing Substance withdrawal delirium			
•	Asks about patient's current medication list	19		
•	Obtains history of time and amount of last drink from patient experiencing Substance withdrawal delirium			
•	Asks about history of head injury from recent motor vehicle accident for patients experiencing Delirium			
	Asks patient if they slept in last 24 hours	P		

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Jill E Winland-Brown, Lynne M Dunphy

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