

**Clinical Outcome Measure**  
**Delirium Elderly At-Risk (Revised)**

Date: \_\_\_\_\_

The Delirium Elderly At-Risk (DEAR) Instrument is used to assess a patient's risk for developing postoperative delirium. Please assess your patient per the table below.

<p><b>1. Cognitive Impairment</b></p> <ul style="list-style-type: none"> <li>• Current diagnosis of dementia or</li> <li>• Previous postoperative delirium New or worsening confusion and/or hallucinations that developed following a prior surgery</li> </ul>	<p><b>Yes</b> <input type="checkbox"/> Skip to #7</p>	<p><b>No</b> <input type="checkbox"/> Go to #2</p>	
<p><b>2. Patient Age</b></p> <ul style="list-style-type: none"> <li>• Age ≥ 80 years old</li> </ul>	<p><b>Yes</b> <input type="checkbox"/> Go to #3</p>	<p><b>No</b> <input type="checkbox"/> Go to #3</p>	
<p><b>3. Sensory Impairment</b></p> <ul style="list-style-type: none"> <li>• Patient is hearing impaired or</li> <li>• Patient has low vision</li> </ul>	<p><b>Yes</b> <input type="checkbox"/> Go to #4</p>	<p><b>No</b> <input type="checkbox"/> Go to #4</p>	
<p><b>4. Functional Status</b></p> <ul style="list-style-type: none"> <li>• Patient requires assistance with any of the following: Bathing, Dressing, Toileting, Grooming or Feeding</li> </ul>	<p><b>Yes</b> <input type="checkbox"/> Go to #5</p>	<p><b>No</b> <input type="checkbox"/> Go to #5</p>	
<p><b>5. Substance Use</b></p> <ul style="list-style-type: none"> <li>• Patient consumes &gt; 3 drinks of alcohol per week or</li> <li>• Patient takes benzodiazepines &gt; 3 times per week Examples include: Alprazolam (Xanax), Clonazepam (Klonopin), Diazepam (Valium), Lorazepam (Ativan) and Temazepam (Restoril)</li> </ul>	<p><b>Yes</b> <input type="checkbox"/> Go to # 6</p>	<p><b>No</b> <input type="checkbox"/> Go to #6</p>	
<p><b>6. Impaired Cognitive Performance*</b></p> <ul style="list-style-type: none"> <li>• Clock-drawing score = Fail See Page 2</li> </ul>	<p><b>Skip</b> <input type="checkbox"/> Go to #7</p>	<p><b>Yes</b> <input type="checkbox"/> Go to #7</p>	<p><b>No</b> <input type="checkbox"/> Go to #7</p>
<p><b>7. High Risk for Delirium</b></p> <ul style="list-style-type: none"> <li>• Item #1 = Yes or</li> <li>• Items #2 through #6 = Yes to ≥ 2 Items</li> </ul>	<p><b>Yes</b> <input type="checkbox"/> Screening Completed</p>	<p><b>No</b> <input type="checkbox"/> Screening Completed</p>	

\* Skip this item if #1 through #5 are all **No**



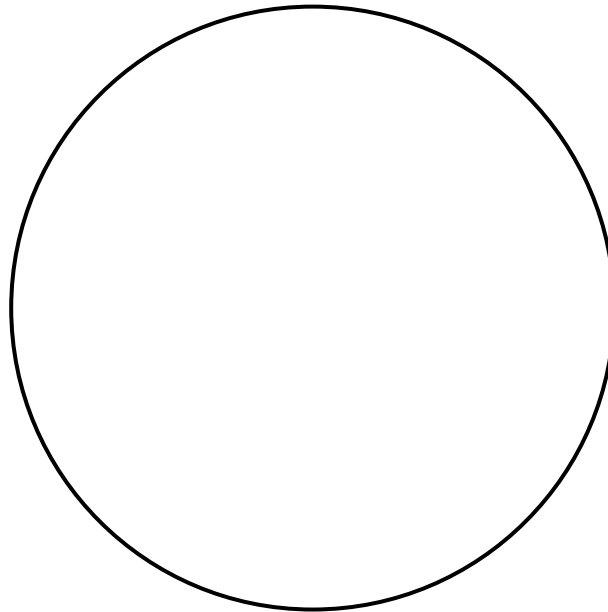
CONFIDENTIAL MEDICAL REPORT

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Patient Label

**Clinical Outcome Measure**  
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Date: \_\_\_\_\_



**Instructions:** The circle above is a clock face. Ask your patient to place numbers and hands (small and large) on the face so that the time reads *ten minutes after three o'clock*. These instructions can be repeated as often as requested but no other directions or assistance should be given. Do not cover up or conceal any time pieces in the room. After your patient has completed this task, please score their effort using the table below.

<ul style="list-style-type: none"> <li>• Hands and numbers are all present and in the correct positions; patient corrections without prompting are acceptable</li> <li>• There are slight errors in placement of hands or one missing number without number spacing errors</li> <li>• There are moderate errors in placement of hands, confusion as to the small and large hands or number spacing errors alone</li> <li>• Placement of hands is significantly off course or number spacing is inappropriate</li> </ul>	<p><b>Pass</b></p> <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Clock hands are used inappropriately or there is use of a digital display, circling of numbers or perseveration in the writing of numbers</li> <li>• Numbers are crowded to one end of the clock, reversed in order or absent</li> <li>• There is significant distortion in the number sequence: counterclockwise order, many missing numbers or numbers placed outside of the clock face border</li> <li>• Numbers and clock face are no longer connected in the drawing</li> <li>• Only vague representation of a clock or irrelevant spatial representation exist</li> <li>• Result cannot be interpreted or no attempt is made to draw a clock</li> </ul>	<p><b>Fail</b></p> <input type="checkbox"/>

Staff Signature, Date and Time: \_\_\_\_\_