**European Delirium Association (EDA): delirium practice survey 2012**

**INTRODUCTION**

Although there have been many advances in our knowledge of delirium there are still substantial uncertainties and a lack of consensus over best practice. The European Delirium Association is conducting this survey to help understand the range of opinions among mailing list members and other interested parties on various aspect of delirium care. *The survey includes 53 questions and takes about 5 minutes to be completed.* We are very grateful for your time. There is a section at the end of the survey for general comments.

Please tick what you feel is the correct response for each question and, when indicated, tick all that apply.

**Assessment/diagnostics**

1- Do you screen for delirium in your daily practice?

🞎yes 🞎no

2- How often do you use a scale to screen a patient for delirium?

🞎 always

🞎 most of the time

🞎 about half of the time

🞎 infrequently

🞎 never

3- If yes, what tool(s) do you use to screen for delirium (tick all that apply)?

🞎Confusion assessment Method (CAM)

🞎Nursing delirium screening scale (Nu-DESC)

🞎CAM Intensive Care Unit (CAM-ICU)

🞎Neecham Confusion Scale

🞎Delirium observation scale (DOS)

🞎 Intensive care delirium screening (ICDSC)

🞎Cognitive test for delirium (CTD)

🞎 Other (specify)

4- If you screen for delirium, how frequently do you assess a patient for delirium?

🞎 Once a day

🞎 Three times a day

🞎 Twice a day

🞎 More than three times a day 🞎 Other (specify)

5- Once a patient has been screened for delirium, how is the final clinical diagnosis made?

🞎 DSM-IV criteria

🞎 ICD-10

6- If patients are diagnosed for delirium, how often would you (or your service) review their status?

🞎 Once a day

🞎 Three times a day

🞎 Twice a day

🞎 More than three times a day 🞎Other (specify)

7- When you detect the presence of delirium do you enter this information in the daily clinical records?

🞎yes 🞎no

8- When you detect the presence of delirium do you document this information in discharge records?

🞎yes 🞎no

**Treatment**

9- What is your first approach for the management of hyperactive delirium?

🞎Non-pharmacological

🞎Pharmacological 🞎 Non-pharmacological and pharmacological

10- What percentage of the time you use a drug to treat agitation in hyperactive delirium?

🞎 0-20%

🞎 21-40%

🞎 41-60%

🞎 61-80%

🞎>81%

11- In the pharmacological management of hyperactive delirium, please rank the drugs you use in order of frequency (if any)?

🞎Haloperidol

🞎Risperidone

🞎Quetiapine

🞎Olanzapine

🞎 Midazolam 🞎 Lorazepam

🞎 Melatonin 🞎 None

🞎 Other (specify)

12- For the first-line drug given above, what starting dose do you use?

Dose …………………….

13- For the first-line drug given above, what frequency dose do you use?

🞎 Once a day

🞎 Twice a day

🞎 Three times a day

🞎Prn

🞎Other (specify):

14- For the first-line drug given above, what route do you use?

🞎PO

🞎 Intravenous

🞎Intramuscular

🞎Intravenous

15- How long do you continue pharmacological treatment?

…………………………………

16- If you use an antipsychotic (haloperidol, risperidone, quetiapine, olanzapine), do you routinely evaluate the QTc interval on the ECG before initiating the drugs?

🞎yes 🞎no

17-If you use an antipsychotic (haloperidol, risperidone, quetiapine, olanzapine), how often do you monitor the QTc interval on the ECG?

🞎 Single rhythm strip before drug use 🞎Rhythm strip once daily 🞎Rhythm strip twice a day 🞎 12-lead ECG strip once daily 🞎 12-lead ECG strip twice daily🞎 Continuous heart monitor🞎 Other (specify)

18- In the non-pharmacological management of hyperactive delirium, what intervention do you regularly use (tick all that apply)?

🞎 Uninterrupted sleep and minimizing noise

🞎 Pain evaluation and treatment (non-pharmacological and pharmacological)

🞎 Assess constipation and urinary retention

🞎 Minimizing physical restraints use and urinary catheters use

🞎 Evaluate common causes of delirium (i.e., anemia, hypoxia, fever, drug changes, infections)

🞎 Patient reorientation and cognitive stimulation

🞎 Ensure family member presence

🞎 Aids for sensory impairment (glasses/hearing aids)

🞎Early mobilization (Physical/occupational therapy)

19-If physical restraints are used, how are these employed?

20- What is your first approach for the management of hypoactive delirium?

🞎 Non-pharmacological

🞎 Pharmacological 🞎 Non-pharmacological and pharmacological

21- In the pharmacological management of hypoactive delirium, please rank the drugs you use in order of frequency (if any)?

🞎 Haloperidol

🞎 Risperidone

🞎 Quetiapine

🞎 Olanzapine

🞎 Midazolam 🞎 Lorazepam

🞎 Other (specify) 🞎 None

22- For the first-line drug given above, what starting dose do you use?

Dose …………………….

23- For the first-line drug given above, what frequency dose do you use?

🞎 Once a day

🞎 Twice a day

🞎 Three times a day

🞎Prn

🞎 Other (specify):

24- For the first-line drug given above, what route do you use?

🞎PO

🞎 Intravenous

🞎Intramuscular

🞎Intravenous

25- How long do you continue pharmacological treatment?

…………………………………

26- In the pharmacological management of hypoactive delirium, which drugs do you use second line(rank)?

🞎 Haloperidol

🞎 Risperidone

🞎 Quetiapine

🞎 Olanzapine

🞎 Midazolam 🞎 Lorazepam

🞎 Other (specify) 🞎 None

27- In the non-pharmacological approach of hypoactive delirium, what intervention do you apply more frequently (tick all that apply)?

🞎 Uninterrupted sleep and minimizing noise

🞎Pain evaluation and treatment

🞎 Assess constipation and urinary retention

🞎 Minimizing physical restraints use and urinary catheters use

🞎 Evaluate common causes of delirium (i.e., anemia, hypoxia, fever, drug changes, infections)

🞎 Patient reorientation and cognitive stimulation

🞎 Ensure family member presence

🞎 Aids for sensory impairment (glasses/hearing aids)

🞎Early mobilization (Physical/occupational therapy)

**Organizational management**

28- Do you routinely refer to a specialist (e.g., psychiatrist, geriatrician) for the management of delirium?

🞎yes 🞎no

29- Do you transfer your patients to another ward when you diagnose delirium?

🞎yes 🞎no

30- Do you believe delirium is well-managed in your hospital or community setting?

🞎Disagree a lot

🞎 Disagree

🞎 Disagree a little

🞎 Agree a little

🞎 Agree

🞎 Agree a lot

31- Are there any guidelines in place for delirium in the clinical setting were you work?

🞎yes 🞎no

32- In your opinion what percentage of delirium is underdetected in your hospital?

🞎 0-20%

🞎 21-40%

🞎 41-60%

🞎 61-80%

🞎>81%

33- In your opinion what percentage of delirium is underdetected in your unit?

🞎 0-20%

🞎 21-40%

🞎 41-60%

🞎 61-80%

🞎>81%

34- Are there formal delirium management (prevention/treatment) programs in your hospital?

🞎yes 🞎no

35- Are there formal delirium management (prevention/treatment) programs in your unit?

🞎yes 🞎no

36- What do you think are the main barriers to improving the detection of delirium?

…………………

37- What do you think are the main barriers to improving the management of delirium?

…………………

38- Are there audits of delirium detection and management in your hospital?

🞎yes 🞎no

39- Are there audits of delirium detection and management in your unit?

🞎yes 🞎no

40- If you are a doctor, do you routinely use or recommend other specific tests in your work-up (tick all that apply)?

🞎 No

🞎 Laboratory analyses

🞎 Electroencephalogram

🞎 Brain CT

🞎 Brain MRIs

🞎 Other (specify)

41- Do you routinely screen for underlying dementia in older patients?

🞎yes 🞎no

42- Do you routinely get a history of mental status changes from collateral sources for your older patients?

🞎yes 🞎no

43- What follow-up arrangements exist in your hospital for patients with delirium?

🞎 No routine follow-up

🞎 Follow-up only for patients returning home

🞎 Refer to a memory clinic (geriatrics/dementia) if cognitive impairment does not resolve

🞎 Refer to a memory clinic (geriatrics/dementia) if cognitive impairment is pre-existing

🞎 Referred to a memory clinic (geriatrics/dementia) regardless of cognitive impairment on discharge

🞎 Dedicated delirium follow-up clinic

**QUESTIONS ABOUT YOU**

44- What is your job?

🞎 Doctor

🞎 Stuff nurse

🞎 Physical therapist/Occupational Therapist

🞎 Other (please describe): ……………….

45- How long have you been practicing with your qualification?

🞎……..

46- How would you rate your knowledge on delirium on a scale from 0 (none) to 10 (excellent)?

🞎……

47- Please indicate how much training you have received in the management of delirium?

🞎 None

🞎 Very low

🞎 Low

🞎 Moderate

🞎 High

🞎 Very high

48- Please indicate where you have received your formal training in the management of delirium?

🞎 Medical school

🞎 Nursing school

🞎 Postgraduate education

🞎 Professional conferences

49- Please indicate in which European country do you work?

🞎 Austria

🞎 Belgium

🞎 Bulgaria

🞎 Cyprus

🞎 Czech Republic

🞎 Denmark

🞎 Estonia

🞎 Finland

🞎 France

🞎 Germany

🞎 Greece

🞎 Hungary

🞎 Ireland

🞎 Italy

🞎 Latvia

🞎 Lithuania

🞎 Luxembourg

🞎 Malta

🞎 Netherlands

🞎 Poland

🞎 Portugal

🞎 Romania

🞎 Russia

🞎 Slovakia

🞎 Slovenia

🞎 Spain

🞎 Sweden

🞎 Switzerland

🞎 United Kingdom

🞎 Other (specify):

50- Indicate your practice setting:

🞎General hospital affiliated to university

🞎University hospital

🞎General practice/community

🞎 Other (specify)

51- If you work in an academic centre what is your % of clinical time?

🞎<20%

🞎 21-40%

🞎 41-60%

🞎 61-80%

🞎>81%

52- Please indicate the setting where you work (check all that apply):

🞎 Geriatrics

🞎 Internal Medicine-Acute Medicine

🞎 Internal Medicine specialties (cardiology, respiratory, gastroenterology, nephrology, endocrinology, neurology)

🞎 ICU

🞎 Liason psychiatry

🞎 ICU

🞎 Emergency Medicine

🞎 Nursing Home-Community care home

🞎 Old age psychiatry

🞎Palliative care

🞎 Paediatrics

53- How would you rate delirium awareness in your non-specialist colleagues / in your setting in general (0 (none) to 10 (excellent))?

**Additional comments:**

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**MANY THANKS FOR COMPLETING THE SURVEY**