



CAPD Delirium Screening Record

Insert Patient Sticker:

Screen every patient once per shift, after at least 4-6 hours of observation.

Date:	21/3								
Time:	18:30								

(Do not assess if COMFORT B ≤ 11) COMFORT B SCORE **14**

PARENT/GARDIAN PARTICIPATION IN ASSESSMENT Y/N **y**

1. Does the child make eye contact with their caregiver?	4- NEVER								
	3- RARELY								
	2- SOMETIMES	2							
	1- OFTEN								
	0- ALWAYS								
2. Are the child's actions purposeful?	4- NEVER								
	3- RARELY	3							
	2- SOMETIMES								
	1- OFTEN								
	0- ALWAYS								
3. Is the child aware of his/her surroundings?	4- NEVER								
	3- RARELY								
	2- SOMETIMES	2							
	1- OFTEN								
	0- ALWAYS								
4. Does the child communicate needs and wants?	4- NEVER								
	3- RARELY	3							
	2- SOMETIMES								
	1- OFTEN								
	0- ALWAYS								
5. Is the child restless?	0- NEVER								
	1- RARELY								
	2- SOMETIMES	2							
	3- OFTEN								
	4- ALWAYS								
6. Is the child inconsolable?	0- NEVER								
	1- RARELY								
	2- SOMETIMES	2							
	3- OFTEN								
	4- ALWAYS								
7. Is the child underactive – very little movement while awake?	0- NEVER	0							
	1- RARELY								
	2- SOMETIMES								
	3- OFTEN								
	4- ALWAYS								
8. Does it take the child a long time to respond to interactions?	0- NEVER								
	1- RARELY	1							
	2- SOMETIMES								
	3- OFTEN								
	4- ALWAYS								
TOTAL SCORE		15							
ASSESSOR INITIALS		LMc							

EXAMPLE

