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Poster 19

Delirium Severity Tool For Critical Care (CC) : Validation Of The Delirium Rating Scale -R98 (DRS-R98)

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Background

A delirium severity tool is necessary in critical illness. This is because we need to better understand CC-delirium pathophysiology and assess treatment and prevention strategies.

This is important in research and clinical care. After a review of severity tools; the investigators decided to validate the DRS-R98 in CC-delirium.

Delirium screening, Eligibility and Tool

Initial Screening
Screen CC areas : Identify patients review of ICCA documented delirium diagnosis by MDT and/ or preforming delirium chart based review
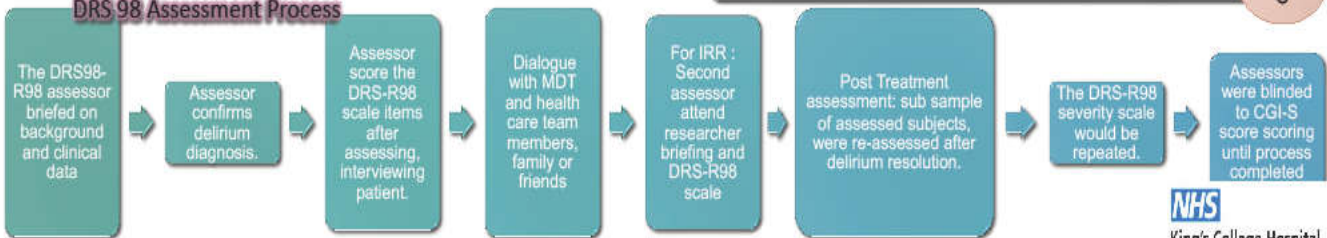
Eligibility Assessment
Suspected patients assessed against study inclusion, exclusion criteria

Data collection/ CAM-ICU screening
•Eligible have comprehensive chart review to collect background information and essential clinical data
•CAM-ICU undertaken by researcher or bedside nurse

CGI-S

DRS 98 Assessment Process

The DRS98-R98 assessor briefed on background and clinical data → Assessor confirms delirium diagnosis. → Assessor score the DRS-R98 scale items after assessing, interviewing patient. → Dialogue with MDT and health care team members, family or friends → For IRR : Second assessor attend researcher briefing and DRS-R98 scale → Post Treatment assessment: sub sample of assessed subjects, were re-assessed after delirium resolution. → The DRS-R98 severity scale would be repeated. → Assessors were blinded to CGI-S score scoring until process completed

RESULTS:
- 22 delirious patients were assessed.
- Median age was 67 years and 71% male.
- The median duration for DRS-R98 assessment was 15 minutes.
- Patients classified as mild 35%, moderate 40% or severe 25%.
- The Concurrent validity DRS-R98 versus CGI was r=0.626 (p=0.002), internal consistency (Cronbach's alpha) was 0.886 for total DRS-98, the IRR was r=0.505. The team were unable to assess changes in delirium severity over time.

Conclusions

The DRS-R98 was able to describe variation in delirium severity in the critically ill patient. The correlation versus CGI was highly significant. The consistency was excellent for DRS-R98 and the IRR was moderate. Future work will include DRS98's ability to detect changes over time.