

Table 1: Delirium features and possible assessment modes to inform rating

Delirium feature or parameter ¹	Assessment mode			
	Neuropsychological testing ²	Bedside observation	Informant report ^{3,4}	Patient report ⁵
Attention deficits	Y	Y	Y	Y
Altered level of arousal	Y	Y	Y	?
Disorientation	Y	Y	Y	Y
Incoherent thinking	?	Y	Y	Y
Visuospatial deficits	Y	?	N	Y
Delusions	N	Y	Y	Y
Hallucinations	N	Y	Y	Y
Distress	N	Y	Y	Y
Restlessness	N	Y	Y	Y
Psychomotor retardation	?	Y	Y	Y
Altered speech (e.g. reduced)	Y	Y	Y	N
Sleep-wake cycle disturbance	N	Y	Y	Y
Acute onset	Y (if prior cognition measured)	Y (if prior state known)	Y	?
Fluctuation	Y (via multiple testing)	Y	Y	Y
Duration	Y (via multiple testing)	Y	Y	Y

¹This is not an exhaustive list and some features have variable terminology

²Many tests are available but few are fully validated with agreed cut-offs for delirium assessment

³Informant report can include rater's own knowledge of the patient if applicable

⁴Informant reports may not be accurate if patient not well known to informant or there are other compromising factors

⁵Patient report at interview may not be accurate (e.g. the patient might forget hallucinations) or available (e.g. with reduced arousal) but positive features can provide critical information