Instrument	**Delirium-O-Meter** **NOTE: This card is populated with information from the instrument's original validation study only.**
Acronym	DOM
Primary use	Delirium severity
Area assessed (Number of questions)	12 areas assessed: sustained attention, shifting attention, orientation, consciousness, apathy, hypokinesia/psychomotor retardation, incoherence, fluctuations in functioning, restlessnesss, delusions (thinking), hallucinations (perceiving), anxiety/fear One item for each area assessed, 12 items total
Description	Observational delirium severity scale to be used by nurses with minimal geriatric training. The Delirium-O-Meter is based on the DSM-IV criteria for delirium, in addition to the Confusion Assessment Method (CAM), Delirium Rating Scale (DRS-98), Neelon and Champagne Confusion Scale (NEECHAM), and Delirium Observation Screening Scale (DOSS). It is meant to reflect both hyper- and hypo-active delirium. The Delirium-O-Meter can be rated one or more times daily to reflect changes across nursing shifts.
Versions	1
Scoring information	Each item is scored 0-4, representing absent (0), mild disturbances (1), moderate (2), severe (3). Total scores range 0-36.
Cognitive testing	Not required or included, but can be used to assist in observations and rating
Estimated time to rate	3-5 minutes to score; based on observations over the course of one nursing shift
Require trained rater	No, designed to be used by nurses or clinical staff with or without geriatric training
Administer to	Patient, in-person
How to obtain	Available at http://dx.doi.org/10.1002/gps.1410
Licensing Fee*	None
Languages available	English
Highest COSMIN rating**	4.5/6†
Test Performance Characteristics	**De Jonghe 2005** •Reliability (internal consistency, Cronbach's alpha coefficient range=0.87-0.92; inter-rater agreement on item level range 0.40-0.97 p<0.05) COSMIN: FAIR •Discriminative power (Average scores in cohort with delirium/dementia 15.5; in cohort with other cognitive or psychiatric dsorders 5.6; cohort with no mental disorder 2.5; F=33.6, p<0.001) COSMIN: GOOD •Convergent and divergent validity (Spearman rho [compared to DOSS 0.89; Dutch Behavioral Rating Scale for Geriatric Inpatients {GIP-28} Apathy 0.92; GIP-28 Cognitive 0.86; GIP-28 Affect 0.56; DRS-R-98 0.87; Mini-Mental State Examination {MMSE} -0.83]) COSMIN: FAIR •Sensitivity to change (DOM and DRS-R-98 each assessed at 3 time points, results presented as change across time points [change from first to second assessment DOM=5.6 vs. DRS-R-98=3.8], [change from second to third assessment DOM=3.1 vs. DRS-R-98=4.0]; comparison of DOM and DRS-R-98 rho=0.80, p<0.001) COSMIN: GOOD

* Fees and licensing information is effective as of 2018, but is subject to change over time

Reference:
De Jonghe, J.F., Kalisvaart, K.J., Timmers, J.F., Kat, M.G., Jackson, J.C. (2005). Delirium-O-Meter: a nurses' rating scale for monitoring delirium severity in geriatric patients. Int J Geriatr Psychiatry, 20(12):1158-66. doi:10.1002/gps.1410

* Fees and licensing information is effective as of 2018, but is subject to change over time

** COSMIN is used to rate a study's evaluation of a survey or test's measurement properties. COSMIN does NOT rate the instrument itself, but helps readers understand if they can have confidence in the results of studies evaluating measurement properties of surveys and tests. For example, a rigorous study evaluating a test with poor measurement properties will receive a "good" COSMIN rating, while a poorly-conducted study evaluating a test with good measurement properties will receive a "poor" COSMIN rating. Small sample size can impact all COSMIN ratings. You must consider both the COSMIN rating and the results of studies provided when forming your opinion about that test. *COSMIN ratings shown are based solely on the instrument's original validation study.*

† COSMIN breakdown: content validity: GOOD, effect Indicators: GOOD, internal consistency: FAIR, inter-rater reliability: FAIR, construct validity: GOOD, external validity: FAIR

Reviews:

Adamis, D., Sharma, N., Whelan, P.J.P., Macdonald, A.J.D. (2010). Delirium scales: A review of current evidence. *Aging & Mental Health*, 14(5):543-55. doi:10.1080/13607860903421011