### Intensive Care Delirium Screening Checklist

**NOTE:** This card is populated with information from the instrument’s original validation study only.

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Acronym</th>
<th>Primary use</th>
<th>Area assessed (Number of questions)</th>
<th>Description</th>
<th>Versions</th>
<th>Scoring information</th>
<th>Cognitive testing</th>
<th>Estimated time to rate</th>
<th>Require trained rater</th>
<th>Administer to</th>
<th>How to obtain</th>
<th>Licensing Fee*</th>
<th>Languages available</th>
<th>Highest COSMIN** rating</th>
<th>Test Performance Characteristics</th>
</tr>
</thead>
</table>
| **Intensive Care Delirium Screening Checklist** | ICDSC | Delirium Screening | 8 clinical features: altered level of consciousness, inattention, disorientation, hallucination/delusion/psychosis, psychomotor agitation or retardation, inappropriate speech or mood, sleep/wake cycle disturbance, symptom fluctuation 1 item for each feature | An ICU delirium screening tool for intubated or non-intubated patients. Designed for rapid observations from bedside clinical staff routinely gathered throughout a shift, with no additional testing other than enquiring about hallucinations. Based on DSM-IV criteria. ICDSC can be rated one or more times daily. | 1 | Rate each item as “obvious manifestation” (1) or “no manifestation or no assessment possible” (0). The ‘worst’ score in each domain ‘counts’ for the total score, tallied at each shift’s end. Sum from all domains is total score. Score ≥4 indicates delirium; score of 1-3 indicates sub-syndromal delirium. | Not included or necessary; can be conducted optionally to assist with scoring domains | <5 mins (estimate); based on behaviors observed within last 8-12 hour shift | Yes - for use by clinicians, primarily nurses. No additional training on checklist required. | ICU patient (including intubated/non-verbal patients), in-person. | Updated instrument available from [https://doi.org/10.1097/CCM.0b013e31828e96c0](https://doi.org/10.1097/CCM.0b013e31828e96c0) or [http://www.icudelirium.org/docs/2013-Tufts-ICU-Delirium-Screening-Checklist.pdf](http://www.icudelirium.org/docs/2013-Tufts-ICU-Delirium-Screening-Checklist.pdf). | None | Over 20 translations including validation in French, English, Dutch, Swedish, Italian, Hindi, German, Mandarin, Korean, Polish, Romanian, and Japanese, among others | In progress | Bergeron 2001  
• Sensitivity (Compared to psychiatrist diagnosis, estimated from ROC curve, at cut-off score of 4 points: 0.99)  
• Specificity (Compared to psychiatrist diagnosis, estimated from ROC curve, at cut-off score of 4 points: 0.64) |

* 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.*

**Reference:**

**Additional Reference:**

Last updated on May 14, 2018. If you are aware of any updates required for this document, please notify us via nidus@hs.harvard.edu
Reviews: