Instrument	Intensive Care Delirium Screening Checklist
	NOTE: This card is populated with information from the instrument's original validation study only.
Acronym	ICDSC
Primary use	Delirium Screening
Area assessed (Number of questions)	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
Description	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.
Versions	1
Scoring information	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.
Cognitive testing	Not included or necessary; can be conducted optionally to assist with scoring domains
Estimated time to rate	<5 mins (estimate); based on behaviors observed within last 8-12 hour shift
Require trained rater	Yes - for use by clinicians, primarily nurses. No additional training on checklist required.
Administer to	ICU patient (including intubated/non-verbal patients), in-person.
How to obtain	Updated instrument available from https://doi.org/10.1097/CCM.0b013e31828e96c0 or http://www.icudelirium.org/docs/2013-Tufts-ICU-Delirium-Screening-Checklist.pdf.
Licensing Fee*	None
Languages available	Over 20 translations including validation in French, English, Dutch, Swedish, Italian, Hindi, German, Mandarin, Korean, Polish, Romanian, and Japanese, among others
Highest COSMIN** rating	In progress
Test Performance Characteristics	**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:

Bergeron, N., Dubois, M-J, Dumont, M., Dial, S., Skrobik, Y. (2001). Intensive Care Delirium Screening Checklist: evaluation of a new screening tool. Intensive Care Med 27:859-864. doi:10.1007/s001340100909 *(Original validation study)*

Additional Reference:

Yu, A., Teitelbaum, J., Scott, J., Gesin, G., Russell, B., Huynh, T., & Skrobik, Y. (2013). Evaluating pain, sedation, and delirium in the neurologically critically ill—feasibility and reliability of standardized tools: a multi-institutional study. Critical care medicine, 41(8), 2002-2007. *(Updated scale available in appendix)*

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

Reviews:

Carvalho, J.P.L.M., de Almeida, A.R.P., Gusmao-Flores, D. (2013). Delirium rating scales in critically ill patients: a systematic literature review. *Rev Bras Ter Intensiva*, 25(2):148-54. doi:10.5935/0103-507x.20130026

De, J., Wand, A.P.F. (2015). Delirium Screening: A Systematic Review of Delirium Screening Tools in Hospitalized Patients. *The Gerontologist*, 55(6):1079-1099. doi:10.1093/geront/gnv100

Gélinas, C., Bérubé, M., Chevrier, A., Pun, B. T., Ely, E. W., Skrobik, Y., & Barr, J. (2018). Delirium Assessment Tools for Use in Critically Ill Adults: A Psychometric Analysis and Systematic Review. *Critical care nurse*, *38*(1), 38-49.

Gusmao-Flores, D., Salluh, J.I., Chalhub, R.A., Quarantini, L.C. (2012). The confusion assessment method for the intensive care unit (CAM-ICU) and intensive care delirium screening checklist (ICDSC) for the diagnosis of delirium: a systematic review and meta-analysis of clinical studies. *Crit Care*, 16(4):r115. doi:10.1186/cc11407

Neto, A.S., Nassar, A.P. Jr., Cardoso, S.O., Manetta, J.A., Pereira, V.G.M., Esposito, D.C., Damasceno, M.C.T., Slooter, A.J. (2012). Delirium screening in critically ill patients: A systematic review and meta-analysis. *Crit Care Med,* 40(6): 1946-1951. doi:10.1097/CCM.0b013e31824e16c9

Van den Boogaard, M., Pickkers, P., Schoonhoven, L. (2010). Assessment of delirium in ICU patients: a literature review. *Netherlands J of Crit Care*, 14(1):10-15.