

Instrument	Repérage Actif du Delirium Adapté à la Routine Recognizing Acute Delirium as Part of Your Routine NOTE: This card is populated with information from the instrument's original validation study only.
Acronym	RADAR
Primary use	Delirium Screening
Area assessed (Number of questions)	3 areas assessed, one item for each area Item 1 – consciousness; item 2 – attention and hyperactivity; item 3 – psychomotor retardation
Description	A delirium screening tool to be used by nursing staff during medication distribution over the course of a 24-hour period. RADAR is based on nursing observations and requires no background knowledge of the patient or review of medical chart. RADAR can be rated one or more times daily.
Versions	1
Scoring information	Rate each item yes or no during each scheduled distribution of medication. RADAR is considered positive when at least one of the three items is designated “yes.”
Cognitive testing	None included or necessary to rate
Estimated time to rate	<1 minute to score, average of 7 seconds; observations based on interaction during medication distribution
Require trained rater	Yes – designed to be used by nursing or other clinical staff, can be rated by trained lay rater
Administer to	Patient, in-person
How to obtain	Available for download at http://www.radar.fsi.ulaval.ca/ Free video training in French and English on the website
Licensing Fee*	None
Languages available	English, Dutch, French, German, Italian
Highest COSMIN** rating	4/6 [†]
Test Performance Characteristics	<p>Voyer 2015</p> <p>Reference standard: DSM-IV-TR diagnostic criterion determined by Confusion Assessment Method (CAM) ratings completed by trained research assistants.</p> <ul style="list-style-type: none"> • Inter-rater reliability of instrument items (percentage of agreement 82.4-98.0 [Kappa=0.34-0.79]) • Convergent validity (RADAR item compared to Confusion Assessment Method [CAM] delirium symptom, 52-85%) • Concurrent validity (Compared to DSM-IV-TR criterion, sensitivity [73%], specificity [67%]) • Positive Predictive Value (RADAR item compared to DSM-IV-TR criterion, 17.9-37.5%) • Negative Predictive Value (RADAR item compared to DSM-IV-TR criterion, 89.1-94.2%)

* 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: NONE, inter-rater reliability: GOOD, construct validity: NONE, external validity: GOOD

Reference:

Last updated on **October 27, 2020**. If you are aware of any updates required for this document, please notify us via nidus@hsl.harvard.edu



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Voyer, P., Champoux, N., Desrosiers, J., Landreville, P., McCusker, J., Monette, J., Savoie, M., Richard, S., Carmichael, P-H. (2015). Recognizing acute delirium as part of your routine [RADAR]: a validation study. *BMC Nursing*, 14:19. doi:10.1186/s12912-015-0070-1

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