Instrument	**Inter Resident Assessment Instrument Acute Care** NOTE: This card is populated with information from the instrument's original validation study only.
Acronym	InterRAI AC
Primary use	Delirium screening
Area assessed (Number of questions)	62 clinical items across 11 domains; 4 delirium items assessed: acute change in mental status from person's baseline (ACMS), mental function varies over the course of the day (MFV), episodes of disorganized speech (EDS), and easily distracted (ED).
Description	The interRAI Acute Care system supports assessment and care planning of older adults in the hospital setting; 4 items embedded within the InterRAI AC related to delirium. The interRAI AC includes recording a series of observations related to common geriatric syndromes and a suite of scalar measures (e.g., basic and instrumental activities of daily living, pain, cognitive function) to facilitate rapid evaluation of problem severity and monitoring over time.
Versions	9.3
Scoring information	Acute Change in Mental Status is scored as '0' (not present) or '1' (present). Mental function varies over the course of the day (MFV), episodes of disorganized speech (EDS), and easily distracted (ED) are scored at '0' (behavior not present) or '1' (behavior present, consistent with usual functioning) or '2' (behavior present, appears different from usual functioning).
Cognitive testing	Not included or required
Estimated time to rate	15 minutes
Require trained rater	Yes – designed to be used by trained nurses
Administer to	Patient; in-person
How to obtain	Available at https://www.interrai.org/acute-care.html
Licensing Fee*	Fee required. Please contact contracts@interRAI.org with licensing fee questions
Languages available	English
Highest COSMIN** rating	4/6[†]
Test Performance Characteristics	**Salih 2012 (Study: N=239 acute care patients age ≥ 70 years)** • Reference Standard: clinical diagnosis of delirium by geriatricians using DSM-IV criteria • Sensitivity/Specificity: 0.82/0.91 • Positive predictive value: 95% • Negative predictive value: 72% • Inter-rater reliability: kappa values from 0.65 to 0.76 for the 4 items

* Fees and licensing information is effective as of 2021, 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:

Salih SA, Paul S, Klein K, Lakhan P, Gray L. Screening for delirium within the interRAI acute care assessment system. The journal of nutrition, health & aging. 2012;16(8):695-700.

Last updated on **July 29, 2021.** If you are aware of any updates required for this document, please notify us via nidus@hsl.harvard.edu

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