SUPPLEMENTARY APPENDIX

Guidelines for E2 Delirium Signage

- This is a delirium risk assessment & intervention communication tool. It is an inter-professional tool including the patient and family.
- If patient has any of these risk factors such as visual impairment, mobility impairment, dehydration, please ensure HELP referral is made.
- If HELP involved, Please circle HELP logo at the bottom of the page. HELP volunteers can also fill out the ABOUT ME section.
- Write in the date that last updated.

Circle Y (yes) or N (no) to indicate hearing impairment.

☑️ if uses hearing device

Continue with White Board in room.

Frequent reorientation for patients with any cognitive impairment or any confusion.

Therapist will write in specific transfer & mobilization instructions for fractured hip patients.

Nursing write in TJA & if on Hip Precautions.

WAYS TO HELP:

- Hearing impairment: Y / N
  - Hearing aid
  - Amplifier

- Visual impairment: Y / N
  - Clean and put on glasses
  - NPO, since:
    - Diet:
    - Fluid intake: cups/day
  - Limit daytime naps
  - Offer bedtime snack or warm drink

- MOBILITY
  - Transfer
  - Ambulation

- Special instructions

WHAT’S MOST IMPORTANT TO ME:

Last updated:

Write Patient’s first name or name would prefer to be called

Circle Y (yes) or N (no) to indicate visual impairment.

☑️ if using glasses

☑️ if NPO & start date. Write if needs set up.

If no fluid restrictions write 8 cups/day

☑️ to minimize daytime naps

☑️ to offer bedtime snack or warm drink

Include any info that helps know the patient

Figure 1: Example of educational poster used for staff training on sign completion
Delirium Prevention Sign Survey

You are invited to complete this survey as part of the MIND-ORIENT quality improvement study on E2 evaluating a delirium prevention sign. Participation in this study is voluntary and your responses will remain anonymous. Your opinion will help us improve the care of patients on E2. This survey only takes 2-3 minutes to complete.

1. The YELLOW delirium prevention sign posted at the bedside was easy to understand and follow
   - □ Strongly Disagree
   - □ Disagree
   - □ Agree
   - □ Strongly Agree

2. The sign helped me understand how I can help prevent delirium for my family member in hospital
   - □ Strongly Disagree
   - □ Disagree
   - □ Agree
   - □ Strongly Agree

3. The sign helped me care for my relative
   - □ Strongly Disagree
   - □ Disagree
   - □ Agree
   - □ Strongly Agree

4. The sign helped me communicate with hospital staff
   - □ Strongly Disagree
   - □ Disagree
   - □ Agree
   - □ Strongly Agree

5. Comments:

THANK YOU FOR YOUR TIME AND PARTICIPATION

Figure 2: Family Survey
**Delirium Prevention Sign Survey**

You are invited to complete this survey as part of the MIND-ORIENT study on E2 evaluating the yellow delirium prevention sign. Participation in this study is voluntary, and your responses will remain anonymous and will not be shared with others. The survey will take 2-3 minutes to complete.

1. Demographic Information:
   a. Occupation: ___________ Years of practice: ___________
   b. Current shift (circle): Day / Night

2. The delirium prevention sign was easy to complete and use.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

If disagree, please explain why: ________________________________

3. The sign prompted me to use non-pharmacological delirium prevention interventions/strategies for my patients

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

4. Completing the sign is a worthwhile use of my time

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
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<tbody>
<tr>
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</table>

5. I would like to see continued use of this sign on E2

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

6. The sign provides a helpful reminder to do the following...

<table>
<thead>
<tr>
<th>Helpful</th>
<th>Not Helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

   Re-orient patients to person, place and time
   Apply glasses and hearing aids
   Encourage oral intake of fluids
   Mobilize patients out of bed for toileting and meals
   Learn more about the patient as a person
   Limit daytime naps
   Engage families in patient care

7. What additional information about the patient would be useful to add to the sign in order to help you prevent delirium?

   |         |             |
   |         |             |

8. What were some challenges you had using and completing the sign?

   |         |             |
   |         |             |

9. How do you find out the necessary information about the patient in order to complete the sign accurately? (check all that apply)

<table>
<thead>
<tr>
<th>Family</th>
<th>Patient</th>
<th>Chart</th>
<th>Other staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other? Please explain:

THANK YOU FOR YOUR TIME AND PARTICIPATION