

POST-OPED?**Delirium Assessment in the Older Surgical Patient.****Perform a Post-Op 4AT in all patients ≥ 65 Years**

PAIN– Are they on appropriate analgesia? Regular/PRNs? What is the source of the pain?

- How much PRN are they using? Would they benefit from a PCA or a Pain Team Review?

ORAL INTAKE/Nutrition– Is there a food chart? Do they have **IV fluids prescribed?**

- **NG/PEG/TPN?**

SUGARS– Are they diabetic? Any hypoglycaemic or hyperglycaemic episodes?

- Review blood sugar chart and check for insulin and diabetic medications.

TESTS– What post-op investigations have been done?

- **Review the blood and micro results**
 - AKI? Any Electrolyte abnormalities?
 - Post-op Anaemia?
 - Any cultures/swabs awaited or back?
 - Any post op imaging to request or review?
 - Anything to support post-op infection or underlying collection?

ORAL HYGIENE– Dentures in? Able to brush teeth? Dry lips? Check tongue and palate.

POST-OP NAUSEA– **Anti-emetics prescribed?** Regular? PRN? Are they needed orally or IV?

ELIMINATION–

- Catheter in place? Check urine output and fluid balance.
- ? Retention -Do a bladder scan.
- Review all drain sites. Output? Check for erythema,pus,pain.
- Bowels moving? Stool Chart and consider regular laxatives.

Drugs– Any new medications? Check for Anti-cholinergics ,neuropathics and other centrally acting drugs? Are they opiate toxic?

Refer to Surgical Acute Frailty Team if any concerns regarding Delirium.