

Vanderbilt Assessment for Delirium in Infants and Children		Clinician:	
Age:	Patient Intubated? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date/Time:	
Pertinent medication exposure ≤ 24 hrs prior to assessment (DRUG / DOSE)			
1.	4.		
2.	5.		
3.	6.		
LEVEL OF CONSCIOUSNESS (check one)		MENTAL STATUS	
Combative	<input type="checkbox"/> YES	State of current mental status – Check one option	
Agitated	<input type="checkbox"/> YES	<input type="checkbox"/> At Baseline	<input type="checkbox"/> Acute Change <input type="checkbox"/> Chronic Change
Restless	<input type="checkbox"/> YES	Pattern of mental status – past 24 hours	<input type="checkbox"/> Stable <input type="checkbox"/> Fluctuating
Alert and Calm	<input type="checkbox"/> YES	PERCEPTION	
Drowsy: Not fully alert but easily demonstrates sustained awakening with stimulation only from voice	<input type="checkbox"/> YES	Hallucinations: <input type="checkbox"/> auditory <input type="checkbox"/> visual	<input type="checkbox"/> N/A <input type="checkbox"/> NO <input type="checkbox"/> YES
Lethargy: Arouses to voice but difficult to maintain the aroused state	<input type="checkbox"/> YES	Hyperacusis present? Comments:	<input type="checkbox"/> N/A <input type="checkbox"/> NO <input type="checkbox"/> YES
Obtundation: Responds to stimulation other than pain. May briefly open eyes or have movement, doesn't interact with person or environment	<input type="checkbox"/> YES	Atypical response to normal stimuli? (stuffed animals, familiar toys)	<input type="checkbox"/> N/A <input type="checkbox"/> NO <input type="checkbox"/> YES
Stupor: Responsive only to pain	<input type="checkbox"/> YES	Unable to sooth when fearful stimuli removed?	<input type="checkbox"/> N/A <input type="checkbox"/> NO <input type="checkbox"/> YES
Coma: Unresponsive to pain	<input type="checkbox"/> YES	Comments:	
ATTENTION and COGNITION			
DECREASED ability to:	Focus attention: <input type="checkbox"/> NO <input type="checkbox"/> YES Sustain attention: <input type="checkbox"/> NO <input type="checkbox"/> YES Shift attention: <input type="checkbox"/> NO <input type="checkbox"/> YES	ORIENTATION: <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> N/A	Comments:
DECREASED indication of consistent preference for objects such as toys, rattle, stuffed animals, blankie, lpad?		<input type="checkbox"/> NO <input type="checkbox"/> YES	
DECREASED ability to screen out extraneous stimuli? (Easily distracted by noise, people)		<input type="checkbox"/> NO <input type="checkbox"/> YES	
DECREASED ability to interact with toys/objects appropriately? (No interaction/recognition, uses toy inappropriately)		<input type="checkbox"/> NO <input type="checkbox"/> YES	
DECREASED social smile in response to toys or stuffed animals?		<input type="checkbox"/> NO <input type="checkbox"/> YES	
Object permanence present? (interacts while playing Peek-a-boo, hide-and-seek)		<input type="checkbox"/> NO <input type="checkbox"/> YES	
SLEEP-WAKE CYCLE		AFFECT	
Naps: (Q2-4h infant, Q6h toddler, QD preschool)	<input type="checkbox"/> NO <input type="checkbox"/> YES	Excessive energy for age and context/environment?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Day-Night Reversal present:	<input type="checkbox"/> NO <input type="checkbox"/> YES	Irritability or anger	<input type="checkbox"/> NO <input type="checkbox"/> YES
• More difficult to recognize in infants		Inconsolability	<input type="checkbox"/> NO <input type="checkbox"/> YES
Nocturnal Disturbance	<input type="checkbox"/> NO <input type="checkbox"/> YES	Inappropriate Affect	<input type="checkbox"/> NO <input type="checkbox"/> YES
• Consider initial, middle, terminal insomnia, phase shift		Describe Affect:	
Comments:		Confounders present? <input type="checkbox"/> Anxiety <input type="checkbox"/> Pain <input type="checkbox"/> Volitional <input type="checkbox"/> None	
LANGUAGE and THOUGHT			
<input type="checkbox"/> Not Present (immature development or developmental delay) <input type="checkbox"/> Present		Describe baseline speech and language per parent/nurse if available:	
Receptive Language: One - Step Command	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Appropriate	
Two - Step Command	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Decreased amount	
Three - Step Command	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Decreased spontaneity	
Does not follow commands (check reason below):		<input type="checkbox"/> Increased latency	
<input type="checkbox"/> Unable due to immaturity/illness (intubated)		<input type="checkbox"/> Change from baseline	
<input type="checkbox"/> Inappropriately not following commands		<input type="checkbox"/> Circumstantial	
		<input type="checkbox"/> Tangential	
		<input type="checkbox"/> Obstructed due to disease or device	

IS ACUTE DELIRIUM PRESENT?			
<input type="checkbox"/> UTA	When LOC severely depressed, unable to directly clinically assess patient, and prior clinical assessment not available.		
<input type="checkbox"/> NO	If NO consider → Subsyndromal delirium(SS) (Delirium probable but NOT all criteria met): <input type="checkbox"/> NO <input type="checkbox"/> YES		
<input type="checkbox"/> YES	If YES then choose type → <input type="checkbox"/> HYPOACTIVE <input type="checkbox"/> HYPERACTIVE <input type="checkbox"/> MIXED		Drug Withdrawal? <input type="checkbox"/> N/A <input type="checkbox"/> NO <input type="checkbox"/> YES
24-HOUR assessment → IS DELIRIUM PRESENT? <input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT <input type="checkbox"/> SUBSYNDROMAL <input type="checkbox"/> UTA			
<input type="checkbox"/> 1. Acute change Mental Status	<input type="checkbox"/> 3. Inattention present	<input type="checkbox"/> 5. Change in Cognition	<input type="checkbox"/> 7. Change in Affect
<input type="checkbox"/> 2. Fluctuating Course	<input type="checkbox"/> 4. Inconsolability	<input type="checkbox"/> 6. Change in Language/Thought	<input type="checkbox"/> 8. Change in Sleep/Wake Cycle

DELIRIUM = 1+2+3+5+7 AND 4 OR 6 OR 8
SUBSYNDROMAL = 1+2 AND 3 OR 5 OR 7

Figure 2: Vanderbilt Assessment for Delirium in Infants and Children (VADIC) Form Notes
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NOTES:

Information below is obtained by review of chart, collateral information, direct interaction with child, direct interaction with bedside caregiver.

1. Confounding factors impacting level of arousal
 - a. Sleep architecture
 - b. Sedation
2. Etiology
 - a. Substance intoxication
 - b. Substance withdrawal
 - c. Medical etiology
 - d. Medication induced
3. Acute (hrs-days) vs persistent (weeks-months)
 - a. Document length
 - b. Identifiable triggers for change (thinking about TBI and PFC)
4. Environmental factors
 - a. Parents present
 - b. Routine caregiver present (Nurse/ other)
 - c. New to ICU vs h/o ICU admits
5. Prior trauma history
 - a. Includes % of life spent in ICU
 - b. Abuse and neglect
 - c. MVA
6. Translation of behavior to components of:
 - a. Perception: misinterpretation of interpersonal interactions
 - b. Cognition: abnormal processing of environmental information
 - c. Affect : inappropriate responses to environment stimuli
7. Exclusion Criteria
 - a. Not coma
 - b. At baseline no history of established or evolving neurocognitive disorder

LEGEND OF ABBREVIATIONS

DZ- disease

D/T- due to

N/A – not applicable

UTA- unable to assess due to level of consciousness too low to awaken or interact