

Caregiver-Administered Delirium Screening Tools for Home and Palliative Care

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Highlights

- Despite the high prevalence and serious consequences of delirium, few validated detection tools are available for caregivers.
- Brief caregiver-administered tools can facilitate early identification of delirium outside traditional clinical settings.
- Digital and consultation-integrated models represent a promising direction for delirium detection and management in palliative and home-based care.

Clinical Significance of Delirium in Older Adults

Delirium is an acute neurocognitive disturbance characterized by sudden onset and rapid alterations in cognition, attention, and consciousness. Within the geriatric population, this condition is particularly concerning due

to its high prevalence and its association with adverse outcomes, including increased mortality, extended hospitalizations, physical instability leading to falls, and a swift decline in functional independence.

The gold standard for diagnosis of delirium typically requires evaluation by specialists, using DSM-5 criteria. For short screening, a commonly used brief screening is the Confusion Assessment Method (CAM). A recent scoping review identified many delirium tools, but only a small subset was designed for caregivers. (Alonso-Crespo, Rodríguez-Mondéjar, Leal-Costa, 2025) . This gap is especially relevant for patients in the community, at home, or in settings with limited staffing, where delayed recognition and management may increase morbidity. **Caregiver-**

Administered Delirium Detection Tools

Several brief tools have been developed to help caregivers recognize delirium in older adults.

1. **Family Confusion Assessment Method (FAM-CAM)** is a 10-item (yes/no) questionnaire that may be administered to a caregiver either in person, on the telephone, or electronically. It is recommended for use in research and clinical contexts.

2. **Informant Assessment of Geriatric Delirium (I-AGeD)** is a 10-item (yes/no) questionnaire intended for delirium screening at hospital admission. Informants are defined as caregivers who have contact with the patient at least once a week. Estimated completion time is approximately 5 minutes.
3. **Sour Seven** is a 7-item screening tool designed for informal caregivers and nurses to detect delirium in hospitalized older adults, with reported high specificity (90-100%).
4. **Single Question in Delirium (SQiD)** asks “Do you feel that [patient’s name] has been more confused lately?” It can be asked routinely to friends or relatives and take less than 1 minute. Serial use can help identify change and trigger longer assessments when appropriate. **Single Screening Question-Delirium (SSQ-Delirium)** asks the caregiver: “How has your relative’s/friend’s memory changed with his/her current illness?” Scores of 4-5 (a bit worse to much worse) out of 5 suggest delirium.
5. **New Web-based Tool for Family Caregivers (www.delirium-detect.com)** is a 22-item (yes/no) checklist based on the DSM-5 criteria. It is available in both Thai and English for desktop and mobile use, with the average completion time of about 9 minutes.

Caregiver-administered tools can support delirium screening across settings, but positive screens still require confirmation by clinicians and evaluation for underlying causes. In addition, many tools were not developed with online-first use in mind, which can limit accessibility outside clinical environments. The New Web-based Tool for Family Caregivers is a notable exception designed for ease of use; further validation in larger populations is needed to refine cut-off scores and optimize implementation. Future iterations could also integrate direct clinician contact and management guidance following a positive screen.

(Caregiver → Clinician)

A practical approach is to pair brief screening with a clear escalation pathway:

- **Establish baseline** cognition and function (what is normal for the patient).
- When a **sudden or fluctuating change** is noticed, perform a rapid screen (e.g., SQiD or SSQ-Delirium).
- If concern persists or the rapid screen is positive, complete a **longer tool** (e.g., **FAM-CAM**, **Sour Seven**, or the **web-based checklist**).

- If results suggest delirium, or if symptoms are severe, **contact a clinician** promptly for diagnostic confirmation and evaluation of reversible causes.

Recognizing Delirium in Palliative Care: A Persistent Gap

In palliative care, home-based consultation models with symptom management can be transformative for patients and families who wish to remain at home. In this context, caregivers are often the first to observe new confusion, inattention, sleep–wake disturbance, or behavioral changes. A caregiver-administered tool can provide a structured way to document these changes and communicate them to the care team.

For instance, when caregivers observe clinical changes at home, they may use the New Web-based tool to screen for delirium. If the screen is positive, they can contact their designated palliative care consultant to confirm the diagnosis and determine the next steps. Depending on goals of care and clinical severity, management may include transfer to a healthcare facility for further investigation and correction of underlying causes. If comfort-based care is preferred, the team may recommend non-pharmacological measures and, when appropriate, pharmacological options,

ideally anticipated and pre-prepared when delirium risk is high, to reduce distressing symptoms and support the family.

Conclusion

Delirium is a common syndrome in older adults and is associated with substantial adverse outcomes. Although many delirium detection tools exist, relatively few were designed for caregivers, leaving a practical gap for home, community, and resource-limited settings. Brief caregiver-administered instruments can support early recognition and timely escalation, particularly when paired with a clear pathway to clinical confirmation and management. Further research is needed to validate caregiver tools in larger and diverse populations and to develop integrated digital and consultation-based models that improve detection and real-world response.

For Further Reading:

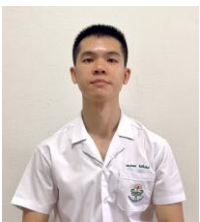
1. Alonso-Crespo D, Rodríguez-Mondéjar JJ, Leal-Costa C. Scoping review of the evolution of delirium detection, diagnostic, and severity assessment scales. *Geriatr Nurs.* 2026 Jan 22;69:103846. doi:

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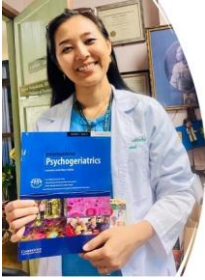
2. Hou J, Wongpakaran N, Wongpakaran T, Tamdee D, Rattakorn P, TSOH J. Detecting Delirium in Older People: The Development of a New Web-Based Tool for Family Caregivers. BSCM [internet]. 2025 Sep. 2 [cited 2026 Feb. 19];64(4):296-307. available from: <https://he01.tci-thaijo.org/index.php/CMMJ-MedCMJ/article/view/277152>



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