

## Appendix I: Algorithm for The Aetiology in Delirium - Diagnostic Support Tool (AiD-DST)

--Start of algorithm--

1B. Blood pressure >190mmHg								
	NO					Next question		
	YES						Hypertension, pain	
2. Is the patient mobile?								
	YES	2a. Is the gait normal?						
			YES			Next question		
			NO	A) Is the gait antalgic?				
					NO	Next question		
					YES		Causes of painful hip	
				B) Is the gait hemiparetic?				
					NO	Next question		
					YES	Full neurological exam	Focal CNS causes – stroke, SOL	
				C) is the gait Parkinsonian?				
					NO	Next question		
					YES	Disorder causing PD gait	Parkinsonian-inducing medications (eg. Anticholinergics), neuroleptic sensitivity in DLB	
				D) History of falls?				
					NO	Next question		
					YES	Delirium with falls	Head injury or other MSK injury and pain	
	NO	2b. If GCS <= 13						
			NO			Next question		
			YES			STOP here manage low GCS	Causes of loss of consciousness	
	YES OR NO							
		2c. Skin intact?						
			NO			Detailed skin review	Arterial/venous/pressure ulcers, skin tear, infection, cellulitis	
			YES			Next question		
		2d. Joints normal?						
			NO			Detailed joint exam	Joint infection, inflammation, fractures including occult fracture	
			YES			Next question		
		2e. Normal abdomen?						
			NO			Surgical abdomen signs	Surgical abdomen	
			YES			Next question		

		2f. Neurology intact?						
			NO			Focal weakness, pathological reflexes or ophthalmoplegia	Stroke, meningo-encephalitis or SOL, non-convulsive status epilepticus	
			YES			Next question		
3. Fever (or hypothermia)								
	NO					Next question		
	YES							
		3a. neck stiffness or photophobia						
			NO			Next question		
			YES			Meningeal irritation present	Meningo-encephalitis	
		3b. line or catheter infection						
			NO			Next question		
			YES			Infected line/catheter	Bacteraemia or SBE	
		3c. Nitrates on urine dipstick						
			NO			Next question		
			YES				UTI/ pyelonephritis or renal abscess	
4. Is the patient dehydrated?								
	NO					Next question		
	YES					Dehydration renal failure	Co-existent malnutrition, iatrogenesis (diuretics)	
5. Does the patient have heart failure?								
	NO					Next question		
	YES					Heart failure	MI, valvular pathologies, anaemia	
6. Evidence of chest consolidation?								
	NO					Next question		
	YES					Pneumonia	CAP, Aspiration, HAP	
7. Background of EtOH, steroids or CNS acting drugs?								
	NO					Next question		
	YES					CNS drugs	Serotonin syndrome or neuroleptic malignant syndrome	
8. Evidence of renal failure, hypercalcaemia or liver failure on blood tests								
	NO					Next question		
	YES					Renal or liver failure or hyperCa	Review, renal and hepatotoxic drugs and exclude obstructive uropathy	

--End of algorithm--

