

Nurses' perceptions of screening for delirium in the Post Anaesthesia Care Unit and orthopaedic surgical wards: A qualitative study

Supplement: Questions for focus group sessions

Using the 3D-CAM

1. Can you share any previous experiences you have had using a screening tool for detecting delirium in your clinical practice?
Follow-up questions: So, what tool did you use previously? And, how easy was it to use this tool?
2. Can you share your experiences when using the 3D-CAM screening tool in your clinical setting?
3. How easy was it to use the 3D-CAM tool to detect delirium in surgical patients?
Follow-up questions: Did you experience any difficulties using the 3D-CAM?
4. When using the 3D-CAM tool were you able to identify more patients with delirium than previously?
Follow-up question: How did you identify patients with delirium before using the 3D-CAM tool?
5. How long did it take you to complete screening a patient for delirium using the 3D-CAM tool?
6. What actions did you take after a patient was identified as having delirium?
7. Based on your experience of using the 3D-CAM screening tool what do you think the strengths of the 3D-CAM screening tool are?
Follow-up question: What do you think some of the limitations of using the 3D-CAM screening tool are?
8. Given your experience of using the 3D-CAM tool, do you think that the 3D-CAM should be implemented as a routine screening tool for detecting delirium in your clinical setting?
9. Is there anything else you would like to share about screening surgical patients for delirium in your clinical setting?

Using the 4AT

1. Can you share any previous experiences you have had using a screening tool for detecting delirium in your clinical practice?
Follow-up questions: So, what tool did you use previously? And, how easy was it to use this tool?
2. Can you share your experiences when using the 4AT screening tool in your clinical setting?
3. How easy was it to use the 4AT tool to detect delirium in surgical patients?
Follow-up question: Did you experience any difficulties using the 4AT?
4. When using the 4AT tool were you able to identify more patients with delirium than previously?
Follow-up question: How did you identify patients with delirium before using the 4AT tool?
5. How long did it take you to complete screening a patient for delirium using the 4AT tool?
6. What actions did you take after a patient was identified as having delirium?
7. Based on your experience of using the 4AT screening tool what do you think the strengths of the 4AT screening tool are?
Follow-up question: What do you think some of the limitations of using the 4AT screening tool are?
8. Given your experience of using the 4AT tool, do you think that the 4AT should be implemented as a routine screening tool for detecting delirium in your clinical setting?
9. Is there anything else you would like to share about screening surgical patients for delirium in your clinical setting?