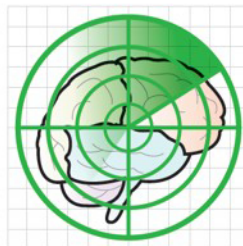




# R.A.D.A.R.

Recognizing Acute Delirium As part of your Routine

[www.fsi.ulaval.ca/radar](http://www.fsi.ulaval.ca/radar)



Naam:

ID-nummer:

| Tijdens het moment van toedienen van de medicatie...<br>(geef aan Ja of Nee) |       | Datum: |     |        | Datum: |     |        | Datum: |     |        | Datum: |     |        | Datum: |     |        | Datum: |     |        | Datum: |     |        |
|------------------------------------------------------------------------------|-------|--------|-----|--------|--------|-----|--------|--------|-----|--------|--------|-----|--------|--------|-----|--------|--------|-----|--------|--------|-----|--------|
|                                                                              |       | Ja     | Nee | paraaf | Ja     | Nee | paraaf | Ja     | Nee | paraaf | Ja     | Nee | paraaf | Ja     | Nee | paraaf | Ja     | Nee | paraaf | Ja     | Nee | paraaf |
| 1. Was de patiënt slaperig/ suf?                                             | 08:00 |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |
|                                                                              | 12:00 |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |
|                                                                              | 17:00 |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |
|                                                                              | HS    |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |
| 2. Had de patiënt moeite met het volgen van uw instructies?                  | 08:00 |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |
|                                                                              | 12:00 |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |
|                                                                              | 17:00 |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |
|                                                                              | HS    |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |
| 3. Bewoog de patiënt langzamer dan gewoonlijk?                               | 08:00 |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |
|                                                                              | 12:00 |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |
|                                                                              | 17:00 |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |
|                                                                              | HS    |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |        |     |        |

| Naam | paraaf | Naam | paraaf | Naam | paraaf | Naam | paraaf |
|------|--------|------|--------|------|--------|------|--------|
|      |        |      |        |      |        |      |        |
|      |        |      |        |      |        |      |        |