The S.A.F.E. Geriatric Neurorehabilitation Framework

Screen Early • Assess Comprehensively • Functional Interdisciplinary Intervention • Educate • Evaluate • Evolve

Delirium Recognition & Communication Pathway

PURPOSE

To improve early recognition of delirium-related communication and cognitive changes through standardized interdisciplinary workflows.

WHY THIS PATHWAY MATTERS

Early recognition of delirium may reduce falls, complications, prolonged stays, and avoidable rehospitalizations while improving communication and safety.

ADMISSION RISK SCREEN & NURSING REFERRAL TRIGGERS

Risk Factor	Present	Nursing Referral Triggers
Recent hospitalization	■	→ New confusion
Infection	■	→ Acute language decline
Stroke	■	→ Inattention
Polypharmacy	■	→ Reduced participation
Dementia	■	→ Sudden swallowing change
Dehydration	■	
Sleep disturbance	■	■ *Notify provider and initiate interdisciplinary evaluation.*
Sensory impairment	■	

SLP ASSESSMENT DOMAINS & INTERDISCIPLINARY PREVENTION BUNDLE

SLP Assessment Domains	Interdisciplinary Prevention Bundle
• Communication	• Hydration
• Attention	• Sleep hygiene
• Orientation	• Mobility
• Functional cognition	• Hearing / vision optimization
• Executive function	• Orientation supports
• Swallowing	• Family engagement
• Safety awareness	• Medication review (provider / pharmacy)

QUALITY INDICATORS & IMPLEMENTATION CHECKLIST

Quality Indicators	Implementation Checklist
• Timely referrals	■ Administration approval
• Delirium resolution	■ Nursing education
• Falls	■ PT / OT education
• Hospital transfer	■ Dietary education
• Participation	■ Caregiver education
• Nutrition	■ Documentation updated
	■ Quality metrics initiated
	■ Quarterly review

EVIDENCE BASE

Person-centered dementia care • Neuroplasticity principles • Evidence-based cognitive rehabilitation • IDDSI • CMS quality initiatives • Interdisciplinary rehabilitation