

Comment	Group response	Editorial response
<b>Is the layout easy to read?</b>		
Clear and easy to read	Thank you	✓
Very	Thank you	✓
Yes: text is straightforward	Thank you	✓
Excellent	Thank you	✓
Layout is clear and straightforward.	Thank you	✓
Yes but some places are scarce of information and other pages are cluttered. Page 2, 10, 13 need to be improved. 13 just looks odd - the text looks like it's just been thrown in. Page 16 has good layout but page 17 looks odd. Maybe it's because there's not much text and the text that is there isn't in boxes, I don't know. Need consistency.	Text will be moved around in the next draft to address these issues.	✓
Yes. This conforms to layout of booklets for patients and carers stating for whom booklets are written, defining the condition and range of care settings. As with other booklets it defines the range and types of recommendations, clear wording throughout booklet going through types of delirium, symptoms, condition and demographics association with its development, minimisation of risk, valuable 'Getting to Know Me' form (printed on p19). Recommendations section, additional tests, practical advice to minimise risk, treatment follow up, long term outlook and sources of information and support, plus section of information on what SIGN does. Follow up and long term future clear and non-alarmist in style and language. The medication p13, answers any possible unasked questions. Sources for support and planning (p14) easily read and making a significant contribution.	Thank you	✓

<b>Are the images and diagrams appropriate and meaningful?</b>		
I felt that the explanation of symbols at the beginning gave context to their relevance.	Thank you.	✓
Page 1 : We should not use two positive symbols in the same message suggest replacing the ' THUMBS UP' icon with just two and three ticks or perhaps better stars ( as in travel recommendations )	This is current SIGN approach for patient booklets based on research evidence.	✓
Yes	Thank you	✓
Images such as that on P4 and P13 seem contrived and so oversimplified that I found myself struggling at first to determine exactly what I was looking at. I think they are unnecessary and don't add to clarity or understanding.	Images will be reviewed in next draft.	New images added.
Yes, but very few.	Images will be reviewed in next draft.	✓
Not as many diagrams as some booklets, where used useful as on p4 and diagrams such as those on p5, 6, 8, 9, 10, 11, information and recommendations useful. This is particularly challenging booklet to write with the 'dual readership'. More simple graphics might meet the needs of patients more. Feel that for patients it is most useful for post recovered stage in understanding what has happened and how it was dealt with. As well as a preparation for possible future episodes main strengths are range of practical items to bring in to patient which will alleviate symptoms and hopefully shorten episode – items form here as well as promote approaches to communication.	Thank you and graphics will be reviewed in next draft.	✓
<b>Do you think that the language and tone is appropriate?</b>		
Language was easy to understand and not too medical	Thank you	✓
This is a wonderful booklet to read for someone with a high educational background.	The booklet will be sent to the plain language commission for review.	✓

<p>Clear and concise - well-structured and easy to follow</p>	<p>Thank you.</p>	<p>✓</p>
<p>In general yes but on pages 8 and 9 where the assessment screening tests are being described it becomes difficult and is liable to be skipped by patients and carers. Talking of checklists or questionnaires rather than tools might be easier understood. Again, the little diagrams are not helpful. On page 8, describing the 4AT, instead of saying .....four parts to it which 'are'..... it would be better to say.....the four parts to it 'look at arousal, attention, an abbreviated mental test and acute change.'</p>	<p>The wording on this page will be changed.</p>	<p>✓</p>
<p>Page 9 - the different tests - will everyone get these? It doesn't tell people much. Think you need to give more information on these.                  Page 10 - clinical team might be better as healthcare team. I really don't like the term clinical team for a patient leaflet.                  Page 11 - introductory text to this section might be useful?</p>	<p>Page has been changed to better explain the tests.                  Changed                  Added in.</p>	<p>✓</p>
<p>Yes, the language is clear and the tone factual without causing alarm. Sets out the scenario of strong possibility of at least practical if not all full recovery but cover support for those patient for whom it is not possible. Very strong on practical advice for carers such as taking in photographs as a stimulus to patients and also to assist staff in talking to patient, making sure patient has glasses and helping patients to support input into a diary for the patient on leaving to fill in gaps during period of stay also valuable 'Getting to know me form' highlight commended and valuable for staff in optimum delivery of care.</p>	<p>Thank you.</p>	<p>✓</p>

<b>How useful is the content?</b>		
The content is useful for those who require advice following episode of delirium, the focus on prevention and risk factors is clear. Information regarding impact of delirium superimposed on dementia may be useful particularly relating to planning for future care.	Booklet can only reflect the guideline advice.	✓
Very useful and relevant, with the above mentioned caveat	Thank you and the booklet will go through the plain language process.	✓
Good - only concern I have is on page 16 - stating you may require further psychological tests - I think the lay public will not know we are referring to cognitive testing therefore I think we need to say cognitive testing ( to assess your memory, attention , language function and mood)	Noted	Changed to suggested text
It is useful to be told that delirium is common and that it will usually pass. It is helpful also for carers to know that it is liable to recur in similar circumstances. The descriptions of behaviours and signs are also helpful as are the suggestions as to how best to respond to the patient's distress.  Carers can check that the patient is getting appropriate care.  Finally it is good to see the list of further help available from websites and leaflets and especially the signposting to telephone help which can often be more appropriate for the patient age groups affected.	Thank you.	✓
It's useful but think there is more information you could offer to make it more helpful. There's not a lot there. It tells people what SIGN recommends but I'm not sure that that is enough. It's very much the GP/doctor will do this and that. They will decide. Not much about discussing with people and their families with the exception of page 14. Nothing about support for carers which I'm surprised about. I know you have listed places at the back but I would have thought this would have been something that SIGN looked at.	The booklet needs to reflect the guideline. Page 12 sets out support that families and carers can give and consideration will be given to add in more links for carer organisations.	✓ Additional information about support organisations added.

<p>Very useful indeed. Very strong practical advice for carers in minimising risk for patients as outlined above. Also understanding of range with description of hyperactive and hypoactive delirium. Some examination of risk factors, timescale and discharge procedures. Useful points on possible further tests. Also clear information on medication and how only appropriate in some cases linked to specific conditions (p13). Only point p8 – this page should be inclusive of clinicians also and outlines tests which hopefully they will explain to patients and carers during assessment.</p>	<p>Thank you and page 8 has been rewritten.</p>	<p>✓</p>
<p><b>Does the content help patients and carers understand what the latest evidence supports around diagnosis, treatment and self-care?</b></p>		
<p>Yes</p>	<p>Thank you</p>	<p>✓</p>
<p>Yes it does.</p>	<p>Thank you</p>	<p>✓</p>
<p>Yes</p>	<p>Thank you</p>	<p>✓</p>
<p>Yes</p>	<p>Thank you</p>	<p>✓</p>
<p>Yes it does and provides a basis for dialogue between carers (and where appropriate patients) and clinicians. Its greatest strength however it is not just in understanding but the outline of ways in which carers can positively contribute to treatment and shortening of delirium (p12) episode. It also provides patients with greater understanding and the ability to cope of particular value is the 'Getting to Know me' form. The booklet provides information and evidence for the 'trinity' of those involved clinicians, carers and patients in lining their contributions to diagnose, treatment and self care.</p>	<p>Thank you</p>	