

I-WATCH-DEATH is a mnemonic widely used in clinical practice to alert healthcare providers to common causes of delirium, and can help to support bedside assessments, diagnostic testing, and clinical decision-making.

Infectious (encephalitis, meningitis, urinary tract infection, pneumonia)

Withdrawal (alcohol, barbituates, benzodiazepines)

Acute metabolic disorder (electrolyte imbalance, hepatic or renal failure)

Trauma (head injury, postoperative)

CNS pathology (stroke, hemorrhage, tumour, seizure disorders, Parkinson's)

Hypoxia (anemia, cardiac failure, pulmonary embolus)

Deficiencies (vitamin B12, folic acid, thiamine)

Endocrinopathies (thyroid, glucose, parathyroid, adrenal)

Acute vascular (shock, vasculitis, hypertensive encephalopathy)

Toxins, substance use, medication (alcohol, anesthetics, anticholinergics, narcotics)

Hheavy metals (arsenic, lead, mercury)

Reference: Wise, M.G. (1992). *Differential diagnosis for delirium: Critical items (I WATCH DEATH)*. In: Yudofsky, S.C., & Hales, R.E. (eds): *The American Psychiatric Press Textbook of Neuropsychiatry*, 2nd ed. Washington, D.C.: American Psychiatric Publishing.