

# Commonly Misused Terms in Medical Writing Quiz

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**Directions:** Edit the following paragraphs based on the information outlined in chapter 11 of the *AMA Manual of Style*. For further explanation of the correct answers, refer to the cited section of the online or print version of the *AMA Manual of Style*. This quiz is an extension of the Jargon, Correct and Preferred Usage, and Age and Sex Referents quizzes.

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## Incidence and Persistence of Postoperative Delirium

Needless to say, the incidence of postoperative delirium varies significantly, depending on the patient's age and preoperative status, whether the surgery is elective or emergent, the type of surgery, and the development of postoperative complications. In general, those elderly who undergo emergency or long, complicated surgeries have a higher frequency of delirium. At least 2 of 3 cases of delirium develop in the first 2 postoperative days, with the peak incidence on postoperative day 1 and the peak prevalence on postoperative day 2.7. Later-onset delirium is often associated with either a major postoperative complication or side effects of alcohol or sedative withdrawal. In this article, we report a patient who experienced delirium after surgery, a somewhat unique occurrence.

We managed a female older than 70 years of age who experienced confusion on postoperative day 3 shortly before she developed sepsis due to her anastomotic leak. After the operation, the patient was transferred to the intensive care unit, where her confusion occurred. She was then referred to psychiatry for evaluation. After psychiatric evaluation the patient was diagnosed with delirium, which cleared slowly as her medical condition stabilized. She went to a skilled nursing facility and then home, where no further delirium was noted.

Once discharged, patients who have experienced postoperative delirium need both acute and chronic follow-up. Mental status should be monitored closely for recurrence, and intensive rehabilitation efforts should be initiated to reverse the cognitive and functional declines typical in these patients. Cases whose conditions are not improving should receive a comprehensive evaluation from their primary care provider or from a geriatrician or rehabilitation specialist.

