Reviewer's report

Title: Delirium Risk Screening and Prophylaxis Program in hip fracture patients is a helpful tool in identifying high-risk patients, but does not reduce the incidence of delirium

Version: 1 Date: 11 May 2011

Reviewer: Sébastien Ouimet

Reviewer's report:

Minor Essential Revisions
1. p. 9, paragraph 2: "cut- of-point" should be spelled "cut-off point".

Discretionary Revisions
1. p.4 paragraph 2: I am unsure if the word "debatable" is appropriate in this case. I believe a shortening of a delirium event and its severity have major impacts on patient care, costs involved with complications, and patient outcomes. I would phrase it like this: "Although prophylaxis with haloperidol has not lowered delirium incidence, duration of episodes and severity might be reduced".

2. p.8 paragraph 1: The second sentence should be revised. I think you meant that the patient-to-nurse ratio was too high to make an assessment?

3. p.12, paragraph 2, 1st sentence: I think the term "psychopathologic drugs" could be defined or examples given.

4. General: I cannot help thinking that unlike the general hospitalized geriatric population, post-op patients (especially for major orthopedic surgery) would fall into an ICU Delirium profile. As reported in the literature, ICU delirium is not age specific, and can effectively be screened by the Delirium Rating Scale and other tools that can predict severity and outcomes of a delirium event. I would suggest consulting Dr. Yoanna Skrobik's work on ICU delirium for future trials and perhaps looking at patients with this particular set of risk factors and screening tools would show results that are more in line with what was expected by haloperidol prophylaxis.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests