Confusion Assessment Method

Client Information

Name: _____ Date of birth: _____

Gender: _____ Date of Consultation: _____

Address: _____

Phone Number: _____ Email Address: _____

Instructions: Assess the following factors.

Acute Onset

1. Is there evidence of an acute change in mental status from the patient's baseline?

☐ YES ☐ NO ☐ UNCERTAIN ☐ NOT APPLICABLE

Inattention
(The questions listed under this topic are repeated for each topic where applicable.)

2A. Did the patient have difficulty focusing attention (for example, being easily distractible or having difficulty keeping track of what was being said)?

☐ Not present at any time during interview
☐ Present at some time during interview, but in mild form
☐ Present at some time during interview, in marked form
☐ Uncertain

2B. (If present or abnormal) Did this behavior fluctuate during the interview (that is, tend to come and go or increase and decrease in severity)?

☐ YES ☐ NO ☐ UNCERTAIN ☐ NOT APPLICABLE

2C. (If present or abnormal) Please describe this behavior.

Disorganized Thinking

3. Was the patient's thinking disorganized or incoherent, such as rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable, switching from subject to subject?

☐ YES ☐ NO ☐ UNCERTAIN ☐ NOT APPLICABLE

Adapted from Inouye et al., 1990)

Altered Level of Consciousness

4. Overall, how would you rate this patient's level of consciousness?

- ☐ Alert (normal)
- ☐ Vigilant (hyperalert, overly sensitive to environmental stimuli, startled very easily)
- ☐ Lethargic (drowsy, easily aroused)
- ☐ Stupor (difficult to arouse)
- ☐ Coma (unarousable) Uncertain

Disorientation

5. Was the patient disoriented at any time during the interview, such as thinking that he or she was somewhere other than the hospital, using the wrong bed, or misjudging the time of day?

☐ YES ☐ NO ☐ UNCERTAIN ☐ NOT APPLICABLE

Memory Impairment

6. Did the patient demonstrate any memory problems during the interview, such as inability to remember events in the hospital or difficulty remembering instructions?

☐ YES ☐ NO ☐ UNCERTAIN ☐ NOT APPLICABLE

Perceptual Disturbances

7. Did the patient have any evidence of perceptual disturbances, such as hallucinations, illusions, or misinterpretations (for example, thinking something was moving when it was not)?

☐ YES ☐ NO ☐ UNCERTAIN ☐ NOT APPLICABLE

Psychomotor Agitation

8. At any time during the interview, did the patient have an unusually increased level of motor activity, such as restlessness, picking at bedclothes, tapping fingers, or making frequent, sudden changes in position?

☐ YES ☐ NO ☐ UNCERTAIN ☐ NOT APPLICABLE

Psychomotor Retardation

8B. At any time during the interview, did the patient have an unusually decreased level of motor activity, such as sluggishness, staring into space, staying in one position for a long time, or moving very slowly?

☐ YES ☐ NO ☐ UNCERTAIN ☐ NOT APPLICABLE

Altered Sleep-Wake Cycle

9. Did the patient have evidence of disturbance of the sleep-wake cycle, such as excessive daytime sleepiness with insomnia at night?

☐ YES ☐ NO ☐ UNCERTAIN ☐ NOT APPLICABLE

Adapted from Inouye et al., 1990)

SCORING:

For a diagnosis of delirium by CAM, the patient must display:

1. Presence of acute onset and fluctuating discourse

AND

2. Inattention

AND EITHER

3. Disorganized thinking

OR

4. Altered level of consciousness

Confusion Assessment Method (CAM) Diagnostic Algorithm

Feature 1: Acute Onset and Fluctuating Course

This feature is usually obtained from a family member or nurse and is shown by positive responses to the following questions: Is there evidence of an acute change in mental status from the patient's baseline? Did the (abnormal) behavior fluctuate during the day; that is, did it tend to come and go, or increase and decrease in severity?

Feature 2: Inattention

This feature is shown by a positive response to the following question: Did the patient have difficulty focusing attention; for example, being easily distractible, or having difficulty keeping track of what was being said?

Feature 3: Disorganized Thinking

This feature is shown by a positive response to the following question: Was the patient's thinking disorganized or incoherent, such as rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject?

Feature 4: Altered Level of Consciousness

This feature is shown by any answer other than "alert" to the following question: Overall, how would you rate this patient's level of consciousness? (alert [normal], vigilant [hyperalert], lethargic [drowsy, easily aroused], stupor [difficult to arouse], or coma [unarousable])

Inouye SK, van Dyck CH, Alessi CA, Balkin S, Siegal AP, Horwitz RI. Clarifying confusion: the confusion assessment method. A new method for detection of delirium. Ann Intern Med. 1990;113(12):941-948.