

Confusion Assessment Method (CAM)

Shortened version

| | | | |
|--|------------------------------------|---|--|
| The diagnosis of delirium by CAM requires the presence of BOTH features A and B | | | |
| C A M | Confusion Assessment Method | <p>A. Acute onset</p> <p style="text-align: center; padding: 10px 0 10px 20px;">and</p> <p>Fluctuating course</p> | <p>Is there evidence of an acute change in mental status from patient baseline?</p> <p>Does the abnormal behavior:</p> <ul style="list-style-type: none"> ➤ come and go? ➤ fluctuate during the day? ➤ increase/decrease in severity? |
| | | <p>B. Inattention</p> | <p>Does the patient:</p> <ul style="list-style-type: none"> ➤ have difficulty focusing attention? ➤ become easily distracted? ➤ have difficulty keeping track of what is said? |
| | | AND the presence of EITHER feature C or D | |
| | | <p>C. Disorganized thinking</p> | <p>Is the patient's thinking</p> <ul style="list-style-type: none"> ➤ disorganized ➤ incoherent <p>For example does the patient have</p> <ul style="list-style-type: none"> ➤ rambling speech/irrelevant conversation? ➤ unpredictable switching of subjects? ➤ unclear or illogical flow of ideas? |
| | | <p>D. Altered level of consciousness</p> | <p>Overall, what is the patient's level of consciousness:</p> <ul style="list-style-type: none"> ➤ alert (normal) ➤ vigilant (hyper-alert) ➤ lethargic (drowsy but easily roused) ➤ stuporous (difficult to rouse) ➤ comatose (unrousable) |

Adapted with permission: Inouye SK, vanDyck CH, Alessi CA, Balkin S, Siegel AP, Horwitz RI. Clarifying confusion: The Confusion Assessment Method. A new method for detection of delirium. *Ann Intern Med.* 1990; 113: 941-948.
Confusion Assessment Method: Training Manual and Coding Guide, Copyright 2003, Hospital Elder Life Program, LLC.