Confusion Assessment Method (CAM Tool)
Shortened Version Worksheet

BCM
Baylor College of Medicine

1. Acute onset and fluctuating course

BOX 1

a   Is there evidence of an acute change in mental status from the patient's baseline?   ☐ NO |☐ YES

b   Did the (abnormal) behavior fluctuate during the day, that is tend to come and go or increase and decrease in severity?   ☐ NO |☐ YES

2. Inattention
Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?   ☐ NO |☐ YES

3. Disorganized Thinking

Box 2

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?   ☐ NO |☐ YES

4. Altered Level Of Consciousness
Overall, how would you rate the patient's level of consciousness?
☐   Alert
☐   Vigilant (hyper alert)
☐   Lethargic (drowsy, easily aroused)
☐   Stupor (difficult to arouse)
☐   Coma (unarousable)

Do any checks appear in the box above?   ☐ NO |☐ YES

If all items in Box 1 are checked and at least one item in box 2, a diagnosis of delirium is suggested.

Care suggestions:
- Provide supportive hearing/vision device
- Orient patient on every contact (unless they become agitated)
- Collaborate with physician to treat the underlying pathology and contributing factors: Pain, Dehydration, Electrolyte imbalance, Infection, Polypharmacy, Hypoxia, Hyper/hypo-glycemia
- Communicate clearly, give explanations
- Provide quiet environment, minimize distractions, avoid awakening patient at night
- Encourage family/caregiver/friends to stay at bedside, avoid restraints

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Adapted from: Inouye SK, vanDyck 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: 941-948. Confusion Assessment Method: Training Manual and Coding Guide, Copyright 2003, Sharon K. Inouye, M.D., MPH.