TABLE 21 -- CONFUSION ASSESSMENT METHOD (CAM)

The Confusion Assessment Method Instrument:

1. *[Acute Onset]* Is there evidence of an acute change in mental status from the patient's baseline?

2A. *[Inattention]* Did the patient have difficulty focusing attention, for example, being easily distractible, or having difficulty keep track of what was being said?

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?

3. *[Disorganized thinking]* 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?

4. *[Altered level of consciousness]* 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)

5. *[Disorientation]* Was the patient disoriented at any time during the interview, such as thinking that he or she was somewhere other than the hospital or difficulty remembering instructions?

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

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

8A. *[Psychomotor agitation]* 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 of position?

8B. *[Psychomotor retardation]* 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?

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

The 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, 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 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]

The diagnosis of delirium by CAM requires the presence of features 1 and 2 and either 3 or 4.

CAM Instrument and Algorithm adapted from Inouye, S., van Dyck, D., Alessi, C., Balkin, S., A & Horwitz, R. (1990). Clarifying confusion: the confusion assessment method. Annals of Internal Medicine, 113 (12), 941-948. Reprinted with permission.