Confusion Assessment Method (CAM) Shortened Version Worksheet

Name of resident: ___________________________ Date of Birth: ___________________________

Date: / / Time: ___________________________

I. ACUTE ONSET AND FLUCTUATING COURSE
   a) Is there evidence of an acute change in mental status from the patient’s baseline? [ ] No [ ] Yes
   b) Did the (abnormal) behaviour fluctuate during the day, that is tend to come and go or increase and decrease in severity? [ ] No [ ] Yes

II. 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

III. DISORGANISED THINKING
   Was the patient’s thinking disorganised or incoherent, such as rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject? [ ] No [ ] Yes

IV. ALTERED LEVEL OF CONSCIOUSNESS
   Overall, how would you rate the patient’s level of consciousness?
   [ ] Alert (normal)
   [ ] Vigilant (hyperalert)
   [ ] Lethargic (drowsy, easily aroused)
   [ ] Stupor (difficult to arouse)
   [ ] Coma (unarousable)

Do any checks appear in box 3? [ ] No [ ] Yes

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

## Modified Bereavement Risk Index

**Name of Resident:**

**Name of family member:**

**Relationship to resident:**

**Contact details of family member**

**Address:**

**Phone number: (H) (W) (M)**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Anger</strong></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>Mild Irritation</td>
<td>2</td>
</tr>
<tr>
<td>Moderate (occasional outbursts)</td>
<td>3</td>
</tr>
<tr>
<td>Severe (spoiling relationships)</td>
<td>4</td>
</tr>
<tr>
<td>Extreme (always bitter)</td>
<td>5</td>
</tr>
<tr>
<td><strong>2 Self Reproach</strong></td>
<td></td>
</tr>
<tr>
<td>(Self blame/guilt, feeling bad and/or responsible for something)</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>Mild (vague and general)</td>
<td>2</td>
</tr>
<tr>
<td>Moderate (some clear self-reproach)</td>
<td>3</td>
</tr>
<tr>
<td>Severe (preoccupied with self-blame)</td>
<td>4</td>
</tr>
<tr>
<td>Extreme (major problem)</td>
<td>5</td>
</tr>
<tr>
<td><strong>3 Current Relationships</strong></td>
<td></td>
</tr>
<tr>
<td>Close intimate relationship with another</td>
<td>1</td>
</tr>
<tr>
<td>Warm supportive family</td>
<td>2</td>
</tr>
<tr>
<td>Family supportive but lives at a distance</td>
<td>3</td>
</tr>
<tr>
<td>Doubtful (patient unsure whether family members are supportive or not)</td>
<td>4</td>
</tr>
<tr>
<td>Unsupportive</td>
<td>5</td>
</tr>
<tr>
<td><strong>4 How will key person cope?</strong></td>
<td></td>
</tr>
<tr>
<td>Well (normal grief and recovery without help)</td>
<td>1</td>
</tr>
<tr>
<td>Fair (probably get by without specialist help)</td>
<td>2</td>
</tr>
<tr>
<td>Doubtful (may need specialist help)</td>
<td>3</td>
</tr>
<tr>
<td>Badly (requires specialist help)*</td>
<td>4</td>
</tr>
<tr>
<td>Very badly (requires urgent help)*</td>
<td>5</td>
</tr>
</tbody>
</table>

### Total Score

- **Low risk score (less than 7)**
  - Give a copy of the booklet – “Now What? Understanding Grief” (a copy is included in the PA Toolkit)

- **Moderate risk score (7-10)**
  - Give a copy of the booklet – “Now What? Understanding Grief”
  - Suggest they may like to contact one of the support agencies listed in the booklet

- **High risk score (10 or more)**
  - Encourage the person to contact a health professional e.g. GP, psychologist, counselling service, or bereavement counsellor
  - Give a copy of the booklet – “Now What? Understanding Grief”

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## Self-directed learning package: Advanced nurses quiz

1. The resident and/or family must provide the nurse with information concerning their wishes about end of life care at the initial assessment and care planning interview after admission.  
   - **True**  
   - **False**  
   - **Don't Know**

2. There is no way of recording treatment preferences for a resident who has advanced dementia and did not record their wishes on a legal document when they still had mental capacity.  
   - **True**  
   - **False**  
   - **Don't Know**

3. Regular reviews of advance care plans mean checking if there is a form in the clinical records from when the resident was admitted.  
   - **True**  
   - **False**  
   - **Don't Know**

4. The “Understanding the Dying Process” brochure is appropriate to give to family members at a palliative care case conference.  
   - **True**  
   - **False**  
   - **Don't Know**

5. It is appropriate to accept a careworker estimation of the severity of a resident’s dyspnoea if they cannot remember what rating score a resident provided them.  
   - **True**  
   - **False**  
   - **Don’t Know**

6. Attitudes and beliefs of residents, family and health professionals can be barriers to effective pain management.  
   - **True**  
   - **False**  
   - **Don’t Know**

7. A resident with chronic pain that is moderate to severe intensity will look pale, perhaps be sweating and have changes in their heart rate and/or blood pressure.  
   - **True**  
   - **False**  
   - **Don’t Know**

8. A tingling, burning pain that runs around one side of the chest wall between two ribs is most likely to be neuropathic in origin.  
   - **True**  
   - **False**  
   - **Don’t Know**

9. It is up to the nurse to assess the condition of a resident’s oral health each day.  
   - **True**  
   - **False**  
   - **Don’t Know**

10. A resident with dementia exhibits fluctuating confusion and wakefulness. This is best attributed to the dementia itself.  
    - **True**  
    - **False**  
    - **Don’t Know**

11. Alfred has not responded to environmental and nursing interventions for his delirium. You should question the GP’s order of a dose of diazepam to help manage Alfred’s hallucinations.  
    - **True**  
    - **False**  
    - **Don’t Know**

12. Urinary tract infections that are the cause of a delirium should always be treated.  
    - **True**  
    - **False**  
    - **Don’t Know**

13. The GP is responsible for initiating the use of an End of Life Care Pathway when a resident is expected to die in the next week.  
    - **True**  
    - **False**  
    - **Don’t Know**

14. A resident born in India lists their religion as Buddhist. This means that they must not be given strong analgesics or sedatives, especially at the end of life as it is important for the mind to be clear.  
    - **True**  
    - **False**  
    - **Don’t Know**

15. If Rhonda’s Modified Bereavement Risk Index score is eleven, you only need to give her a copy of the “Now What? Understanding Grief” booklet.  
    - **True**  
    - **False**  
    - **Don’t Know**