

## Form 5: Confusion Assessment Method (CAM) - Shortened version

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

#### BOX 1

### II. INATTENTION

Did the patient have difficulty focusing attention, for example, being easily distracted 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

#### BOX 2

### IV. ALTERED LEVEL OF CONSCIOUSNESS

Overall, how would you rate the patient's level of consciousness?

Alert (normal)

#### BOX 3

Vigilant (hyperalert)

Lethargic (drowsy, easily aroused)

Stupor (difficult to arouse)

Coma (unarousable)

Do any ticks 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.

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