

# Confusion Assessment Method (CAM)

## Delirium Watch



The diagnosis of delirium by CAM requires the presence of features

**1 and 2** + either **3 or 4**

### Confusion Assessment Method (CAM)

**1.**

Acute onset and fluctuating course

**Does the abnormal behaviour:**

- Come and go?
- Increase/decrease in severity?

**2.**

Inattention

**Does the patient:**

- Have difficulty focusing attention?
- Become easily distracted?
- Have difficulty following a conversation?

**3.**

Disorganized thinking

**Is the patient's thinking:**

- Disorganized
- Incoherent

**Does the patient have:**

- Rambling speech
- Illogical flow of ideas

**4.**

Altered Level of Consciousness

**What is the patient's level of consciousness?**

- Alert (normal)
- Agitated (hyper)
- Lethargic (drowsy but easily roused)
- Stuporous (difficult to arouse)
- Comatose (unrousable)



# Who Is At Risk?

## Predisposing Factors

- Cognitive Impairment
- Visual Impairment
- Dehydration
- Severe Illness
- Alcohol dependence
- Previous diagnosis of delirium

Identify baseline risk by assigning **1 point** for each **bold** risk factor on admission



(Inouye et al. Ann Intern Med 1993. Sep 15;119(6):474-81)

## Triggering Events

- Restraints
- Malnutrition
- More than 3 medications recently added
- Urinary catheter
- Iatrogenic event
- Metabolic and electrolyte imbalance
- Infections
- Sleep deprivation
- Fever
- Hypothermia

You can predict who will develop delirium within the first 9 days of hospitalization by watching for any of the five bold triggers. Score **1 point** for each **bold** event

(Inouye & Charpentier, JAMA. Mar 20;275(11)852-7)

0 = low risk

1 - 2 = intermediate risk

3 - 4 = high risk