Delirium Screening Tool: Confusion Assessment Method (CAM)

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) behaviour 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 distracted, or having difficulty keeping track of what was being said?

Feature 3: Disorganized thinking

- This feature is shown by a 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 (hyper-alert), lethargic (drowsy, easily aroused), stupor (difficult to arouse), or coma (unarousable).

> **If features 1 and 2 and either 3 or 4 are present (CAM +/positive),**
>
> **a diagnosis of delirium is suggested.**

Adapted from Inouye, S., van Dyck, C., Alessi, C., et al. Clarifying confusion: The confusion assessment method. Annals of Internal Medicine. 1990; 113(12); 941-948.