

Facility _____

Confusion Assessment Method (CAM)

Page 1 of 1 PATIENT LABEL

Assessor: _____

Date: _____

Acute Onset and Fluctuating Course

- a) Is there evidence of an acute change in mental status from the person's baseline? No
- b) Did the (abnormal) behaviour fluctuate during the day? That is, did it tend to come and go or increase and decrease in severity? No

Box 1

Yes

Yes

Inattention

Did the person have difficulty focusing attention? For example, were they easily distracted or having difficulty keeping track of what was being said?

No

Yes

Disorganized Thinking

Was the person's thinking disorganized or incoherent (rambling or irrelevant conversation)? Was it unclear or the flow of ideas illogical or unpredictably switching from subject to subject?

No

Box 2

Yes

Altered Level of Consciousness

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

- Alert (normal)
- Vigilant (hyper-alert)
- Lethargic (drowsy, easily aroused)
- Stupor (difficult to arouse)
- Coma (can't arouse)

Do any check appear in this box?

No

Yes

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