

This is a **Sample** version of the
Confusion Assessment Method (CAM)

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- Questionnaire/test,
- Scoring guide
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Confusion Assessment Method (CAM)

(Adapted from Inouye et al., 1990)

BACKGROUND

Delirium (acute confusional state) is a common, serious, and potentially preventable source of morbidity and mortality for older hospitalized patients. Delirium has assumed particular importance because patients over 65 years currently account for more than

48% of all days of hospital care. Currently, delirium occurs in 25-60% of older hospitalized patients, with associated mortality rates of 25-33%. Based on 1994 U.S. vital health statistics, each year delirium complicates hospital stays for over 2.3 million older persons, involving over 17.5 million inpatient days, and accounting for 8 billion dollars of Medicare expenditures. Substantial additional costs accrue following hospital discharge because of the increased need for institutionalization, rehabilitation, and home care.

The Confusion Assessment Method (CAM) was originally developed in 1988-1990, to improve the identification and recognition of delirium. CAM was intended to provide a new standardized method to enable non-psychiatrically trained clinicians to identify delirium quickly and accurately in both clinical and research settings.

Since its development, the Confusion Assessment Method has become the most widely used instrument for detection of delirium world-wide, because of both its strong validation results as well as its ease of use. The CAM instrument has been used in over 250 original articles to date, as either a process or outcome measure, and has been translated into over six languages world-wide. When validated against the reference standard ratings of geriatric psychiatrists based on comprehensive psychiatric assessment, the CAM had a sensitivity of 94-100%, specificity of 90-95%, and high inter-observer reliability in the original study of 50 patients (*Inouye, 1990*). More recently this work has been extended (*Wei, 2008*), and in 7 high-quality validation studies on over 1,000 subjects, the CAM had a sensitivity of 94% (95% CI 91-97%) and specificity of 89% (95% CI 85-94%).

The CAM is usually rated by a clinical or trained lay interviewer on the basis of an interview with the patient that includes at least a brief cognitive assessment. The Mini-Mental State Examination was used in the original validation. A more brief assessment, the Modified Mini-Cog Test (Pg. 25) is recommended for quick screening. Generally, the entire CAM rating takes 5-10 minutes to complete.

This Confusion Assessment Method CAM comes complete with questionnaire/test, scoring guide and Diagnostic Algorithm.

Confusion Assessment Method (CAM)

(Adapted from Inouye et al., 1990)

Patient's Name: _____ Date: _____

Instructions: Assess the following factors.

Acute Onset

1. Is there evidence of an acute change in mental status from the patient's baseline?
 YES NO UNCERTAIN NOT APPLICABLE

Inattention

(The questions listed under this topic are repeated for each topic where applicable.)

- 2A. Did the patient have difficulty focusing attention (for example, being easily distractible or having difficulty keeping track of what was being said)?
 Not present at any time during interview
 Present at some time during interview, but in mild form
 Present at some time during interview, in marked form
 Uncertain
- 2B. *(If present or abnormal)* Did this behavior fluctuate during the interview (that is, tend to come and go or increase and decrease in severity)?
 YES NO UNCERTAIN NOT APPLICABLE
- 2C. *(If present or abnormal)* Please describe this behavior.

Disorganized Thinking

3. 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?
 YES NO UNCERTAIN NOT APPLICABLE