

famCAM

family Confusion Assessment Method for caregiver - scoring

Purpose : Test for delirium

Admin time : 5-10 min

User Friendly : High

Administered by : Healthcare professional carer assisted

Content : The Family Confusion Assessment Method (FAM-CAM) is an informant-based variation of the CAM in which a family member or caregiver assesses the patient's mental and cognitive status using a series of questions.

Clinicians ask family members or caregivers these questions in person, by telephone, or electronically. They will ask about the patient's recent mental and cognitive status, sleeping patterns, and abnormal actions or dialogue.

The FAM-CAM can be used in both clinical and research settings, where it can be useful for facilitating and educating caregivers about possible acute changes in mental status, and early signs of cognitive changes in older individuals.

It also may be used in clinical settings where delirium cannot be readily assessed by health care professionals (e.g., hospitals, ICUs, presurgery or postsurgery, postdischarge, or extended care settings).

Author : Inouye SK, 1999

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<https://www.cgakit.com/p-2-cam>

Scoring the FAM-CAM

It is important to remember that the FAM-CAM is intended only to assist with screening and is not intended to provide a clinical diagnosis. If a positive score is suggested on the FAM-CAM, further evaluation with cognitive testing of the patient is necessary.

The FAM-CAM is considered positive if the following features are present: a) acute onset or fluctuating course **and** b) inattention **and** c) either disorganized thinking or altered consciousness. Several of the questions may help to identify whether these features are present, as outlined below.

<u>Feature</u>	<u>Question #</u>	<u>Positive Answer</u>
Acute Onset -OR- Fluctuation	Question 1, 10	Yes, <4 weeks ago
	Question 9	"Come and go"
-AND-		
Inattention	Question 2	Yes
-AND EITHER-		
Disorganized Thinking -OR- Altered Consciousness	Question 3,5,6 (7 supportive)	Yes
	Question 4	Yes

Scoring Algorithm: Check the box if the respondent's answer is as indicated.
Delirium is suggested if there is **at least one check in each of the 3 columns.**

Question	Column 1 Acute Onset or Fluctuation	Column 2 Inattention	Column 3 Disorganized Thinking or Altered Level of Consciousness
Question 1 = yes? (Any Change)	<input type="checkbox"/>		
Question 2 = yes? (Inattention)		<input type="checkbox"/>	
Question 3 = yes? (Disorganized Speech)			<input type="checkbox"/>
Question 4 = yes? (Excess Drowsiness)			<input type="checkbox"/>
Question 5 = yes? (Disorientation)			<input type="checkbox"/>
Question 6 = yes? (Perceptual Disturbance)			<input type="checkbox"/>
Question 9 = "come and go"? (Fluctuation)	<input type="checkbox"/>		
Question 10 = <4 weeks? (Acute Onset)	<input type="checkbox"/>		

Delirium is suggested if there is **at least one check in each of the 3 columns.**

Delirium Suggested? _____ yes _____ no