

bCAM

brief Confusion Assessment Method

Purpose : Test for delirium

Admin time : 5 min

User Friendly : High

Administered by : Healthcare professional

Content : The brief CAM version is a quicker assessment, which eliminates the last 5 components and only includes the first 4 from the original algorithm. The short version is what is most commonly used in clinical practice.

Author : Inouye SK, 1996

Copyright : Hospital Elder Life Program

Free to use for clinical purposes.

Any replication of the CAM or publication must include the following copyright acknowledgment.

“Confusion Assessment Method. © 1988, 2003, Hospital Elder Life Program. All rights reserved. Adapted from: Inouye SK et al. Ann Intern Med. 1990; 113:941-8.”



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

CONFUSION ASSESSMENT METHOD (CAM) SHORT FORM WORKSHEET

EVALUATOR:

DATE:

I. ACUTE ONSET AND FLUCTUATING COURSE

a) Is there evidence of an acute change in mental status from the patient's baseline?

No _____

Yes _____

b) Did the (abnormal) behavior fluctuate during the day, that is tend to come and go or increase and decrease in severity?

No _____

Yes _____

II. INATTENTION

Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?

No _____

Yes _____

III. DISORGANIZED THINKING

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?

No _____

Yes _____

IV. ALTERED LEVEL OF CONSCIOUSNESS

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

-- Alert (normal)

-- Vigilant (hyperalert)

-- Lethargic (drowsy, easily aroused)

-- Stupor (difficult to arouse)

-- Coma (unarousable)

Do any checks appear in this box?

No _____

Yes _____

BOX 1

BOX 2

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

SCORING THE bCAM INSTRUMENT

- a. Scoring: Delirium scored as 'present' (1) or 'absent' (0), based on the following criteria. These definitions are based on the validated Confusion Assessment Method (CAM) criteria. [Reference: Inouye SK et al; Annals of Internal Medicine. 1990; 113:941-8].

Score delirium as present (1) if meets the following criteria:

- (i) Acute onset

CAM 1a = 1 (Yes)

-OR-

Fluctuating course

CAM 2b OR 3b OR 4b = 1 (Yes)

-AND-

- (ii) Inattention

CAM 2a = 2, 3

-AND EITHER-

- (iii) Disorganized thinking

CAM 3a = 2, 3

-OR-

- (iv) Altered level of consciousness

CAM 4a = 2, 3, 4, 5