Delirium sheet

modified Confusion Assessment Method for the Emergency Department (mCAM-ED)

In all patients who are 65 years of age or older or who have clinical signs of delirium, a screening for inattention is performed. If the screening is abnormal, a delirium assessment is performed.

Signature ☐ Date ☐☐.☐☐ Time ☐☐:☐☐ Sheet No. ☐

Instructions:

1. Inform patient, for example: „I would like to ask you some questions about memory."
2. Screening (inattention): each month not mentioned or each pair of months not mentioned in the correct order counts as an omission. If the patient takes > 30 seconds, one point is added. **If the attention test is inconspicuous (< 3 points), no assessment is necessary.**
3. Carry out an assessment if the attention test is abnormal (≥ 3 points).
4. An acute change in the patient's mental status is present if one of the three points is fulfilled:

a) MSQ < 8 + altered level of consciousness b) external anamnestic confirmation (e.g. relatives) of the acute change or c) by clear changes in a recently performed mCAM-ED.

Screening: Inattention - (Month of the Years Bachwards Test (Stillman 2000)

2

Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Mär	Feb	Jan
●	●	●	●	●	●	●	●	●	●	●	●

Rating: ≥ 3 Points: Inattention

Evaluation:	
Omissions	Points
Time > 30 sec	Point
total	Points

Assessment

1a

Acute change in mental status (Mental Status Questionnaire (Kahn 1960))		correct	false	n.a.
1	What is the name of this hospital?	□ 1	□ 0	□
2	Where is it located? (approximate address)	□ 1	□ 0	□
3	What is today's date? ? (Current date; correctly = ±1Tag)	□ 1	□ 0	□
4	What is the month now?	□ 1	□ 0	□
5	What is the year?	□ 1	□ 0	□
6	How old are you?	□ 1	□ 0	□
7	When were you born? (month)	□ 1	□ 0	□
8	When were you born? (year)	□ 1	□ 0	□
9	Who is the president of the United States? (Biden)	□ 1	□ 0	□
10	Who was the president before him? (Trump, Obama, Bush, Clinton, Reagan, etc.)	□ 1	□ 0	□
Rating: ≤ 7/10 points: altered mental status	**total**			

3

Disorganized thinking (Hart 1996)			correct	false	n.a.
1	Will a stone float on water	(no)	□ 1	□ 0	□
2	Are there fishes in the sea	(yes)	□ 1	□ 0	□
3	Do two pounds of aplles weigh more than one	(no)	□ 1	□ 0	□
4	Can you use a hammer to pound nails	(yes)	□ 1	□ 0	□
Rating: ≤ 2 points or was the patient's thought process disorganised or incoherent? => disorganized thinking probable		**total**			

1b / 4

Observation	yes	no
Fluctuating course (also external anamnestic confirmation)	□	□
Altered level of consciousness (coma, stupor, lethargic or vigilant)	□	□

Confusion Assessment Method (CAM)		yes	no	n.a.
1a	Acute change in mental status	□	□	□
1b	Fluctuating course	□	□	□
2	Inattention	□	□	□
3	Disorganized thinking	□	□	□
4	Altered level of consciousness	□	□	□

Rating:
[1a **and** 1b] and 2 and [3 or 4] □ Definite delirium
[1a **or** 1b] and 2 and [3 or 4] □ Probable delirium
Everything else □ No delirium

Abbreviations: n.a. not applicable

1a) **Acute onset:** Is there evidence of an acute change in mental status from the patient's baseline?

1b) **Fluctuating course**: Did this behavior fluctuate during the past day, that is, tend to come and go or increase and decrease in severity?

2) **Inattention:** Does the patient have difficulty focusing attention, for example, being easily distractible, or having difficulty keeping track of what was being said?

3) **Disorganized thinking:** Is the patient's speech disorganized or incoherent, such as rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject?

4) **Altered level of consciousness:** Overall, how would you rate this patient's level of consciousness?
Alert (normal)
Vigilant (hyperalert)
Lethargic (drowsy, easily aroused)
Stupor (difficult to arouse)
Coma (unarousable)

CAM Algorithm adapted from: Inouye SK, et al. Ann Intern Med. 1990; 113: 941–948 [16].
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mCAM-ED:
Grossmann, F. F. et al. (2014). Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine, 22(1), 19
Hasemann, W. et al. (2017).Internal and Emergency Medicine, 1-8.
Hart, R. P. et al. (1996). Psychosomatics, 37(6), 533-546
Kahn, R. L. et al. (1960). American Journal of Psychiatry, 117, 326-328