

# Confusion Assessment Method (CAM<sup>®</sup>)

## Element 1

Acute onset of mental status change from baseline or fluctuating mental status

AND

## Element 2

Inattention

AND

either

## Element 3

Altered level of consciousness  
Rass ≠ 0

OR

## Element 4

Disorganized thinking

⊕ Positive = 1 + 2 + 3 OR 4

Unable to assess = RASS or mRASS  
-4 or -5

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## Modified Richmond Agitation Sedation Scale (mRASS)

+4	Combative	No attention, overly combative, violent, immediate danger to staff
+3	Very Agitated	Pulls tube(s) or catheter(s); fights environment/not people, difficult to get patient to pay or sustain attention
+2	Agitated	Frequent non-purposeful movement, uncooperative, loses attention rapidly
+1	Restless	Anxious but movements not aggressive or vigorous, cooperative, pays attention most of the time
0	Alert and Calm	Pays attention, makes eye contact, responds immediately
-1	Wakens Easily	Not fully alert, but has sustained awakening > 10 sec. Slightly drowsy
-2	Wakens Slowly	Briefly awakens with eye contact to voice < 10 sec. Very drowsy
-3	Difficult to Awaken	Movement or eye opening to voice but no eye contact
-4	Can't Stay Awake	No response to voice but displays movement or eye opening to physical stimulation. Arousable but no attention
-5	Unarousable	No response to voice or physical stimulation

(Chester, Harrington & Rudolph, 2012)

## Potential Etiologies of Delirium

Drugs

Eyes, ears, environment, emotions

Liver failure, low PO<sub>2</sub> (MI, PE, anemia, CVA)

Infection, immobility

Restraints, respiratory

Injury, ictal state

Unfamiliar surroundings, under hydration

Metabolic

## Deliriogenic Drugs to Limit/Avoid

Diphenhydramine  
(Benadryl)

Alternative for allergic Rx is  
Claritin (Loratadine)

Lorazepam  
(Ativan)

Use only in patients dependent upon  
benzodiazepines or with potential  
ETOH withdrawal or terminal  
delirium

Zolpidem  
(Ambien)

Use 2.5 mg at bedtime if  
nonpharmacological measures fail

Metaclopramide  
Promethazine  
Prochlorperazine  
(Reglan, Phenergan,  
Compazine)

Alternative is Ondansetron (Zofran)

Famotidine  
(Pepcid)

Alternative is PPI except with Plavix,  
or Pantoprazole (Protonix)

Fentanyl

Alternative is Hydromorphone  
(Dilaudid), Acetaminophen (Tylenol),  
or Tramadol (Ultram)

## Medications to Not Stop Abruptly

- Acetylcholinesterase inhibitors
- Antiepileptics
- Benzodiazepines
- Opioids/narcotics
- Sedatives/hypnotics
- SSRIs
- Steroids

Delirium and Acute Encephalopathy are associated with Death, Disability, Deterioration and Discharge Difficulties

## Post-Acute Care Delirium & Acute Encephalopathy Pathway



Save a Brain

Sponsored by ADAPT  
Actions for Delirium Assessment  
Prevention & Treatment

### 1 Deter

- No harmful drugs\*
- Avoid abrupt discontinuation\* (Drugs, ETOH, nicotine)
- Avoid/limit Devices (catheters, lines)

### 2 Detection

- Review CAM & mRASS Scores
- Cognitive assessment
- Determine baseline mental status

### 3 Diagnosis / Do

- Physical exam
- Med review
- Determine potential causes\*
- Differential diagnosis
- Diagnostics
- Evaluate pain control (ie. scheduled acetaminophen)
- Evaluate hyperactive patients for medication
- Document encephalopathy

### 5 Follow Up

- Cognitive assessment
- F/U Diagnostics
- Review meds-adjust prn

### 7 Discharge

- Document course and cause of Delirium if known
- Degree of resolution
- Discontinue unnecessary medications
- Document as a Diagnosis on W10
- Follow up for unresolved Delirium

### Risk Factors

- Age > 65
- Dementia
- Substance Dependency
- Hx Delirium
- ICU/SD
- Impaired vision/hearing

- Screen of short stay patients upon admission

CAM Positive Patient

### 4 Discuss

- Provider & Nursing
  - Pharmacist, when possible
- Huddle
- Make Plan

### 6 Dialogue

- Provider + Nursing
  - +/- Family
- Progression Rounds
- **Is Patient Improving?**

- Consider:
- Psychiatric consult
  - Family meeting
  - Geriatric Medicine consult
  - IDT meeting

### 1 Deter

- Mobilize to maximum
- Attempt uninterrupted night-time rest (noise, bundle care, eye shields, earplugs)
- Eyeglasses/hearing aids
- Whiteboard up to date, when present
- Patient specific care plan established
- Calendar/clock/familiar items
- Assist with food/fluids
- Comfort
- Family as partners
- Volunteers for social interaction

### 2 Detection

- CAM twice daily and prn
- Determine baseline mental status
- Notify provider of first positive CAM

### 3 Do

- Fall prevention
- Discontinue/ Disguise devices
- Family teaching – brochure, when appropriate
- Provide Distractors (music, flashball, animal)
- Reassurance
- Individualize plan of care
- Nurse - Nurse handoff
- Nurse - CNA handoff

### 5 Regular Care

- CAM prn
- Comfort/calm/consistent
- Toileting
- Feed/hydrate
- Mobilize to maximum
- Attempt to maintain normal sleep/wake cycle
- Touch/backrub
- Assess response to medications
- Family & volunteer involvement
- Alternative therapies (Reiki, Pet, Art, Music)
- Avoid unnecessary stimulation
- Document progress

### 7 Discharge

- Document successful strategies
- Discuss ongoing needs
- Discharge with one time use Distracters (doll, animal)
- Discuss follow-up with family
- Document individualized care needs on W10/After Visit Summary
- Identify Delirium to homecare, when appropriate

\*see back of brochure for more information