The Confusion Assessment Method (CAM) diagnostic algorithm (short version)[1]

Patient's name: _____

Date of birth: _____ / _____ / _____

Hospital number: _____

Feature 1   Acute onset and fluctuating course

This feature is usually obtained from a family member or nurse and is shown by positive responses to the following questions:

1. *Is there evidence of an acute change in mental status from the patient's baseline?*
2. *Did the (abnormal) behaviour fluctuate during the day, that is, tend to come and go, or increase or decrease in severity?*

Feature 2   Inattention

This feature is usually obtained by interacting with the patient, but may also be reported by family members or staff and is shown by a positive response to the following question:

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

Feature 3   Disorganised thinking

This feature is usually obtained by interacting with the patient, but may also be reported by family members or staff and is shown by a positive response to the following question:

4. *'Was the patient's thinking disorganised or incoherent, such as rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject?'*

Feature 4   Altered level of consciousness

This feature is obtained by observing the patient and is shown by any answer other than 'alert' to the following question:

5. *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)*

Scoring the test *(please tick as appropriate)*

	Positive	Negative
Feature 1		
Feature 2		
Feature 3		
Feature 4		

Reference
1. Inouye SK, van Dyck CH, Alessi CA et al. Clarifying confusion: the Confusion Assessment Method. A new method for detection of delirium. Ann Intern Med 1990; 113: 941–948.