1. **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

2. **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

3. **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

4. **Altered Level Of Consciousness**
   Overall, how would you rate the patient’s level of consciousness?
   - □ Alert
   - □ Vigilant (hyper alert)
   - □ Lethargic (drowsy, easily aroused)
   - □ Stupor (difficult to arouse)
   - □ Coma (unarousable)

   Do any checks appear in the box above?
   - □ NO □ YES

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

**Care suggestions:**
- Provide supportive hearing/vision device
- Orient patient on every contact (unless they become agitated)
- Collaborate with physician to treat the underlying pathology and contributing factors: Pain, Dehydration, Electrolyte imbalance, Infection, Polypharmacy, Hypoxia, Hyper/hypo-glycemia
- Communicate clearly, give explanations
- Provide quiet environment, minimize distractions, avoid awakening patient at night
- Encourage family/caregiver/friends to stay at bedside, avoid restraints

Confusion Assessment Method (CAM Tool)