CAM (Confusion Assessment Method)

**Feature 1 (Acuity):** Usually obtained by collateral information from family or medical staff:
"Is there evidence of an acute change in mental status from the patient's baseline?";
"Did the abnormal behavior fluctuate during the day, that is, tend to come and go, or increase and decrease in severity?"

**Feature 2 (Inattention):** Ask the following question(s):
"Did the patient have trouble with attention? For example, did they have a hard time following a conversation or becoming easily distracted? Other ways to assess are:
- Asking to repeat days of the week/months backwards
- Serial 7’s (counting backwards from 100 by subtracting 7)

**Feature 3 (Disorganized Thinking):** Ask the following questions:
- Was the patient rambling, tangential, switching from one topic to another, hallucinating, having an illogical flow of ideas?

**Feature 4: (Altered level of consciousness):** Described as one of the following
- Normal = alert
- Hyperalert = vigilant
- Drowsy, easily aroused = lethargic
- Difficult to arouse = stupor
- Unarousable = coma

= DELIRIUM