

Confusion Assessment Method in the ICU



RASS is above - 4
(-3 through +4)

Proceed to next Step

If RASS is -4 or -5

Stop

Reassess patient at later time

Delirium Assessment (CAM-ICU): 1 AND 2 AND (Either 3 OR 4)

1 Acute Onset or Fluctuating Course

An acute change from mental status baseline?
Or Patient's mental status fluctuating during the past 24hrs

No

Stop
No delirium

Yes

2 Inattention

Please read the following ten letters: **SAVEAHAART**
Scoring: Error: when patient fails to squeeze on the letter "A"
Error: when the patient squeezes on any letter other than "A."

< 3 Errors

Stop
No delirium

≥3 Errors

3 Altered Level of Consciousness ("actual" RASS)

If RASS is zero, Proceed to next step

If RASS is other than zero

Stop
Patient is
Delirious

0 RASS

4 Disorganized Thinking

1. Will a stone float on water? (Or: Will a leaf float on water?)
2. Are there fish in the sea? (Or: Are there elephants in the sea?)
3. Does one pound weigh more than two pounds? (Or: Do two pounds weigh more than one?)
4. Can you use a hammer to pound a nail? (Or: Can you use a hammer to cut wood?)

≥ 2 Errors

Patient is Delirious

5. Command:

Say to patient: "Hold up this many fingers" (Examiner holds two fingers in front of patient)
"Now do the same thing with the other hand" (Not repeating the number of fingers).
If patient is unable to move both arms for the second part, ask patient "add one more finger"

< 2 Errors

Stop
No delirium