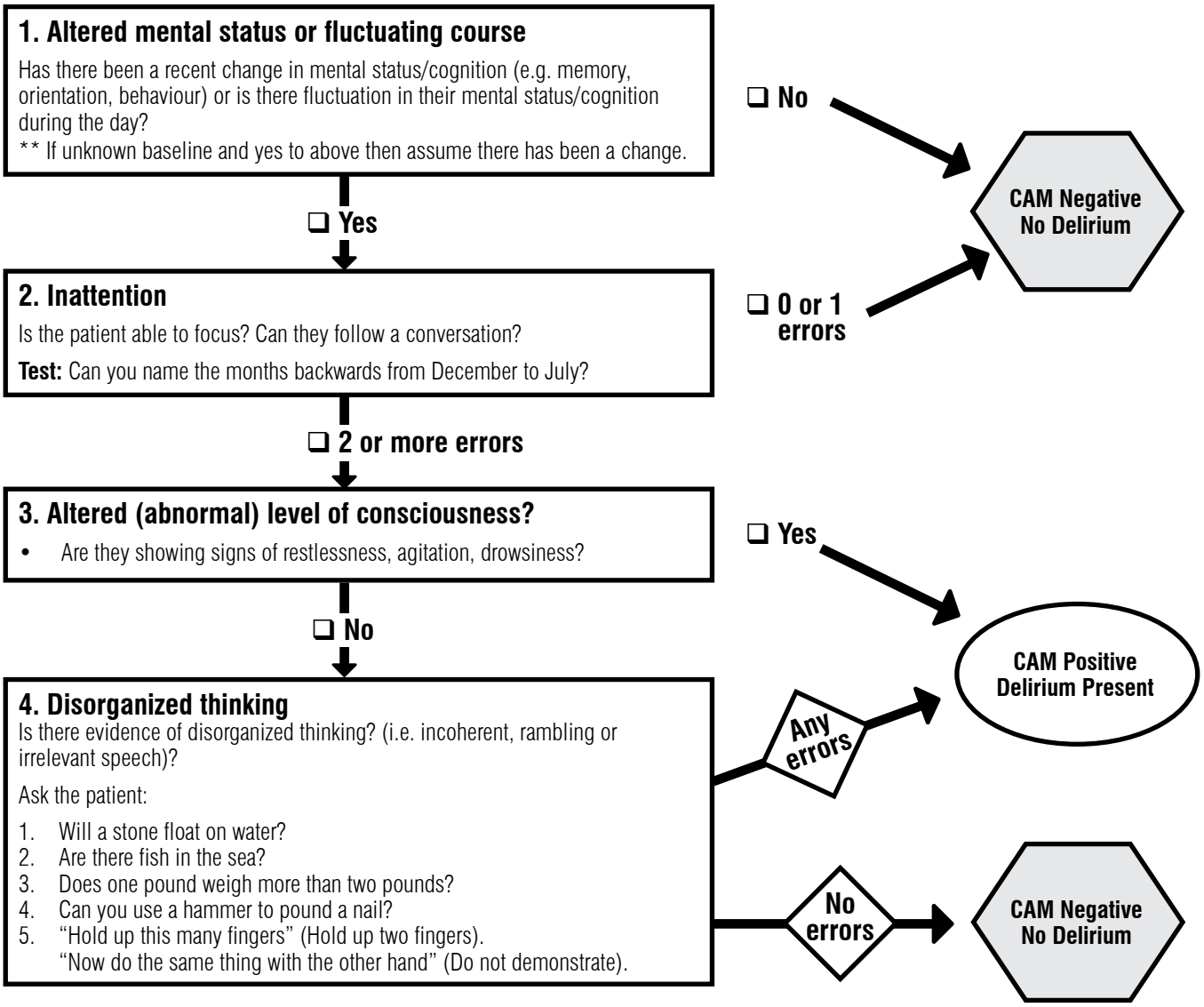
The Ottawa Hospital | L'Hôpital d'Ottawa

CONFUSION ASSESSMENT METHOD (CAM)

❑ CIVIC ❑ GENERAL

Must have 1 and 2 *plus* either 3 or 4 to score Positive



Required: ❑ Patient is CAM Negative (-) ***OR*** ❑ Patient is CAM Positive (+)

SEE REVERSE FOR UNIVERSAL PREVENTION & MANAGEMENT STRATEGIES

Name (print)	Signature	Date (yyyy/mm/dd)	Time

Reference: The Brief Confusion Assesssment Method (bCAM) is adapted from: Ely EW, et al. JAMA. 2001; 286:2703-2710. Confusion Assessment Method for the Intensive Care Unit.

If patient is CAM Positive:

1. Notify the attending physician and the interdisciplinary team of CAM positive results.

2. Support the investigation of the root cause of the delirium:

a. Consider use of the pre-printed order set for delirium (SPO 98); Place pre-printed order set on patient's chart.
b. Initiate interventions to treat root cause and manage symptoms of delirium (see below).

3. Documentation:

a. The Confusion Assessment Method (CAM) (GER 35) should be placed with the flow sheets on the patient's chart.
b. Document the nursing assessment including the acute change from baseline that you have observed, any potential root causes for delirium as well as any behaviours and response to interventions in the intergrated progress notes (IPN).
c. Write on the Kardex that the patient has a delirium. Note any key strategies to manage behaviour on the Kardex and on the interprofessional patient care plan (NUR 157).
d. Document patient teaching on the patient teaching record (NUR 157) and IPN as required.

4. Support patient and family

a. Provide teaching on delirium to patient and family.
b. Provide "Delirium: A Guide for Caregivers" to patient and family (P487).

5. Monitor and reassess patient and response to interventions at least every shift and prn.

Universal Strategies for Prevention & Management of Delirium

Environment	• Promote orientation: o Provide frequent, gentle reorientation to place, date, time, & staff members o Ensure care boards are clean with date and day of the week written clearly • Ensure patient has glasses and working hearing aids in place
Nutrition & Fluids	• Offer 60 mL of water or other beverage of choice to patient at every interaction • Encourage and enable patient's food intake: o Sitting up in chair for meals; table and tray within reach o Order a "ready tray" if patient requires assistance to open containers o Assist with meals as needed • If patient at risk for malnourishment, consult appropriate services (e.g. Dietitian, SLP) • Encourage family members to be present at meal times, to assist and to bring in favourite foods from home
Mobilization	• Encourage mobilization: Walk to the bathroom, up in chair for meals • Ask family to bring in supportive, non-slip, well-fitting footwear with a closed heel and toe • Provide patient and family with "Keep Moving: Myths and Facts about Being Active in Hospital" (P1104)
Toileting	• Assess patient's need for inserting/maintaining an indwelling urinary catheter (SPO 397) • Promote regular bladder routine: toilet q 2 – 4 h • Mobilize to commode or toilet if able • Promote regular bowel routine in keeping with patient's baseline
Pain	• Assess using nonverbal cues of pain – moaning, grimacing, guarding, protecting • Manage pain with regular schedule of analgesic while awake rather than relying on prn • Coordinate analgesia with mobilization/care events
Sleep	• Aim to maintain normal diurnal rhythm: awake during the day; sleeping at night • Establish bedtime routine: Calm, low light environment, toilet just prior to settling • Avoid waking patient through the night for care or medications • Limit daytime napping: keep lights on and blinds open, encourage light activity or exercise
Behaviour Management	• Speak slowly and clearly; re-focus patient if necessary • Use short, simple sentences; provide 1 step instructions and allow patient time to respond • Determine what triggers and improves disruptive behaviours; develop care plan that incorporates this information and communicate this to the team • Ask family/familiar people to sit with patient or visit on a regular basis

