

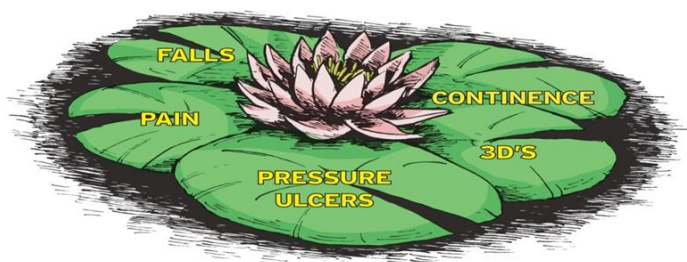
# An Education Toolkit: How to Screen the Older Adult for Delirium using the Confusion Assessment Method (CAM)

*Baycrest Working Group on Dementia, Delirium & Depression*

*March 2016*

*Part 1 of a 6-Part Toolkit*

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**LEAP**  **into**  
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## **Acknowledgements**

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Supported with funding from the Government of Ontario. The views expressed are the views of the authors and do not necessarily reflect those of the Province.

Please visit [www.RNAO.org](http://www.RNAO.org) to learn about the BPSO® Program and [www.clri-ltc.ca](http://www.clri-ltc.ca) for more resources from the Ontario Centres for Learning, Research and Innovation in Long-Term Care.

## **Toolkit Introduction**

*What is the purpose of this toolkit?* This toolkit is designed as a health professions educational resource for educators seeking to teach healthcare staff and students on using the Confusion Assessment Method (CAM) to screen older adults for delirium in long-term care. The content of this education places specific emphasis on:

- *How to recognize signs and symptoms of delirium*
- *When and how to screen for delirium using the CAM*
- *Strategies to promote safety and wellness in people with delirium*

Experiential learning techniques include the use of video simulations for participants to practice and receive feedback using the screening forms. Slides, handouts and evaluation materials are also included for adaptation and use by the educator.

*Who should use this toolkit for educational purposes?* This toolkit is designed for educators who are licensed healthcare professionals and who have training and experience working with individuals with delirium.

*Is this toolkit suitable for your organization?* Each user and organization using this toolkit is advised to review and select the screening tool best suited to the clinical population served.

*Rationale for selecting the CAM – The Baycrest experience.* After a review of the Registered Nurses Association of Ontario (2004, 2010, 2010) best practice guidelines related to delirium, dementia and depression in the care of older adults, the CAM was selected because it has a very strong evidence-base and was already being piloted in the organization with baseline data available.

## **Disclaimer & Copyright Considerations**

*Disclaimer.* This toolkit is not binding for users. It neither constitutes a liability nor a discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither the authors nor Baycrest Geriatric Centre give any guarantee as to the accuracy of the information contained in the guide, nor accept any liability, with respect to loss, damage, injury or expense arising from any such errors or omissions in the contents of this work. Any reference throughout the guide to specific products as examples does not imply endorsement of any of these products.

*Copyright considerations – toolkit and video simulations.* This 46 page toolkit and the associated video simulations are copyrighted to Baycrest Geriatric Centre and may not be modified. However, users have permission to customize the slide deck and printable forms.

*Copyright considerations – screening tool.* Clinical screening tools are often copyrighted and may or may not have associated costs. It is the responsibility of the user and the organization to determine the acceptable use of the screening tool selected by accepting to the terms and conditions and privacy policy set by the source, as well as retrieving and downloading the tool directly from the source.

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If you would like to share comments or suggestions about this toolkit, please email us at: [lri@baycrest.org](mailto:lri@baycrest.org).

## Preparing for Your Education Session

Table 1 outlines the steps and resources needed for your education session. Remember that you can tailor the session to your organization and group. The minimum suggested length for the session is an estimated 30 minutes, which may vary depending on the slides you choose to include (e.g., optional slides) and how you choose to present slides related to your documentation system.

This 6-part toolkit is consists of:

- Part 1 This main toolkit document (pdf file)
- Part 2 The slide deck (ppt file)
- Part 3 Video simulation 1 ([https://www.youtube.com/watch?v=ECfcN2\\_L9zc](https://www.youtube.com/watch?v=ECfcN2_L9zc))
- Part 4 Video simulation 2 (<https://www.youtube.com/watch?v=r2yQliNEnfU>)
- Part 5 Video simulation 3 (<https://www.youtube.com/watch?v=SIWUXrZhVOY>)
- Part 6 Printable forms (Word file)

**Table 1. Overview of Session**

Steps	Materials Needed (Part # of 6)	# to Print	Purpose
1. <b>Welcome</b> Slides 1-3	<b>a. Slide Deck</b> <ul style="list-style-type: none"> <li>➤ Download Part 2</li> <li>➤ Tailor the slides to your organization and audience (e.g., logo)</li> </ul>	N/A	Introduce yourself and briefly overview the learning objectives for the session. Let participants know they will receive a summary handout at the end of the session.
2. <b>Overview of Delirium</b> Slides 4-7		N/A	Provide background information regarding delirium in older adults in terms of the DSM 5 definition, myths about the condition, facts and different types of presentation.
3. <b>Screening for Delirium</b> Slides 8-10	<ul style="list-style-type: none"> <li>➤ Tailor slides 9 and 10 with your organization's name and according to your organization's screening policy</li> </ul> <b>b. CAM Process Flow</b> <ul style="list-style-type: none"> <li>➤ Please review this process flow to see if it aligns with your organization's policy on screening for delirium</li> <li>• Ex. <a href="#">Appendix B</a>: CAM Process Flow</li> </ul>	N/A  1 per participant	Explain the importance of screening for delirium in older adults in terms of following best practice guidelines by making reference to validated tools.  The <i>CAM Process Flow</i> is a visual illustration of the process for administering the CAM.
4. <b>Care Strategies</b> Slide 11	<b>c. Examples of Delirium Care Strategies</b> <ul style="list-style-type: none"> <li>➤ Print from Part 6</li> <li>• Ex. <a href="#">Appendix C</a>: Examples of Delirium Care Strategies</li> </ul>	1 per participant	Handout provides examples of clinical and communication strategies for participants to use.

**Table 1. Overview of Session**

Steps	Materials Needed (Part # of 6)	# to Print	Purpose
<p>5. <b>Video Simulations</b> Slides 12-15</p>	<p><b>d. Confusion Assessment Method (CAM)</b></p> <ul style="list-style-type: none"> <li>➤ <i>If using the CAM, go to <a href="http://www.hospitalelderlifeprgram.org/delirium-instruments/copyright-permission/">http://www.hospitalelderlifeprgram.org/delirium-instruments/copyright-permission/</a> to accept the terms and conditions and download the form</i></li> <li>• Ex. <a href="#">Appendix A: Confusion Assessment Method (CAM)</a></li> </ul>	3 per participant	Familiarize participants with the <i>Confusion Assessment Method (CAM)</i> which they will practice using three times by applying the tool to video simulations.
	<p><b>e. Video Simulation 1</b></p> <ul style="list-style-type: none"> <li>➤ <i>Download or link to video Part 3 at <a href="https://www.youtube.com/watch?v=ECfcN2_L9zc">https://www.youtube.com/watch?v=ECfcN2_L9zc</a> and test the speed/audio/connection before the session</i></li> </ul>	N/A	As a group, watch the video simulations and follow along to score the scenario on the CAM form. After each video simulation, discuss the answers and how to correctly administer and score the CAM.
	<p><b>f. Video Simulation 2</b></p> <ul style="list-style-type: none"> <li>➤ <i>Download or link to video Part 4 at <a href="https://www.youtube.com/watch?v=r2yQliENfU">https://www.youtube.com/watch?v=r2yQliENfU</a> and test the speed/audio/connection before the session</i></li> </ul>	N/A	
	<p><b>g. Video Simulation 3</b></p> <ul style="list-style-type: none"> <li>➤ <i>Download or link to video Part 5 at <a href="https://www.youtube.com/watch?v=SIWUXrZhVOY">https://www.youtube.com/watch?v=SIWUXrZhVOY</a> and test the speed/audio/connection before the session</i></li> </ul>	N/A	
<p>6. <b>Documenting in Your System</b> Slides 16-24</p>	<p><b>h. Using the CAM [in your system]</b></p> <ul style="list-style-type: none"> <li>➤ <i>Create screenshots of how to document the CAM on your system and add these to the slide deck. Note subsequent slide numbering may change based on number of new slides</i></li> <li>• Ex. <a href="#">Appendix D: Using CAM [in your system]</a></li> </ul>	N/A	

**Table 1. Overview of Session**

Steps	Materials Needed ( <i>Part # of 6</i> )	# to Print	Purpose
7. <b>Resources for Families &amp; Residents</b> Slide 25		N/A	These links are helpful references on delirium to provide information and resources for residents and families.
8. <b>Handouts for Staff</b> Slide 26	<ul style="list-style-type: none"> <li>➤ <i>Provide any additional handouts to your group</i></li> </ul>	N/A	
9. <b>Wrap Up &amp; Education Evaluation</b> Slide 27	<ul style="list-style-type: none"> <li>i. <b>CAM Education Evaluation Form</b> <ul style="list-style-type: none"> <li>➤ <i>Print from Part 6</i></li> <li>• Ex. <a href="#">Appendix E: CAM Education Session Evaluation</a></li> </ul> </li> </ul>	1 per participant	Display the references, wrap up the session and address questions or concerns. Ask participants to fill in the <i>CAM Education Evaluation Form</i> to collect valuable feedback on how to improve the session.

## Session Slides with Facilitator Notes

### Slide 1: Title Slide

# How to Screen the Older Adult for Delirium using the Confusion Assessment Method (CAM)

1

[Tailor slide with your organization's logo]. Introduce yourself and provide context for the session. Highlight the importance of following best practice guidelines when working with older adults. With regards to this session, this means regularly screening for delirium.

**Slide 2: Acknowledgements**

## Acknowledgements

- Baycrest Best Practice Spotlight Organization
- Baycrest Working Group on Dementia, Delirium and Depression
- Baycrest Centre for Learning, Research and Innovation in Long-Term Care

### Slide 3: What will I learn today?

## What will I learn today?

- What delirium is
- When and how to screen for delirium using the Confusion Assessment Method (CAM)
- Strategies to promote safety and wellness in people with delirium

3

Before you begin the session, read through these objectives and ask for any questions or comments so your group is aware of the expectations for the session.

Once housekeeping items have been addressed, ask your group:

- 1) *By a show of hands, how many people have worked with people who have been suspected to have delirium?*
- 2) *Has anybody used the Confusion Assessment Method (CAM) screening tool before?*

## Slide 4: What is delirium?

### What is delirium?

- An **acute disturbance of attention and awareness** (e.g., reduced ability to focus, sustain, or shift attention; reduced orientation to environment)
- A **change in cognition** (e.g., memory, perception)
- The development of either disturbance is not better accounted for by pre-existing, established or evolving dementia
- Develops **rapidly** (hours to days) and tends to **fluctuate** during the course of the day

*Diagnostic and Statistical Manual (DSM) 5*

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### Click 1: What is delirium?

Ask your group:

1. *What does delirium look like to you?*
2. *What are some of the symptoms?*

Assess the audience's prior knowledge of depression by asking for the definition and common signs and symptoms.

### Click 2: Read through the slide text

Highlight the key characteristics of Delirium: *Acute disturbance of consciousness, Change of cognition, Rapid development and fluctuating course over the day. These main characteristics formulate the key concepts in the Confusion Assessment Method (CAM) used to screen for delirium.*

## Slide 5: Delirium truth statements

### Which of these statements are not true about delirium?

1. Delirium is a medical emergency
2. Delirium can be reversed by determining its etiology
3. Delirium develops slowly over many weeks
4. Delirium is preventable
5. Delirium is often under diagnosed in clients with dementia and depression
6. Delirious patients often have feelings of loss or guilt

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Give the group time to go over these statements and identify which ones they believe to be false. The following page displays the right and wrong answers.

## Slide 6: The facts on delirium

### The facts on delirium

- **True**
  - ✓ Delirium is a **medical emergency**
  - ✓ Delirium can be **reversed** by determining its etiology
  - ✓ Delirium is **preventable**
  - ✓ Delirium is often **under diagnosed** in clients with dementia and depression
- **False**
  - ✗ Delirium develops slowly over many weeks
  - ✗ Delirious patients often have feelings of loss or guilt

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Review the answers with your group. Answer and clarify any questions they may have.

#### Wrong answers:

#3: related to dementia

#6: related to depression

*Delirium is a medical emergency that is caused by something. The something needs to be determined right away, using an inter-professional team approach.*

*Note that delirium is also preventable, so stress the importance of continuously assessing residents to determine if they are at risk for developing delirium. As an example, poor oral hydration could cause a urinary tract infection UTI, which could cause delirium in the older adult population.*

**Slide 7: What are the 3 ways that delirium presents?**

### What are the 3 ways that delirium presents?

<b>Hyperactive</b> (15-47%)	Increased motor activity, restlessness, agitation, verbalization, hallucination, delusion and inappropriate behaviour
<b>Hypoactive</b> (19-71%)	Lethargy, drowsiness, withdrawal, indifference and decreased motor activity; can often be misdiagnosed as depression
<b>Mixed</b> (43-56%)	Fluctuations in the features of the above two sub-types

(CCSMH Delirium Guidelines, 2006)  
(Registered Nurses' Association of Ontario, 2003)

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Review the chart with participants and answer any questions they have regarding the 3 presentations of delirium.

## Slide 8: Why is detecting delirium so important?

### Why is detecting delirium so important?

- Older persons who develop a delirium have prolonged hospital stays, worse functional outcomes, higher institutionalization rates and increased risk of cognitive decline and higher mortality rates
- Prevalence rates of between 10 -20% and incidence rates of 5 to 10% in older persons admitted to a geriatric hospital units.
- Post operative delirium is reported to be between 10 to 15%, with post operative delirium highest in post operative repair of hip fraction rates found between 40 – 50%
- Pre- existing dementia is the one factor most strongly associated with the development of delirium

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Ask your group:

1) *What are the potential outcomes if we don't identify and treat delirium?*

2) *What could possibly happen to someone? Why does this matter?"*

Read through the slide. *Note that failure to detect delirium can result in worse functional outcomes and higher institutionalization rates. Research has found that the use of regional nerve blocks to manage pain was associated with a lower risk of delirium in four small randomized controlled trials. Further, when delirium did occur, it was less severe and didn't last as long. Improved pain control and or reduced opioid requirement were felt to explain these results (CCSMH, 2014 update – the assessment and Treatment of Delirium)*

## Slide 9: Let's talk CAM: When do you screen for delirium?

### Let's talk CAM: When do you screen for delirium?

- On admission
- Daily and PRN as part of each shift's assessment:
  - Delirium can fluctuate with periods of lucidity during which the person's mental/cognitive status can appear unremarkable
  - Therefore repeated screening and looking for variation is recommended

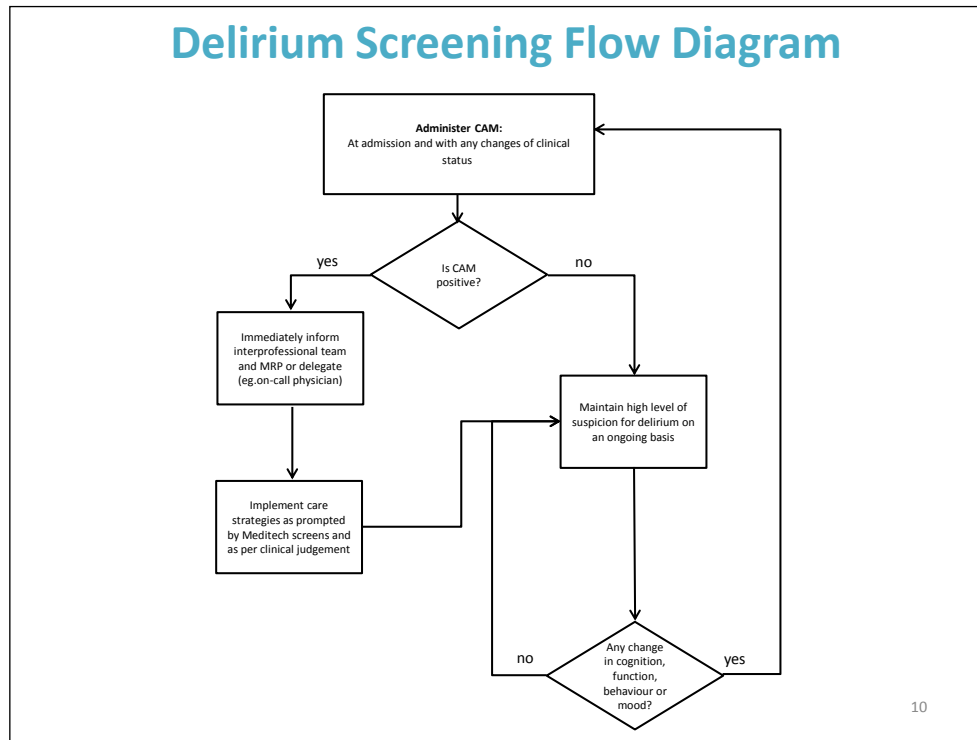
9

[Tailor this slide to your organizational policy]. Ask your group:

- 1) *What does a significant change look like?*
- 2) *What would you be looking for?"*

The **Confusion Assessment Method** or **CAM** is an evidence-based tool used for screening delirium in older adults. [Tailor this to your organizational policy in regards to specific screening procedures]. The next slide provides a visual diagram of the process for administering the CAM within your organization.

**Slide 10: CAM Process Flow**



[Tailor this to your organizational policy]. Encourage your group to follow along on their handout of the *CAM Process Flow Diagram* (**Appendix B: CAM Process Flow**) as you outline the process. You can print copies from part 6/6 of the toolkit.

**Slide 11: Examples of delirium care strategies**

## Examples of delirium care strategies

Physiological	Communication	Environment	Other
<p>Manage discomfort/pain</p> <p>Attempt to identify and treat infections</p> <p>Minimize fatigue by allowing for rest</p>	<p>Introduce yourself by name and role every time</p> <p>Speak slowly and clearly. Give one instruction at a time. Focus on what they can/should do. Avoid negative words (don't, no, stop).</p> <p>Provide reassurance</p>	<p>Provide adequate supervision</p> <p>Lower the bed</p> <p>Remove clutter</p> <p>Remove or camouflage devices/tubes</p> <p>Maintain familiar surroundings</p>	<p>Reduce noise</p> <p>Provide adequate light</p> <p>Provide glasses and hearing aids to maximize senses</p> <p>Keep tasks concrete</p> <p>Allow time for processing</p>

Registered Nurses' Association of Ontario. (2004). Caregiving strategies for older adults with delirium, dementia and depression. Registered Nurses' Association of Ontario. Toronto, Canada: Author.

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**OPTIONAL SLIDE**

*Refer to handout on Delirium Care Strategies (see **Appendix C: Examples of Delirium Care Strategies**). You can print copies from part 6/6 of the toolkit.*

*When delirium is suspected, caregivers can implement some of the strategies. Please note that this is not an exhaustive list and it supports, but does not replace clinical judgment.*

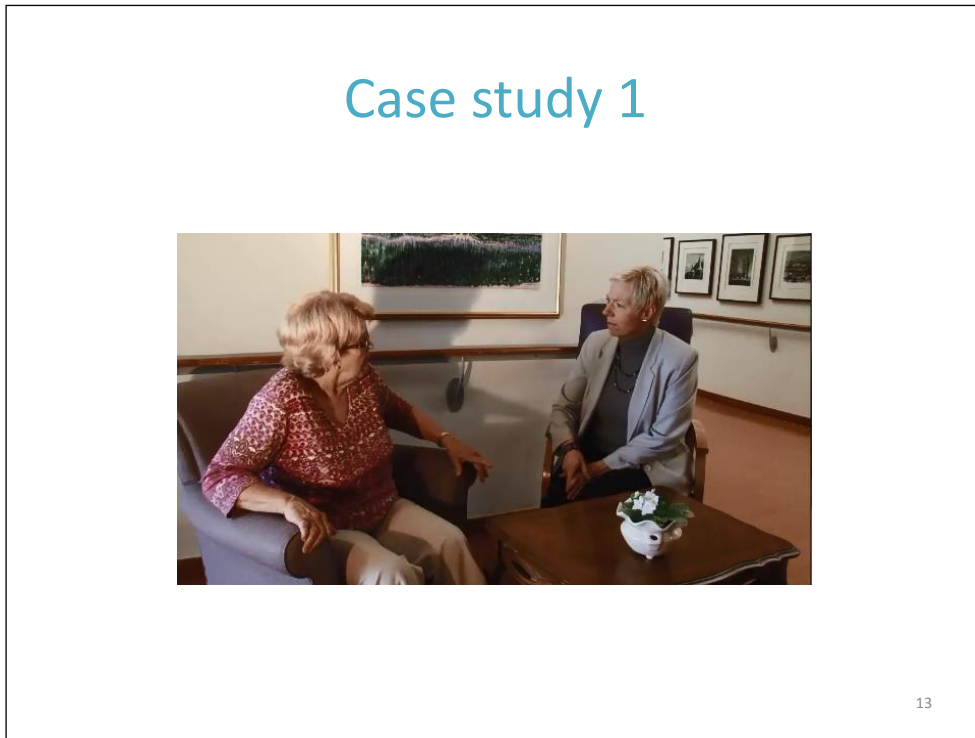
## Slide 12: Practicing using the CAM



*In order to become familiar with using the CAM, it is important to practice. Let's do this together.*

Give each participant 3 copies of the screening tool that you printed from the original source. Give them a few moments to look over the tool.

## Slide 13: Video simulation 1



**Duration:** 1 minute 17 seconds

Before starting this video, instruct your group to have their CAM ready to follow along and to score the CAM the way they think it should be scored.

**Introduce the case:** *In this case study, you will meet Mrs. George, an 80 year old woman who has lived in a nursing home for the last 3 years. She is a widow and has 2 daughters that visit her every Saturday. Mrs. G is a pleasant and sociable lady. She likes attending the daily music group and participates in baking activities. She particularly enjoys meal times and sees this as an opportunity like to mingle with co-residents.*

Show video 1.

Ask your group:

- 1) *Is she delirious – what are your CAM findings?*
  - **YES**
  - **Answer:** I a: Yes I b: Yes ; II: Yes ; III: Yes ; IV: Yes – Vigilant

2) *What might be some care management strategies?*

**Answers:** (the group could choose others, but these seem more applicable)

- Consult with the Most Responsible Physician
- Consult with the inter-profession team
- Assess for signs and symptoms of dehydration
- Assess for signs and symptoms of infection
- Use re-orienting communication strategies
- Maintain familiar surrounding or objects
- Encourage family visitation

## Slide 14: Video simulation 2



**Duration:** 1 minute 11 seconds

Before starting this video, instruct your group to have their CAM ready to follow along and to score the CAM the way they think it should be scored.

**Introduce the case:** *In this case study, you will meet a 70 year old man who recently has undergone knee replacement surgery 1 week ago today. He is currently admitted to a rehab unit and uses a cane to help him ambulate. His medical history includes stroke, osteoarthritis and glaucoma.*

Show video 2.

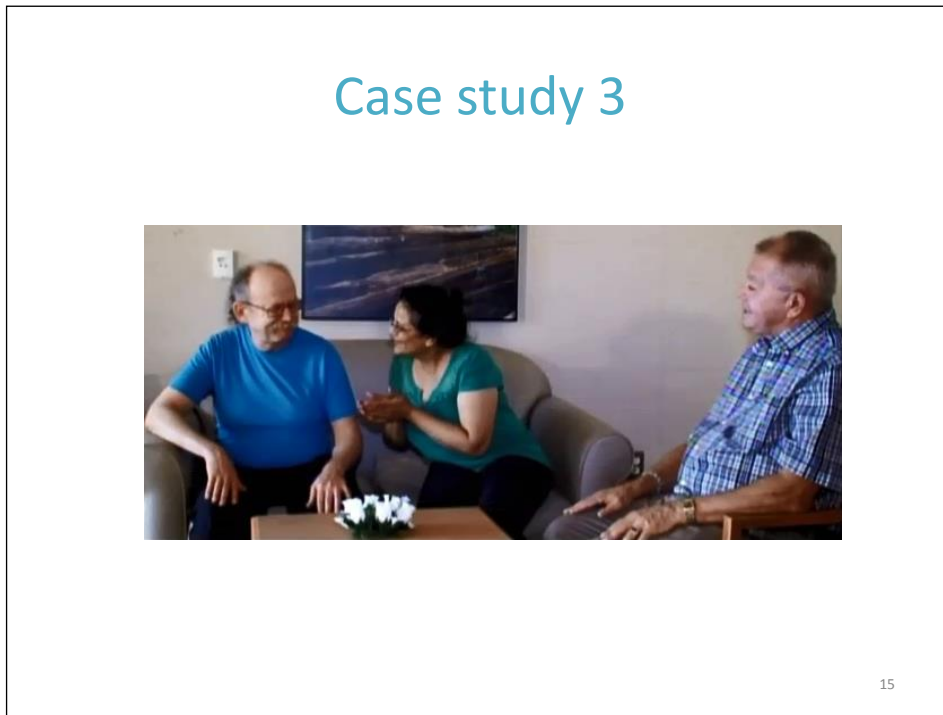
Ask your group:

- 1) *Is he delirious – what are your CAM finding? (hand out the paper copy of the CAM)*
  - **NO**
  - **Answer:** I a: Yes I b: No ; II: No ; III: Yes ; IV: No

2. *What does this patient need?*

- **Answer:** Pain Management

## Slide 15: Video simulation 3



**Duration:** 58 seconds

Before starting this video, instruct your group to have their CAM ready to follow along and to score the CAM the way they think it should be scored.

**Introduce the case:** *In this case study, you will meet Mr. Ford, who has been living in a nursing home for the last 2 years. He has a history of urinary tract infections and transient ischemic attacks. Mr. Ford is a sociable man who usually participates in the daily music group. He loves singing with co-residents.*

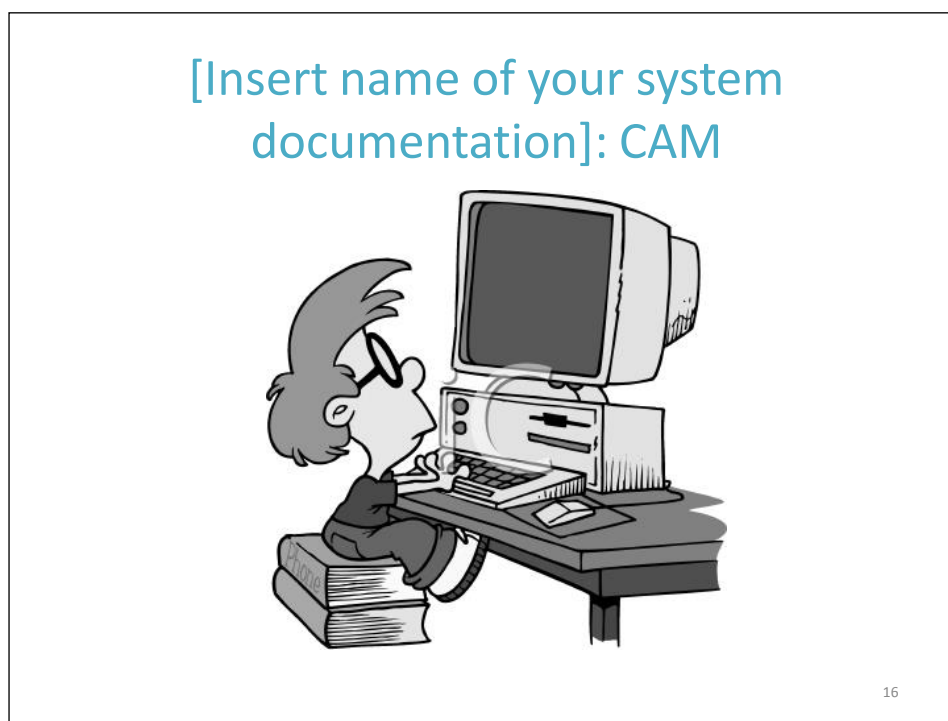
Show video 3.

Ask your group:

1. *Is he delirious? What is your CAM finding?*
  - **YES**
  - **Answer:** I a: Yes I b: Yes ; II: Yes ; III: No ; IV: Yes – Lethargic

2. *What type of delirium is it?*
  - **Answer:** Hypoactive
  
3. *What might be causing his delirium?*
  - **Answer:** UTI
  
4. *What would be some specific care management strategies for Henry Ford?*
  - **Answers:** (the group could choose others, but these seem more applicable)
  - Consult with the Most Responsible Physician
  - Consult with the interprofessional team
  - Assess for signs and symptoms of infection
  - Assess for urinary retention and fecal impaction

## Slide 16: Documenting in your system



[Tailor the documentation slides to your organization]. Provide a visual demonstration for your group on how to use your system for CAM documentation. Examples of step-by-step screenshots for how to document in the Baycrest Meditech system are in **Appendix D: Using CAM [in your system]**. The focus is on how to find and use the CAM tool in your system.

Inform your group that they do not have to memorize the following slides as instructions are provided in a handout. Encourage them to follow along and to stop you at any time for questions and clarification.

## Slide 25: Resources for families and residents

### Resources for families and residents

- Canadian Coalition for Seniors' Mental Health (n.d.). *Delirium in older adults: A guide for seniors and their families*. Retrieved from: [http://www.ccsmh.ca/pdf/ccsmh\\_deliriumBooklet.pdf](http://www.ccsmh.ca/pdf/ccsmh_deliriumBooklet.pdf)
- Registered Nurses Association of Ontario. (2004). Health education fact sheet: Recognizing delirium, dementia and depression. Retrieved from [http://rnao.ca/sites/rnao-ca/files/Recognizing\\_Delirium\\_Dementia\\_and\\_Depression.pdf](http://rnao.ca/sites/rnao-ca/files/Recognizing_Delirium_Dementia_and_Depression.pdf)
- Registered Nurses Association of Ontario. (2005). Health education fact sheet: Caring for persons with delirium, dementia & depression. Retrieved from: [http://rnao.ca/sites/rnao-ca/files/Caring\\_for\\_Persons\\_with\\_Delirium\\_Dementia\\_Depression.pdf](http://rnao.ca/sites/rnao-ca/files/Caring_for_Persons_with_Delirium_Dementia_Depression.pdf)

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*Here are some good resources to give to residents and their families regarding delirium.*

## Slide 26: Handouts for staff

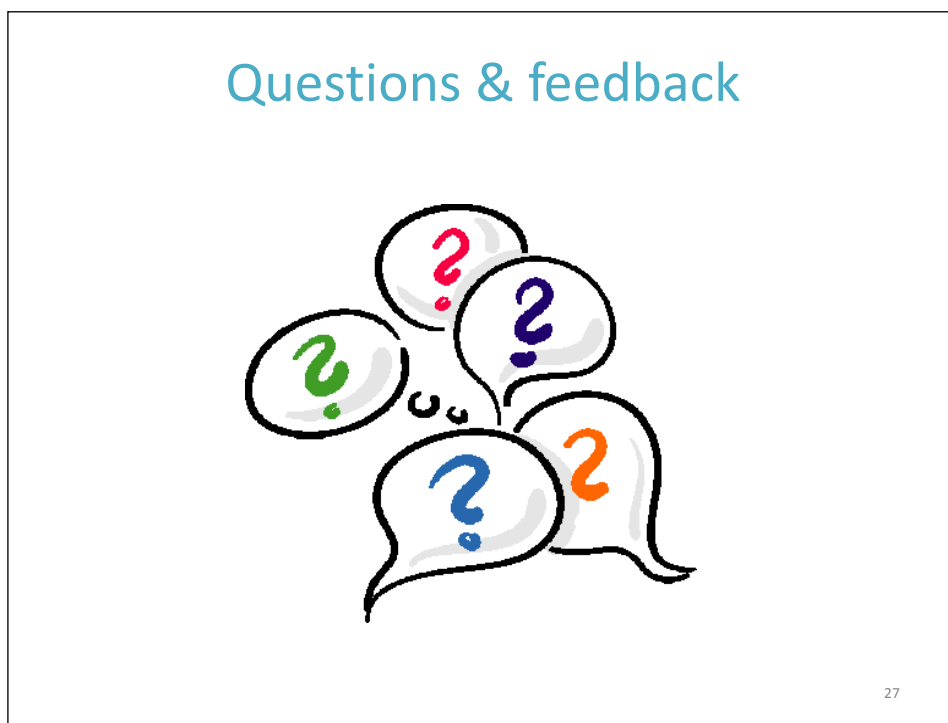
### Handouts for staff

- CAM Process Flow
- Examples of delirium care strategies

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Distribute any remaining session handouts to the group to keep for future reference.

## Slide 27: Wrap-Up and CAM education evaluation



Thank everyone for their participation and ask for questions.

Ask participants to fill out the evaluation form (**see example in Appendix E: CAM Education Session Evaluation**). You can tailor and print copies from part 6/6 of the toolkit.

This ends the session.

## Slide 28: References

## References

- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Washington, DC: Author.
- Britton, A., & Russell, R. (2005). Multidisciplinary team interventions for delirium in patients with chronic cognitive impairment. *The Cochrane Database of Systematic Reviews*. Article No: CD000395.pub2. DOI: 10.1002/14651848.CD00395.pub2.
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- Stagno, D., Gibson, C., & Breitbart, W. (2004). The delirium subtypes: A review of prevalence, phenomenology, pathophysiology, and treatment response. *Palliative and Supportive Care*, 171-179.

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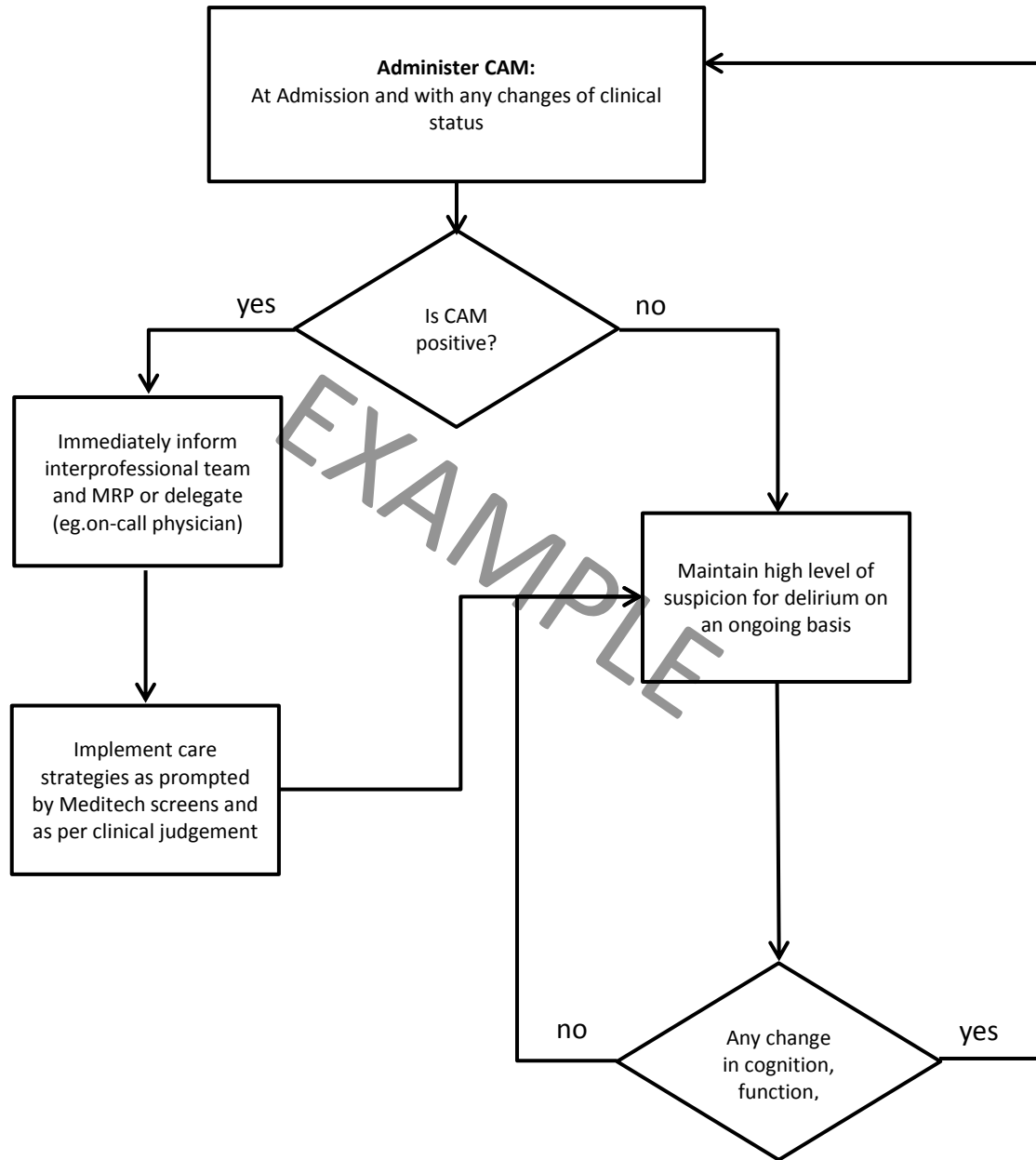
## **Appendix A: Confusion Assessment Method (CAM)**

*Copyright considerations – screening tool.* Clinical screening tools are often copyrighted and may or may not have associated costs. It is the responsibility of the user and the organization to determine acceptable use of the screening tool selected by accepting to the terms and conditions and privacy policy set by the source as well as retrieving and downloading the tool directly from the source.

Website for the CAM: <http://www.hospitalelderlifeprogram.org/delirium-instruments/>

## Appendix B: CAM Process Flow

### Delirium Screening Flow Diagram



## Appendix C: Examples of Delirium Care Strategies

### EXAMPLES OF DELIRIUM CARE STRATEGIES

When delirium is suspected, caregivers can implement some of the strategies below. Please note that this is not an exhaustive list and it does not replace clinical judgement.

<b>Physiological</b>	<b>Communication</b>	<b>Environment</b>	<b>Other</b>
<p>Manage discomfort/pain</p> <p>Attempt to identify and treat infections</p> <p>Minimize fatigue by allowing for rest</p>	<p>Introduce yourself by name and role every time</p> <p>Speak slowly and clearly. Give one instruction at a time.</p> <p>Focus on what they can/should do.</p> <p>Avoid negative words (don't, no, stop).</p> <p>Provide reassurance</p>	<p>Provide adequate supervision</p> <p>Lower the bed</p> <p>Remove clutter</p> <p>Remove or camouflage devices/tubes</p> <p>Maintain familiar surroundings</p>	<p>Reduce noise</p> <p>Provide adequate light</p> <p>Provide glasses and hearing aids to maximize senses</p> <p>Keep tasks concrete</p> <p>Allow time for processing</p>

Adapted from: Registered Nurses Association of Ontario. (2004). *Caregiving Strategies for Older Adults with Delirium, Dementia and Depression*. Toronto, Canada: Author.

## Appendix D: Using CAM [in your system]

Example: Using the CAM in Baycrest Meditech System

[Insert name of your system]: CAM

The screenshot shows a software window titled "Process Interventions" for patient "DOLEZEL, GINA". The interface includes a table of interventions and a list of assessment categories. A green callout box points to the "CAM (CONFUSION ASSESSMENT METHOD) \*NEW\*" entry in the list.

Interv	Document Now	Document Interv's	Patient Notes	Change Status	View History	Char Dir

Interventions	Sts	Directions	Doc	Src	D	C/N	KI	Pr
-Client Profile	A	.As Required		PS				
===== ASSESSMENTS =====								
-Eating Assessment	A	.with 5 days of ad...		PS				
-Pain Assessment	A	.within 24 hr of a...	8d	PS				
-Nursing Admission Assessment	A	.within 24 hr of a...		PS				
<b>-CAM (CONFUSION ASSESSMENT METHOD) *NEW*</b>	<b>A</b>	<b>.within 48h of Ad...</b>		<b>PS</b>				
-Mobilization GAS	A	***NEW***		PS				
===== ELIMINATION =====								
-Stool Record	A	.0 shift	19d	PS				
===== INFECTION & SCREENING =====								
-Immunization Record	A			PS				
-Infection Control Status	A		19d	PS				
-FRI - Phase I and II	A	.with 2 hr of admi...		PS				
===== OBSERVATIONS & MONITORING =====								
-Systems Shift Assessment - Nursing	A	.0 shift		PS				
-Pain - Shift Assessment	A			PS				

## Meditech: CAM

The screenshot shows the Meditech software interface for the Confusion Assessment Method (CAM). The main window displays the 'Process Interventions' section with a table for 'Current Date/Time DOG' and 'Document Interv's'. Below this, there is a section for 'Confusion Assessment Method' with a date and time of '20/03 0815 DOG'. The assessment text includes 'Adapted from Inouye SK et al, Clarification of the Confusion Assessment Method (CAM) - A New Method for Detection of Delirium' and 'A New Method for Detection of Delirium'. The assessment type is currently set to 'CAM not completed'. The assessment questions are listed under 'I. ACUTE ONSET AND FLUCTUATING COURSE' and 'II. INATTENTION'. An 'Assessment Type Lookup' dialog box is open, showing a table of assessment types with their mnemonics and responses.

Select	Mnemonic	Responses
1	A	Admission
2	D	Day Shift
3	E	Evening Shift
4	N	Night Shift

<End of list>

**Select the Assessment Type (which shift you are completing the CAM on)**

## Meditech: CAM

The screenshot shows the Meditech CAM interface. The main window displays the 'Confusion Assessment Method' form. A 'CAM not completed Lookup' dialog box is open, showing a list of reasons for incomplete CAMs. A green callout box provides additional information about the 'Comatose/non-responsive' response.

Mnemonic	Responses
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Language barrier  
Non-verbal  
Patient asleep  
Comatose/non responsive  
Transfer to acute care  
Internal transfer  
Staff workload  
Death  
Other

If a CAM can not be completed during your shift please choose the appropriate response from the list.  
For clients who are **comatose/non-responsive** – this will be an exclusion criteria for having to complete any further CAMs.

## Meditech: CAM

NUR.BCC (B/TEST.5.63.MIS/166/BCC) - TRAINING,NURSE

Process Interventions

Current Date/Time TRN Int: 0/ of 8

DIH Add Document Document Patient Change View Change >More  
Interv Interv's Notes Status History Directions

Confusion Assessment Method

13/12 0812 TRN |C000048/09 UP

CONFUSION ASSESSMENT METHOD (CAM) SHORTENED VERSION  
Adapted from Inouye SK et al. Clarifying Confusion: The Confusion Assessment Method  
A New Method for Detection of Delirium.

Assessment Type> Admission User ID: N.TRAIN Date: T

I. ACUTE ONSET AND FLUCTUATING COURSE Y/N

a) Is there evidence of an acute change in mental status from the patient's baseline?

b) Did the (abnormal) behavior fluctuate during the day, that is, tend to come and go or increase and decrease in severity?

II. INATTENTION

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

A positive CAM is determined by answering **Yes** to all of **I & II** and ...

## Meditech: CAM

NUR.BCC (B/TEST.5.66.MIS/148/BCC) - DOLEZEL,GINA \*\*\* TEST \*\*\*

Process Interventions

Current	Date/Time	DO6	Int: 07 of 42				
<input type="checkbox"/>	Add Interv	Document Now	Document Interv's	Patient Notes	Change Status	View History	Change Direct

Confusion Assessment Method

04/03 1137 DO6

III. DISORGANIZED THINKING  
Has 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?

IV. ALTERED LEVEL OF CONSCIOUSNESS  
Overall, how would you rate the patient's level of consciousness:  
Altered?   
Specify>

Document Progress Note?

And ... by answering  
**Yes** to either III or IV or  
both

# Meditech: CAM

The screenshot shows the Meditech CAM (Confusion Assessment Method) interface. The main window displays a form with the following sections:

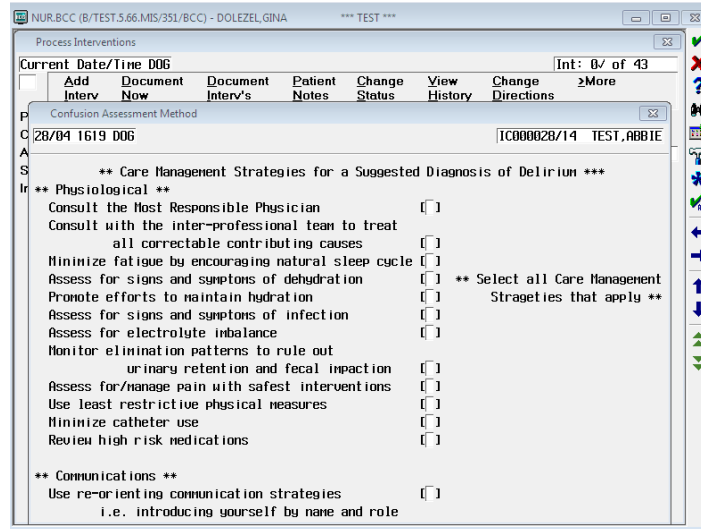
- Current Date/Time DOG**: 20/03 0824 DOG
- III. DISORGANIZED THINKING**: Has the patient's thinking disorganized or such as rambling or irrelevant conversation unclear or illogical flow of ideas, or unpr switching from subject to subject?
- IV. ALTERED LEVEL OF CONSCIOUSNESS**: Overall, how would you rate the patient's level of consciousness: Altered? Specify>

An "Altered level of consciousness Lookup" dropdown menu is open, showing the following options:

Mnemonic	Responses
1 A	Alert
2 C	Coma
3 L	Lethargic
4 S	Stupor
5 U	Vigilant

A green callout box with an arrow pointing to the dropdown menu contains the text: "If LOC is altered, please enter how as per this drop down box."

## Meditech: Care Management Strategies



## Meditech: Care Management Strategies

NUR.BCC (B/TEST.5.66.MIS/351/BCC) - DOLEZEL,GINA \*\*\* TEST \*\*\*

Process Interventions

Current Date/Time D06 Int: 0/ of 43

	Add Interv	Document Now	Document Interv's	Patient Notes	Change Status	View History	Change Directions	>More
P								
C								
A								
S								
Interv								
Confusion Assessment Method								
	28/04 1619 D06						IC000028/14	TEST,ABBIE
	Speak slowly and clearly					<input type="checkbox"/>		
	Identify sensory deficits (provide glasses and hearing aids)					<input type="checkbox"/>		
	Use behavioural management strategies to reduce agitation triggers					<input type="checkbox"/>		
	Provide patient/family teaching					<input type="checkbox"/>		
	Document all treatment plans and outcomes in patient care notes, shift report and kardex					<input type="checkbox"/>		
	<b>** Environment **</b>							
	Implement measures to promote patient safety and prevention of injury					<input type="checkbox"/>		
	Use re-orientating environmental strategies, i.e. clocks and calendars					<input type="checkbox"/>		
	Maintain familiar surroundings or objects					<input type="checkbox"/>		
	Avoid unnecessary room changes					<input type="checkbox"/>		
	Encourage family visits					<input type="checkbox"/>		
	Reduce noise					<input type="checkbox"/>		
	Provide adequate light					<input type="checkbox"/>		
	Assess for falls risk					<input type="checkbox"/>		

## Appendix E: CAM Education Session Evaluation

UNIT \_\_\_\_\_

New Hire:       within 6 months                       over 6 months

### CAM EDUCATION EVALUATION

Evaluation of CAM Phase 1 – Independent Learning  
Video and pamphlet

Evaluation of CAM Phase 2 – Workshop  
Slide show and case scenario

1. Have you ever used the CAM before this education?
  - Yes       No
  
2. How much do you feel you benefited from the education for administering the CAM?
  - Not at all     Slightly     Somewhat     Moderately     Very much
  
3. How helpful was the video in understanding how to use the CAM?
  - Not at all     Slightly     Somewhat     Moderately     Very much
  
4. How helpful was the education in learning how to identify delirium?
  - Not at all     Slightly     Somewhat     Moderately     Very much
  
5. How helpful was the education in understanding how to administer the CAM?
  - Not at all     Slightly     Somewhat     Moderately     Very much
  
6. How helpful do you think the CAM will be in your clinical practice in screening for delirium?
  - Not at all     Slightly     Somewhat     Moderately     Very much
  
7. How helpful do you think the CAM will be in communicating delirium to the team?
  - Not at all     Slightly     Somewhat     Moderately     Very much

Please turn over

8. How effective will the unit be in identifying patients with delirium after the training?
- Not at all     Slightly     Somewhat     Moderately     Very much
9. Do you feel the CAM will help initiate care plans to address patients with delirium?
- Not at all     Slightly     Somewhat     Moderately     Very much
10. What was the most valuable thing you learned in the session?
11. Was there anything that was not covered in the session that you felt should have been covered?
12. How could the session have been better or more helpful?
13. Any other comments?