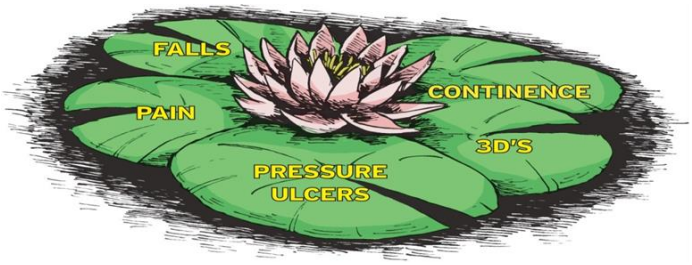
An Education Toolkit:
How to Screen the Older Adult for Delirium using the Confusion Assessment Method (CAM)

Baycrest Working Group on Dementia, Delirium & Depression

March 2016

Part 1 of a 6-Part Toolkit



LEAP into Best Practice

Baycrest Best Practice Spotlight Organization (BPSO®)

Baycrest Centre for Learning, Research & Innovation in Long-Term Care

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Acknowledgements

This toolkit is made possible through the Baycrest Working Group on Dementia, Delirium and Depression as part of its Best Practice Spotlight Organization activities and in partnership with the Baycrest Centre for Learning, Research and Innovation in Long-Term Care. Baycrest was designated a Best Practice Spotlight Organization (BPSO®) in April 2015 and was appointed as an Ontario Centre for Learning, Research and Innovation in Long-Term Care in September 2011. Special acknowledgement is also given to the staff and volunteers enabling Baycrest SAGE - Simulation Activities for Gerontological Education which produced the video simulations for the toolkit. This toolkit is one of many resources and activities developed to implement selected best practice guidelines of the Registered Nurses Association of Ontario and we are pleased to share this resource with other long-term care homes and organizations.

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 to learn about the BPSO® Program and 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.

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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.

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If you would like to share comments or suggestions about this toolkit, please email us at: 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)
Part 4	Video simulation 2 (https://www.youtube.com/watch?v=r2yQIiNEnfU)
Part 5	Video simulation 3 (https://www.youtube.com/watch?v=SIWUXrZhV0Y)
Part 6	Printable forms (Word file)

Table 1. Overview of Session

Steps	Materials Needed *(Part # of 6)*	# to Print	Purpose
1. **Welcome** Slides 1-3	**a. Slide Deck** ➢ *Download Part 2* ➢ *Tailor the slides to your organization and audience (e.g., logo)*	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. **Overview of Delirium** 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. **Screening for Delirium** Slides 8-10	➢ *Tailor slides 9 and 10 with your organization's name and according to your organization's screening policy* **b. CAM Process Flow** ➢ *Please review this process flow to see if it aligns with your organization's policy on screening for delirium* • Ex. Appendix B: CAM Process Flow	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 *CAM Process Flow is* a visual illustration of the process for administering the CAM.
4. **Care Strategies** Slide 11	**c. Examples of Delirium Care Strategies** ➢ *Print from Part 6* • Ex. Appendix C: Examples of Delirium Care Strategies	1 per participant	Handout provides examples of clinical and communication strategies for participants to use.

Table 1. Overview of Session

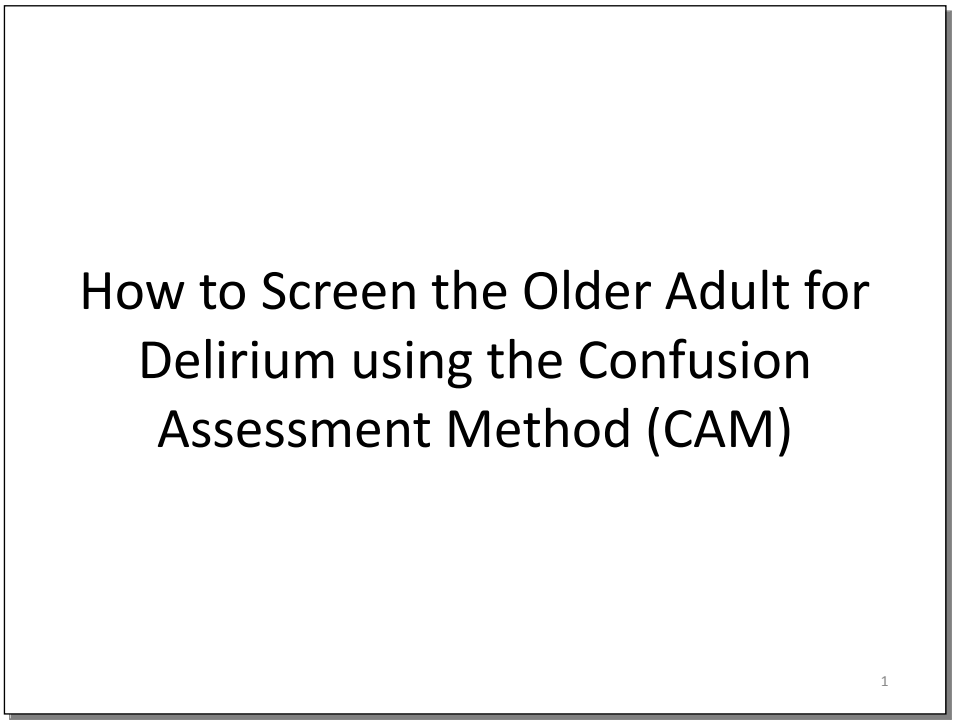
Steps	Materials Needed *(Part # of 6)*	# to Print	Purpose
5. **Video Simulations** Slides 12-15	**d. Confusion Assessment Method (CAM)** ➢ *If using the CAM, go to* http://www.hospitalelderlifeprogram.org/delirium-instruments/copyright-permission/ *to accept the terms and conditions and download the form* • Ex. Appendix A: Confusion Assessment Method (CAM)	3 per participant	Familiarize participants with the *Confusion Assessment Method (CAM)* which they will practice using three times by applying the tool to video simulations.
	e. Video Simulation 1 ➢ *Download or link to video Part 3 at https://www.youtube.com/watch?v=ECfcN2_L9zc and test the speed/audio/ connection before the session*	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.
	f. Video Simulation 2 ➢ *Download or link to video Part 4 at https://www.youtube.com/watch?v=r2yQIiNEnfUand test the speed/audio/connection before the session*	N/A	
	g. Video Simulation 3 ➢ *Download or link to video Part 5 at https://www.youtube.com/watch?v=SIWUXrZhV0Y and test the speed/audio/ connection before the session*	N/A	
6. **Documenting in Your System** Slides 16-24	**h. Using the CAM [in your system]** ➢ *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* • Ex. Appendix D: Using CAM [in your system]	N/A	Walk participants through the steps to document the CAM in the specific system you are using.

Table 1. Overview of Session

Steps	Materials Needed *(Part # of 6)*	# to Print	Purpose
7. **Resources for Families & Residents** Slide 25		N/A	These links are helpful references on delirium to provide information and resources for residents and families.
8. **Handouts for Staff** Slide 26	➢ *Provide any additional handouts to your group*	N/A	
9. **Wrap Up & Education Evaluation** Slide 27	i. **CAM Education Evaluation Form** ➢ *Print from Part 6* • Ex. Appendix E: CAM Education Session Evaluation	1 per participant	Display the references, wrap up the session and address questions or concerns. Ask participants to fill in the *CAM Education Evaluation Form* to collect valuable feedback on how to improve the session.

Session Slides with Facilitator Notes

Slide 1: Title Slide



[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

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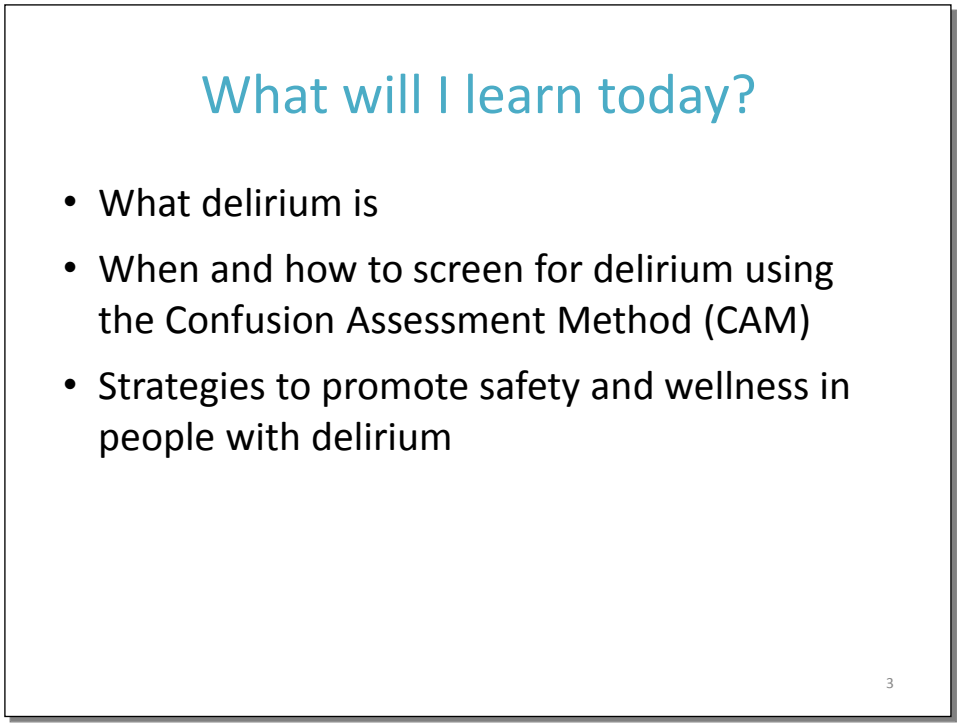
Slide 3: What will I learn today?

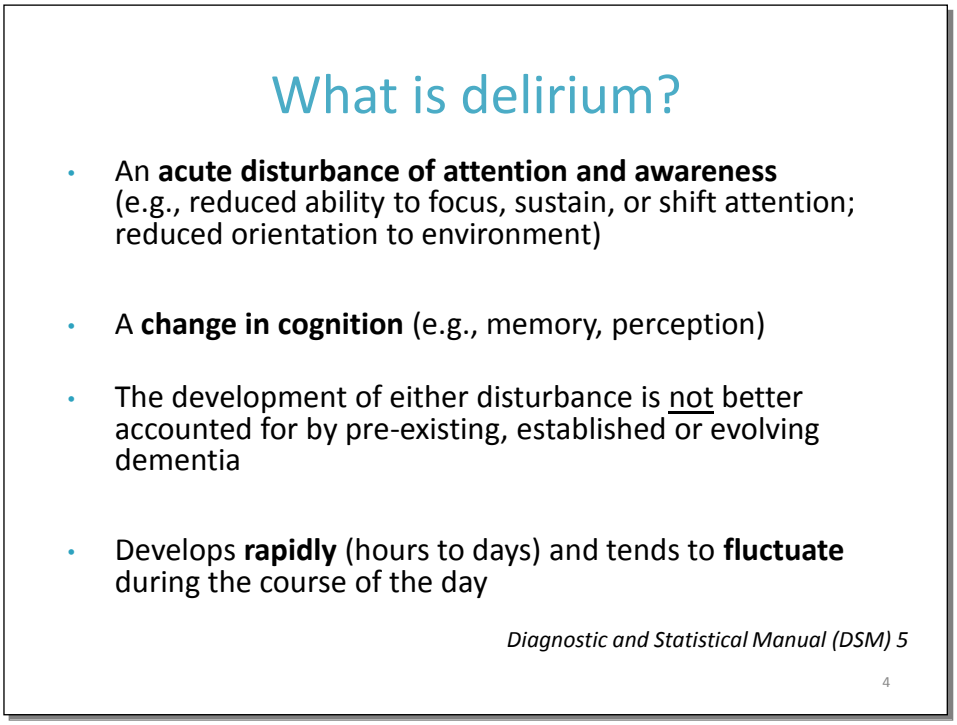


Before you begin the session, read through these objectives and ask for any questions or comments so your group is aware of the expectations for the session.

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?



Click 1: What is delirium?

Ask your group:

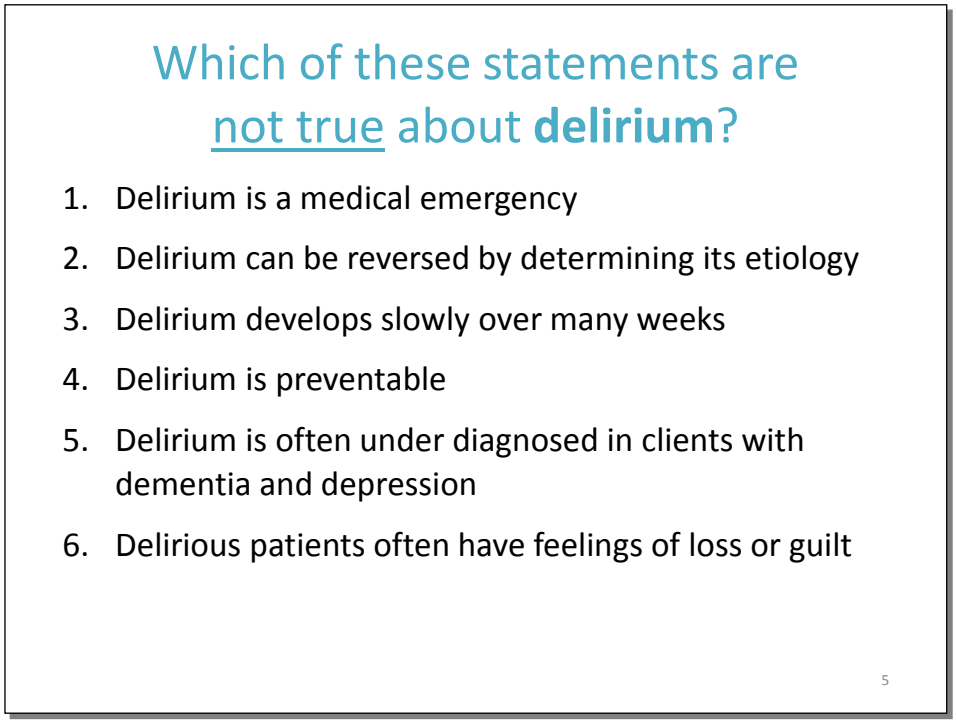
1. *What does delirium look like to you?*
2. *What are some of the symptoms?*

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

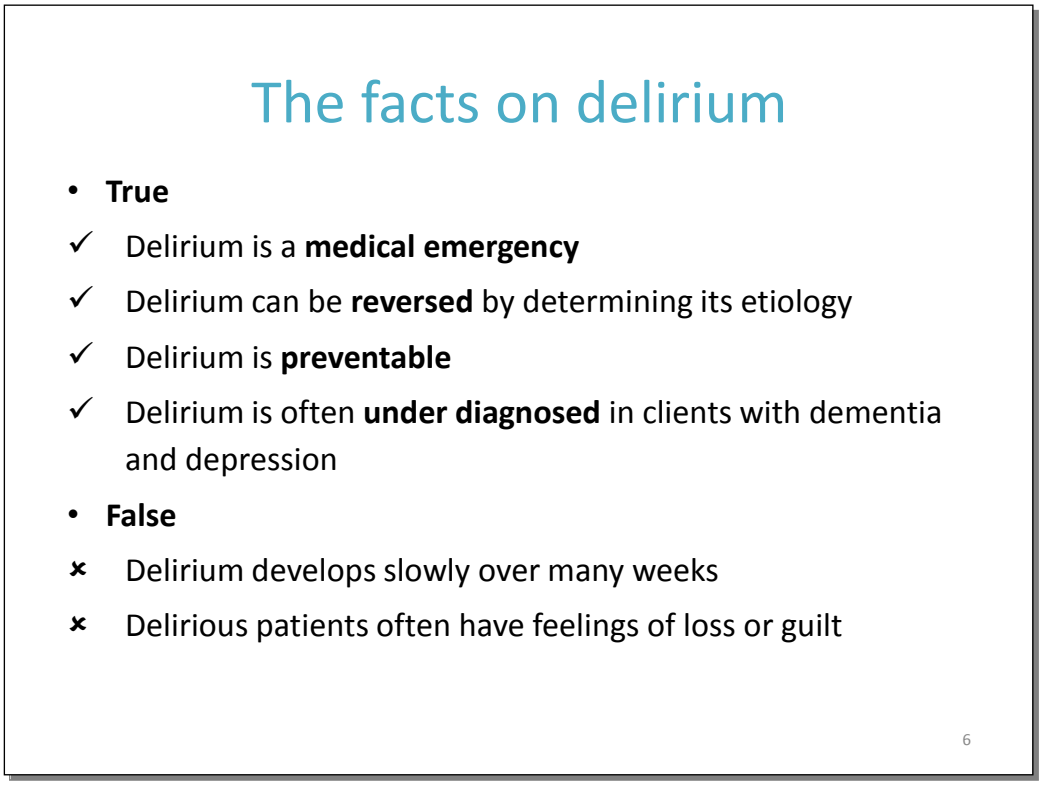
Highlight the key characteristics of Delirium: *Acute disturbance of consciousness, Change of cognition, Rapid development and fluctuating course over the day*. *These main characteristics formulate the key concepts in the Confusion Assessment Method (CAM) used to screen for delirium.*

Slide 5: Delirium truth statements



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



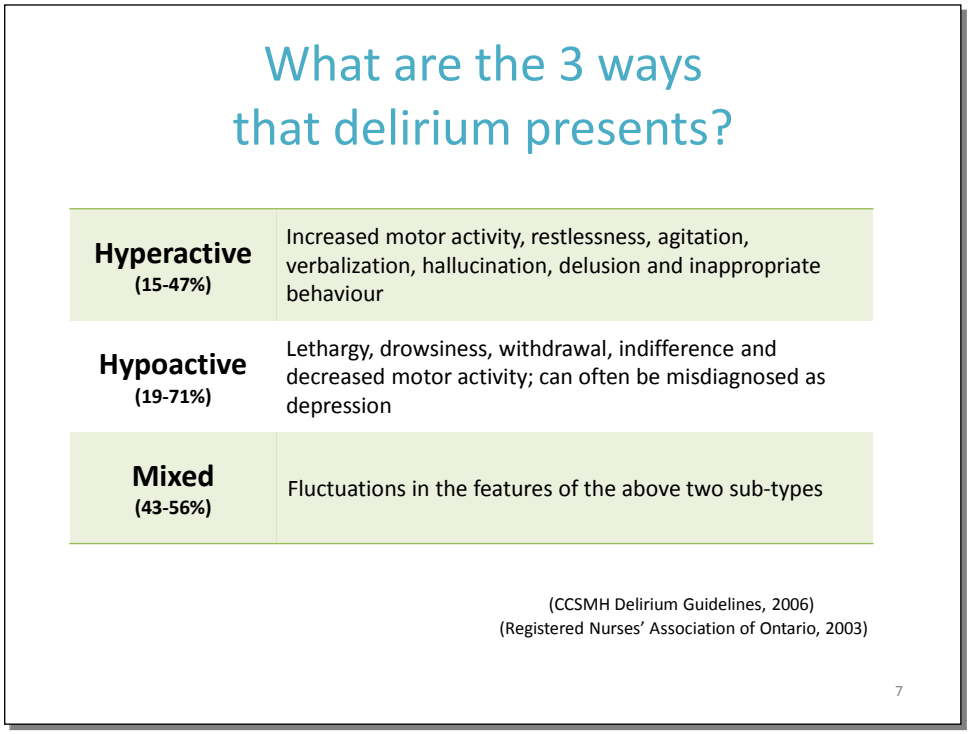
Review the answers with your group. Answer and clarify any questions they may have.

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.

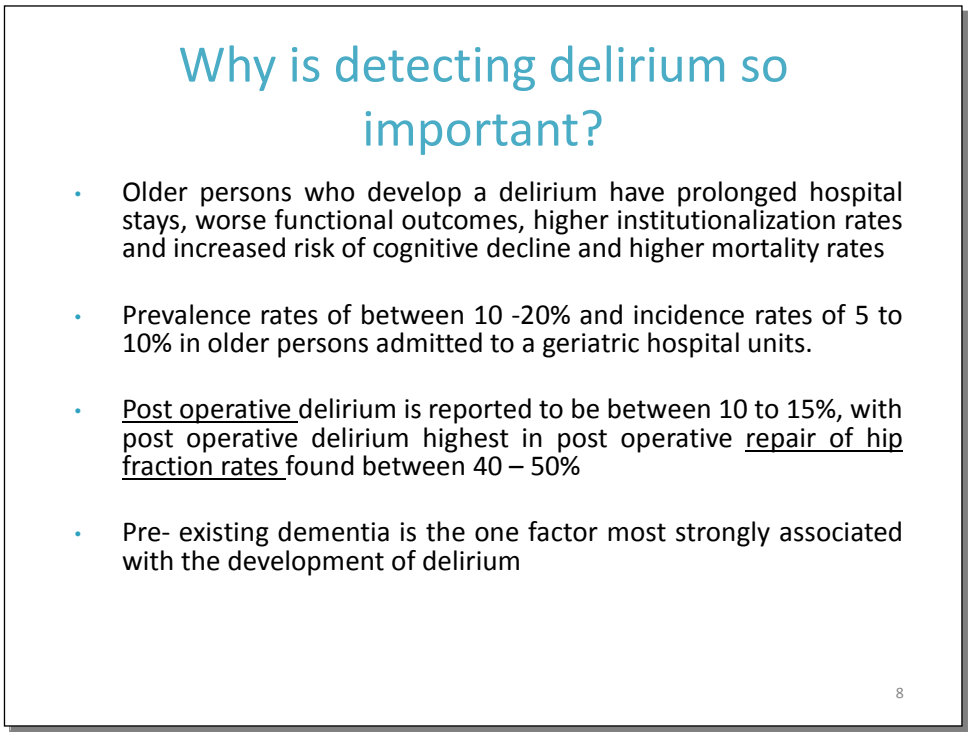
Note that delirium is also preventable, so stress the importance of continuously assessing residents to determine if they are at risk for developing delirium. As an example, poor oral hydration could cause a urinary tract infection UTI, which could cause delirium in the older adult population.

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



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?



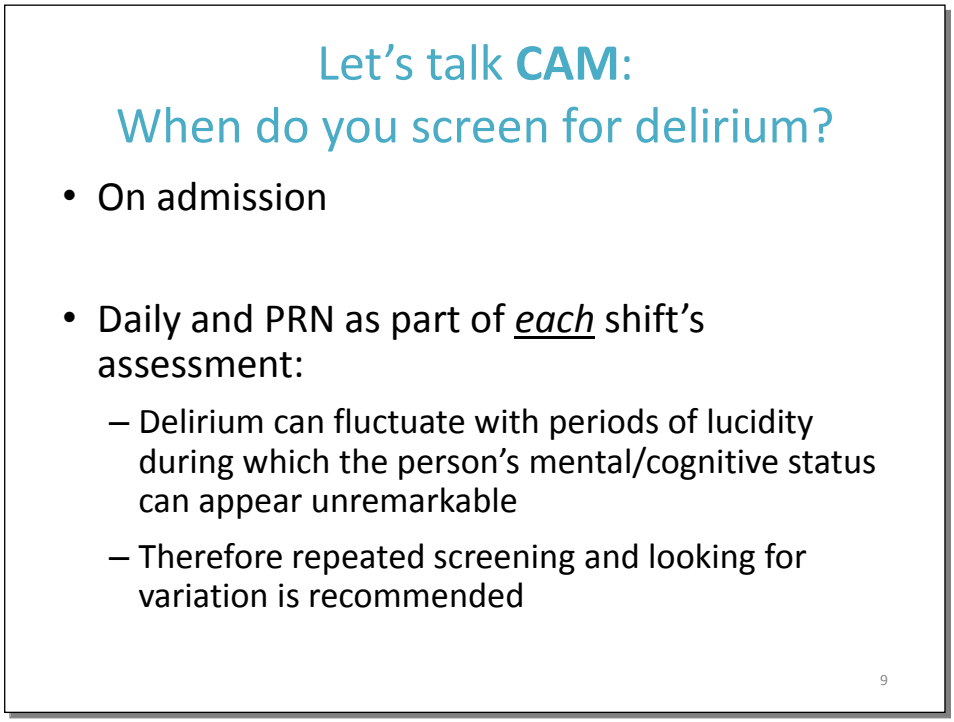
Ask your group:

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 trails. 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?

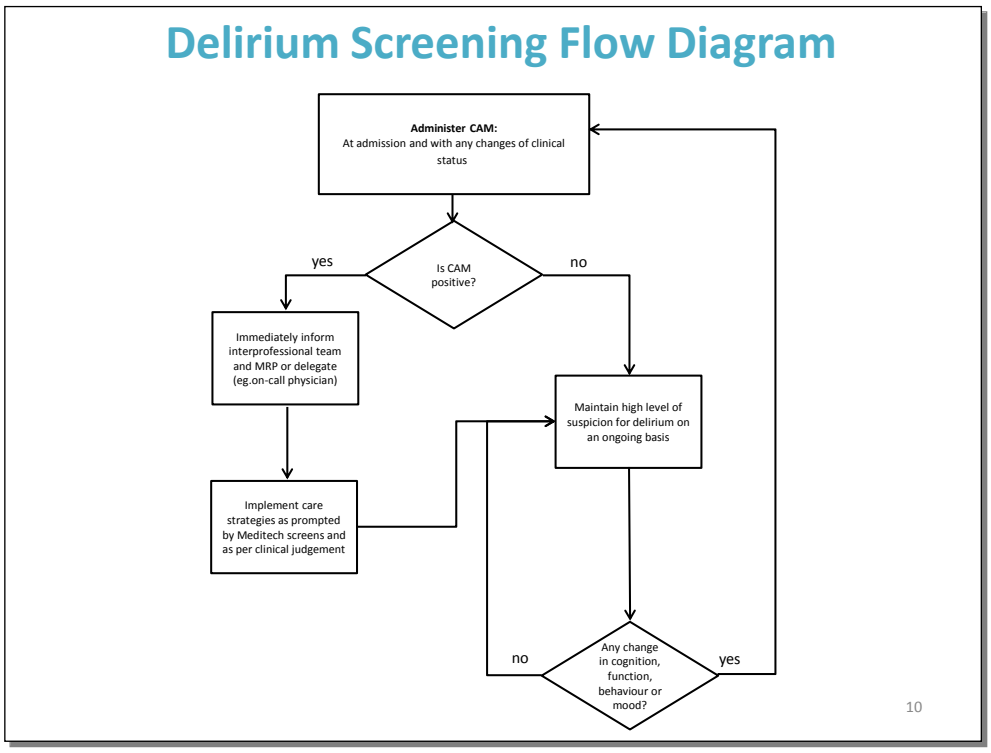


[Tailor this slide to your organizational policy]. Ask your group:

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

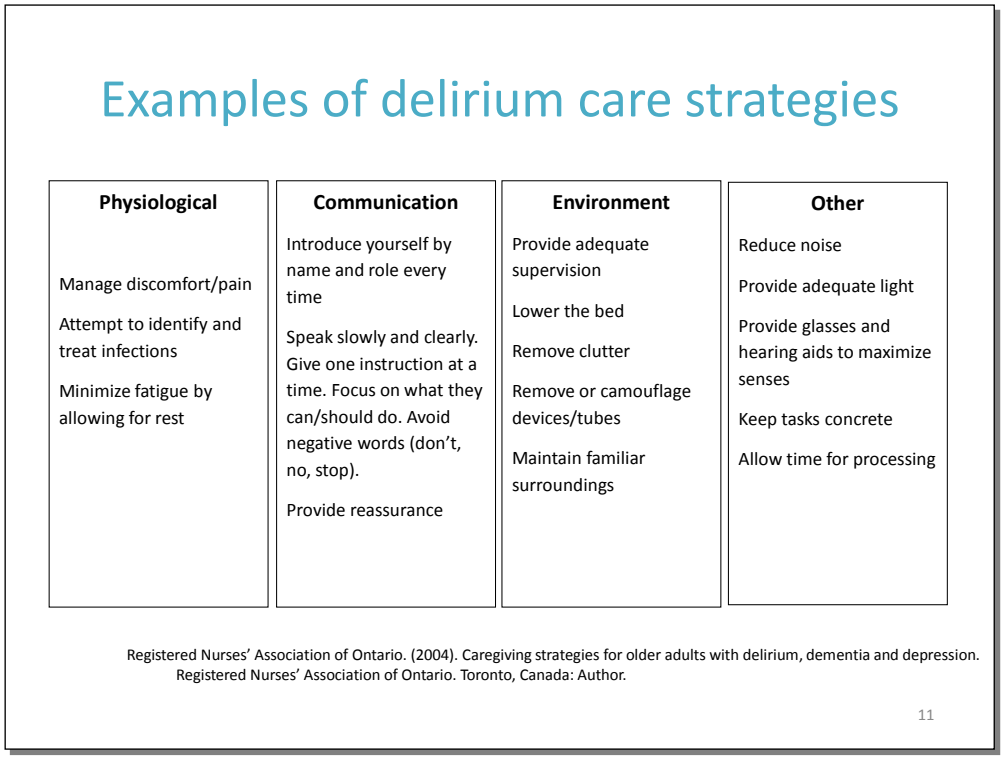
*The **Confusion Assessment Method** or **CAM** is an evidence-based tool used for screening delirium in older adults.* [Tailor this to your organizational policy in regards to specific screening procedures]. The next slide provides a visual diagram of the process for administering the CAM within your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



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.

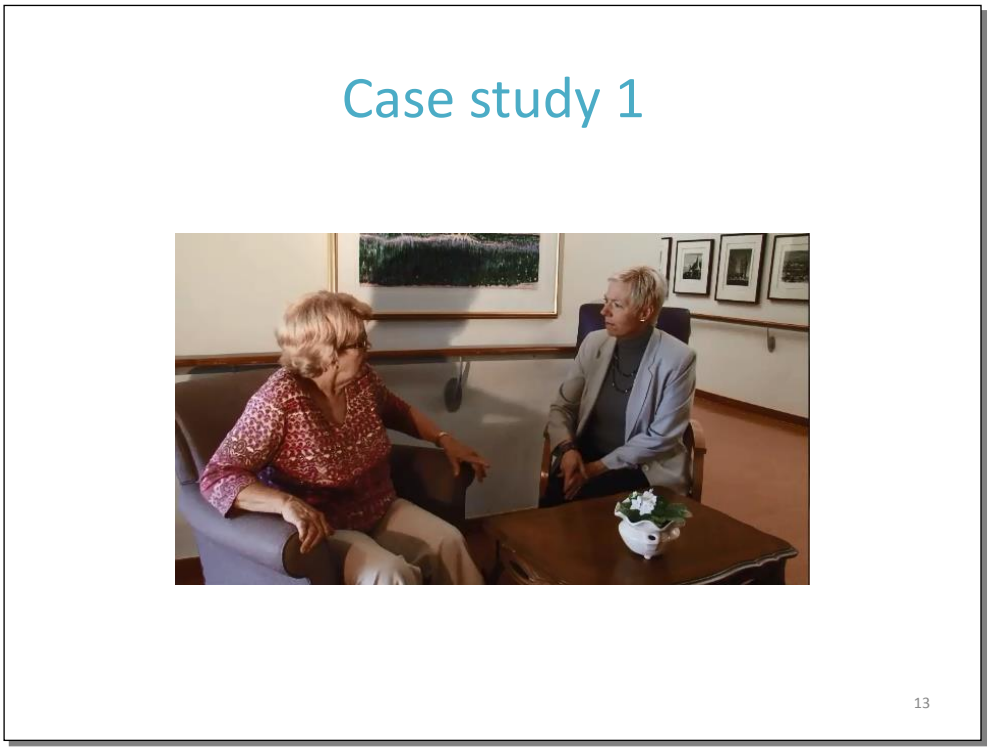
When delirium is suspected, caregivers can implement some of the strategies. Please note that this is not an exhaustive list and it supports, but does not replace clinical judgment.

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:

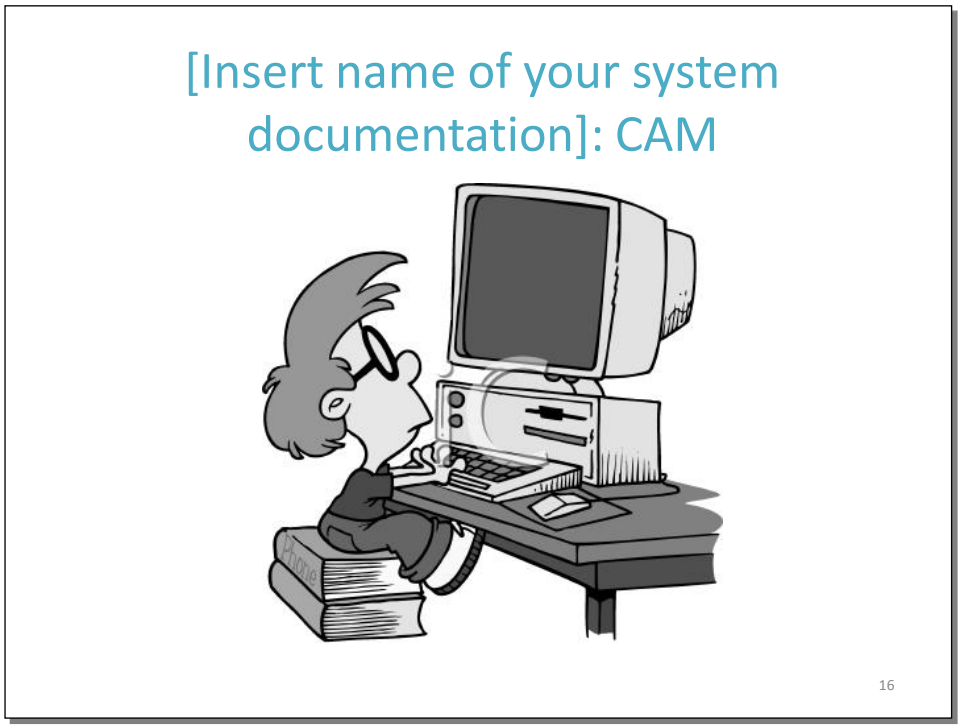
1. *Is he delirious? What is your CAM finding?*
    - **YES**
    - **Answer**: I a: Yes I b: Yes ; II: Yes ; III: No ; IV: Yes – Lethargic

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

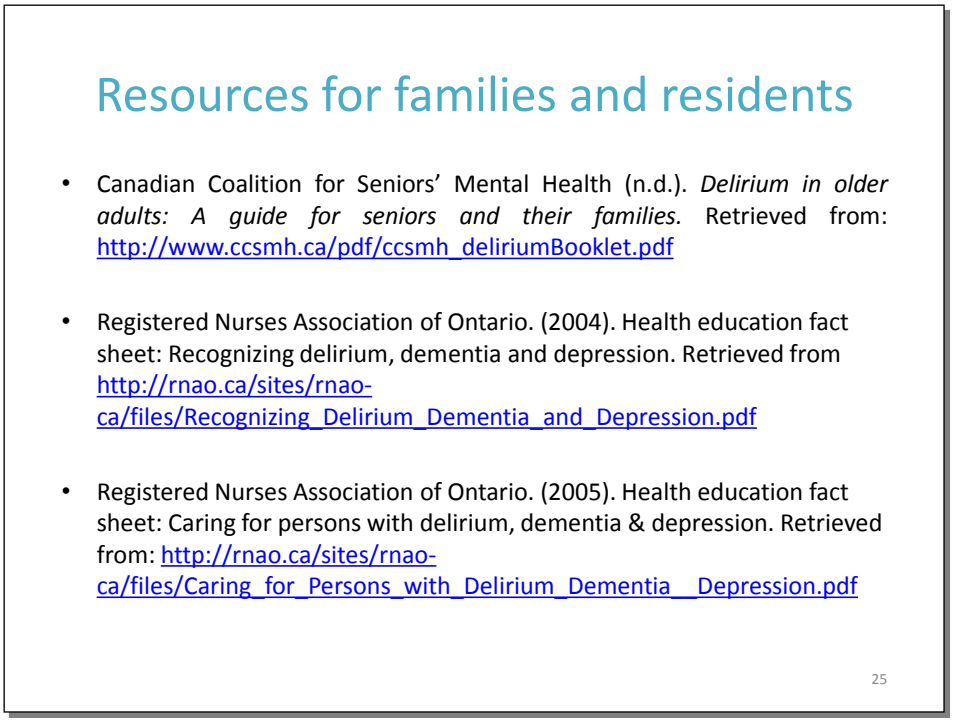
Slide 16: Documenting in your system



[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.

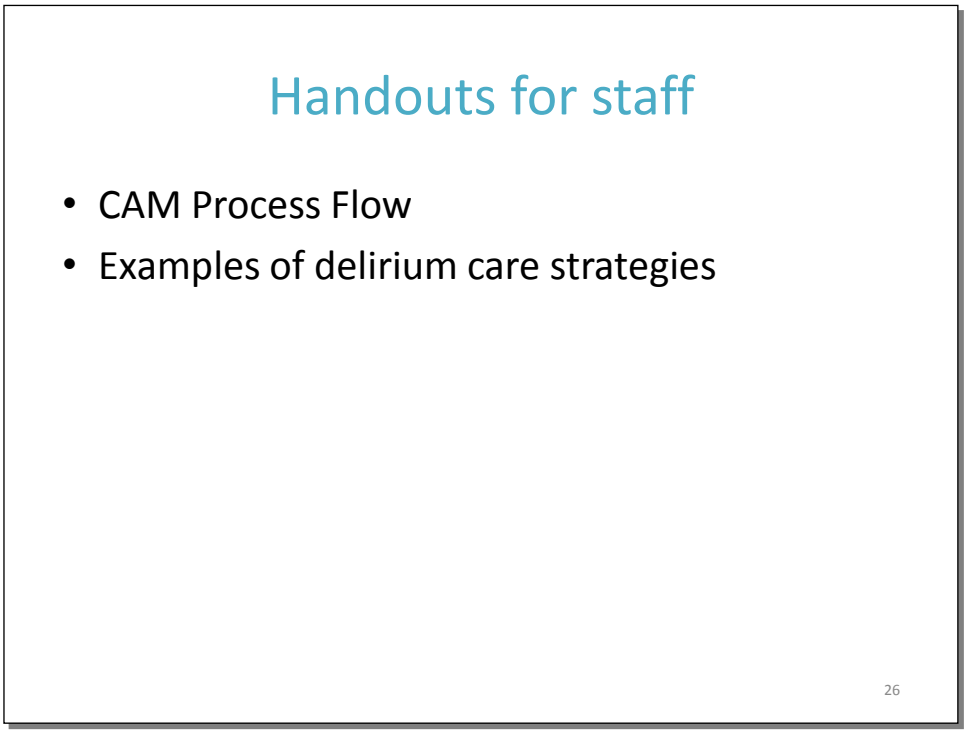
Inform your group that they do not have to memorize the following slides as instructions are provided in a handout. Encourage them to follow along and to stop you at any time for questions and clarification.

Slide 25: Resources for families and residents



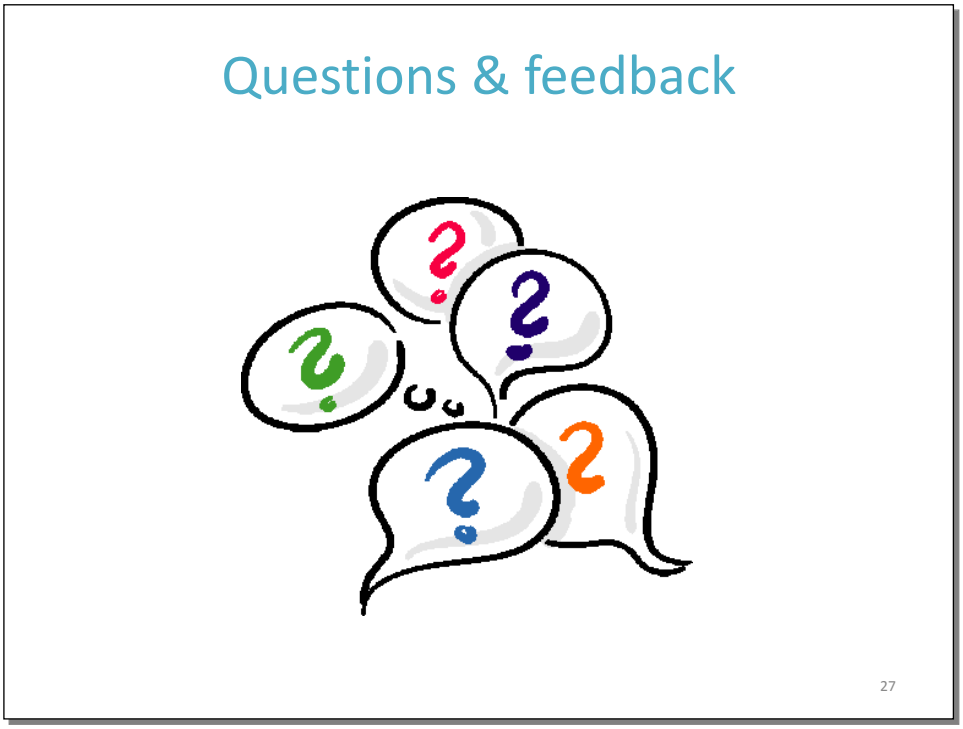
Here are some good resources to give to residents and their families regarding delirium.

Slide 26: Handouts for staff



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.
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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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Seniors Health Knowledge Network. (2014). *Overview for delirium in the long-term care setting.* Retrieved from http://www.sagelink.ca/delirium_overview_ltc_2014

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.*

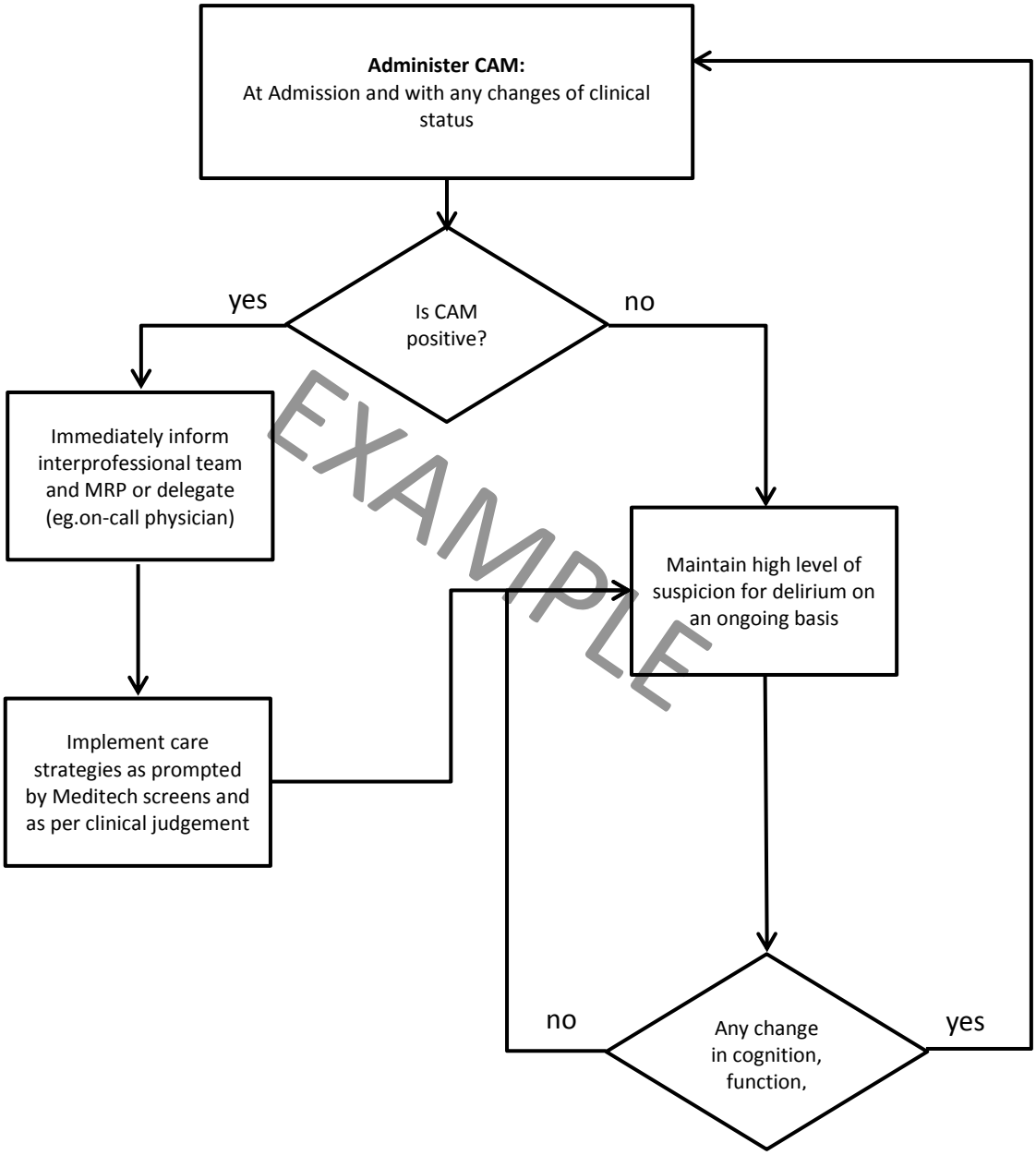
Appendix A: Confusion Assessment Method (CAM)

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.

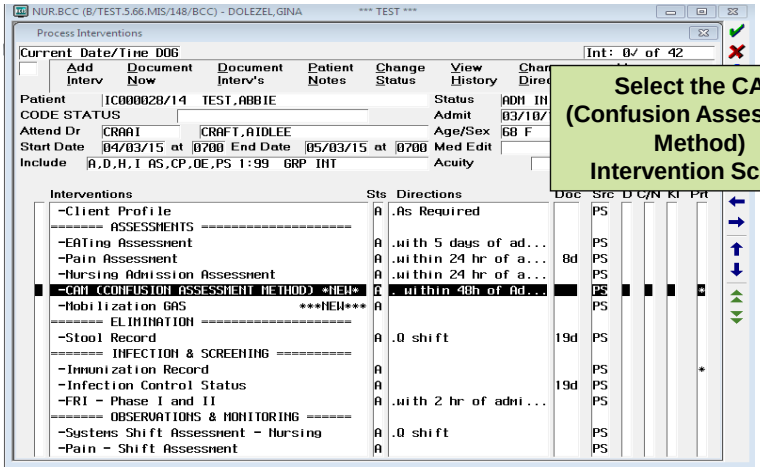
Physiological	Communication	Environment	Other
Manage discomfort/pain	Introduce yourself by name and role every time	Provide adequate supervision	Reduce noise
Attempt to identify and treat infections	Speak slowly and clearly. Give one instruction at a time. Focus on what they can/should do. Avoid negative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

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

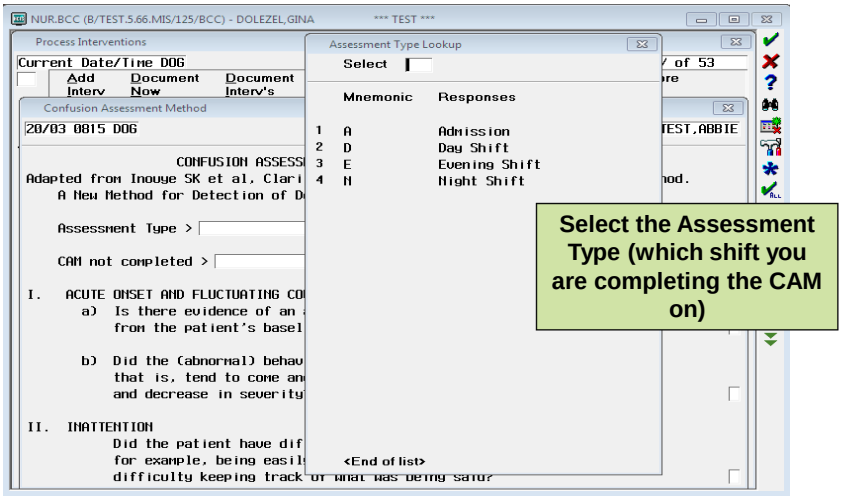
Appendix D: Using CAM [in your system]

Example: Using the CAM in Baycrest Meditech System

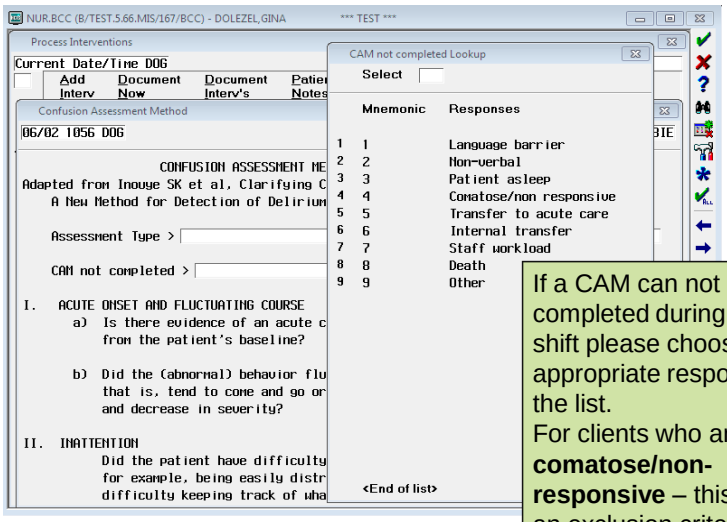
[Insert name of your system]: CAM



Meditech: CAM

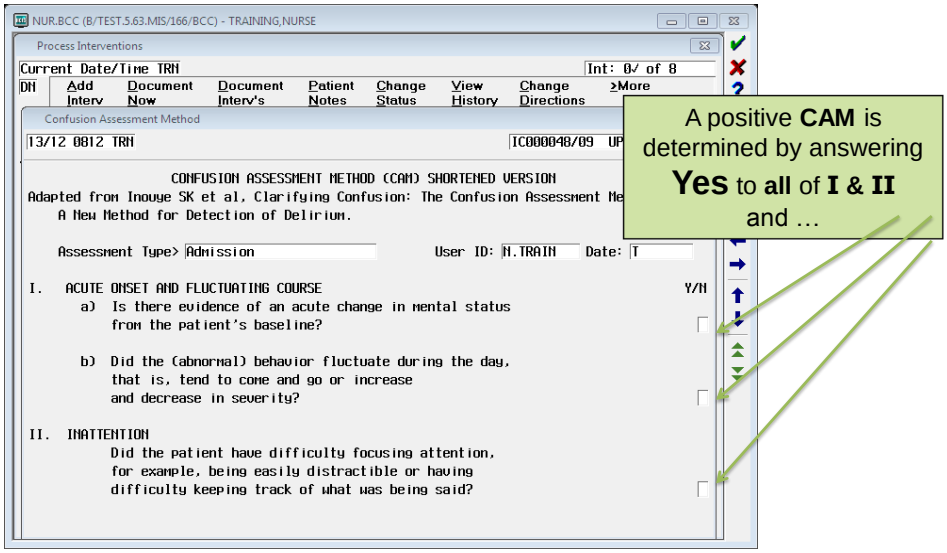


Meditech: CAM

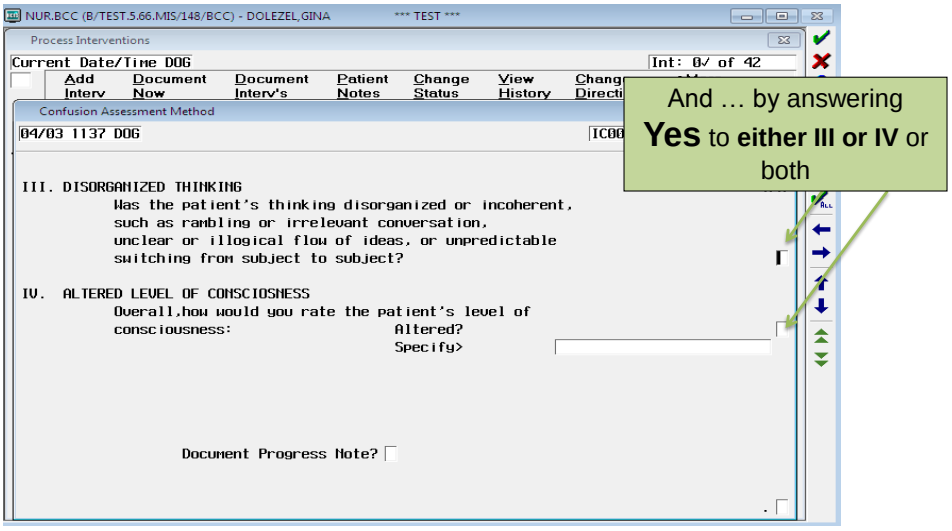


If a CAM can not be completed during your shift please choose the appropriate response from the list.
For clients who are **comatose/non-responsive** – this will be an exclusion criteria for having to complete any further CAMs.

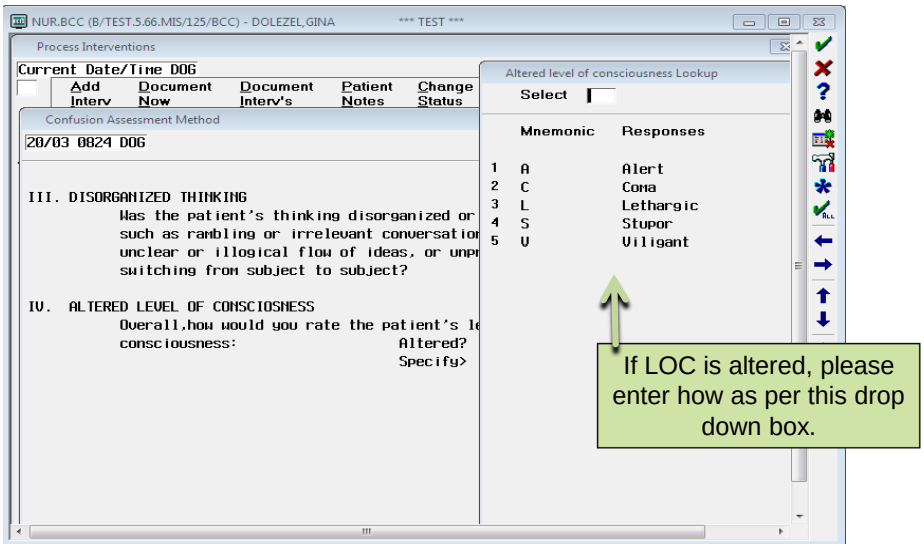
Meditech: CAM



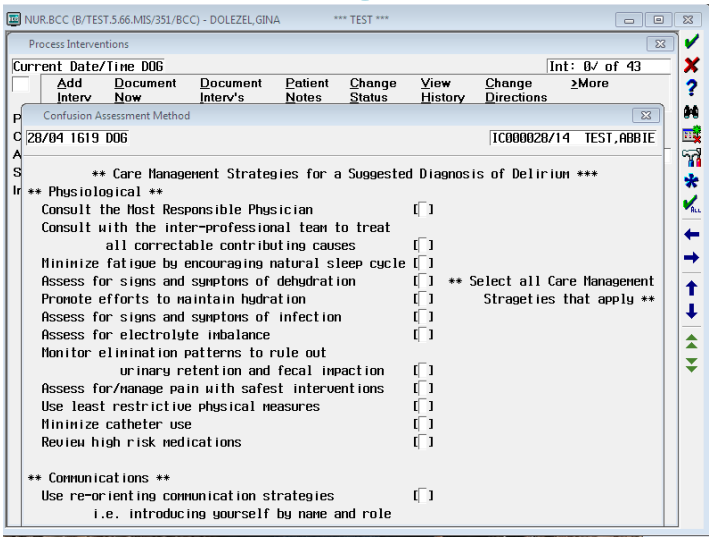
Meditech: CAM



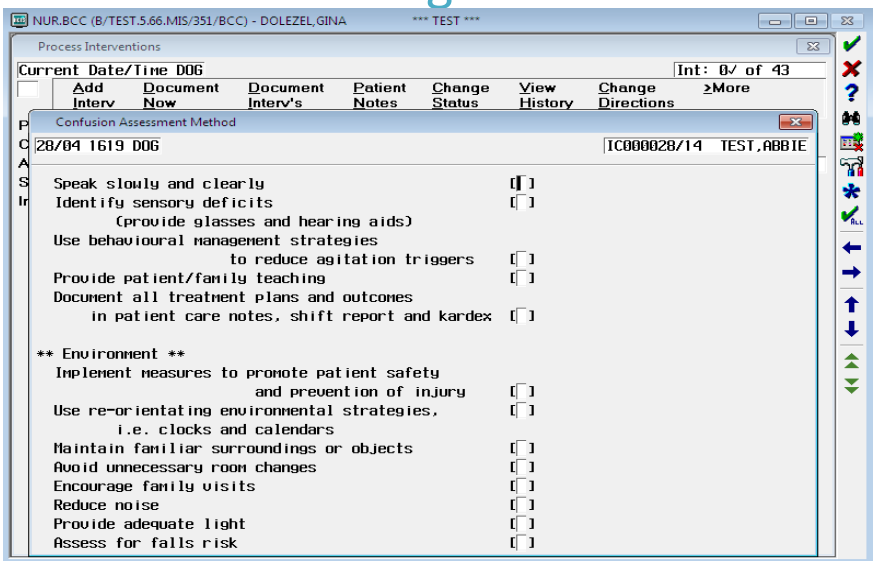
Meditech: CAM



Meditech: Care Management Strategies



Meditech: Care Management Strategies



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?