

Confusion Assessment Method (CAM® or CAM-ICU®)

Element 1

Acute onset of mental status change from baseline or fluctuating mental status

AND

Element 2

Inattention

AND

either

Element 3

Altered level of consciousness
Rass ≠ 0

OR

Element 4

Disorganized thinking

⊕ Positive = 1 + 2 + 3 OR 4

Unable to assess = RASS or mRASS -4 or -5

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Modified Richmond Agitation Sedation Scale (mRASS)

+4	Combative	No attention, overly combative, violent, immediate danger to staff
+3	Very Agitated	Pulls tube(s) or catheter(s); fights environment/not people, difficult to get patient to pay or sustain attention
+2	Agitated	Frequent non-purposeful movement, uncooperative, loses attention rapidly
+1	Restless	Anxious but movements not aggressive or vigorous, cooperative, pays attention most of the time
0	Alert and Calm	Pays attention, makes eye contact, responds immediately
-1	Wakens Easily	Not fully alert, but has sustained awakening > 10 sec. Slightly drowsy
-2	Wakens Slowly	Briefly awakens with eye contact to voice < 10 sec. Very drowsy
-3	Difficult to Awaken	Movement or eye opening to voice but no eye contact
-4	Can't Stay Awake	No response to voice but displays movement or eye opening to physical stimulation. Arousable but no attention
-5	Unarousable	No response to voice or physical stimulation

(Chester, Harrington & Rudolph, 2012)

Potential Etiologies of Delirium

Drugs

Eyes, ears, environment, emotions

Liver failure, low PO₂ (MI, PE, anemia, CVA)

Infection, immobility

Restraints, respiratory

Injury, ictal state

Unfamiliar surroundings, under hydration

Metabolic

Deliriogenic Drugs to Limit/Avoid

Diphenhydramine (Benadryl)

Alternative for allergic Rx is Claritin (Loratadine)

Lorazepam (Ativan)

Use only in patients dependent upon benzodiazepines or with potential ETOH withdrawal or terminal delirium

Zolpidem (Ambien)

Use 2.5 mg at bedtime if nonpharmacological measures fail

Metaclopramide
Promethazine
Prochlorperazine (Reglan, Phenergan, Compazine)

Alternative is Ondansetron (Zofran)

Famotidine (Pepcid)

Alternative is PPI except with Plavix, or Pantoprazole (Protonix)

Fentanyl

Alternative is Hydromorphone (Dilaudid), Acetaminophen (Tylenol), or Tramadol (Ultram)

Medications to Not Stop Abruptly

- Acetylcholinesterase inhibitors
- Antiepileptics
- Benzodiazepines
- Opioids/narcotics
- Sedatives/hypnotics
- SSRIs
- Steroids

Delirium and Acute Encephalopathy are associated with Death, Disability, Deterioration and Discharge Difficulties

Delirium & Acute Encephalopathy Care Pathway



Save a Brain

Sponsored by ADAPT
Actions for Delirium Assessment
Prevention & Treatment

1 Deter

- No harmful drugs*
- Avoid abrupt discontinuation* (Drugs, ETOH, nicotine)
- Avoid/limit Devices (catheters, lines, leads)

2 Detection

- Review CAM/CAM-ICU & RASS/mRASS Scores
- Daily cognitive assessment
- Determine baseline mental status

3 Diagnosis / Do

- Physical exam
- Med review
- Determine potential causes*
- Differential diagnosis
- Document acute encephalopathy
- Activate Delirium order set in EPIC
- Diagnostics
- Drugs for hyperactive pts (RASS/mRASS \geq +2)
 - Haldol IV or Seroquel PO per delirium order set
 - If contraindicated consult pharmacist
- Scheduled acetaminophen

5 Daily Visit

- Cognitive assessment
- F/U Diagnostics
- Review meds-adjust prn

7 Discharge

- Document course and cause of Delirium if known
- Degree of resolution
- Discontinue unnecessary psychotropics
- Follow up for Delirium if not resolved
- Document on W10/After Visit Summary

Risk Factors

- Age > 65
- Dementia
- Substance Dependency
- Hx Delirium
- ICU/SD
- Impaired vision/hearing

- ED screen of pts age >65
- Attention screen
- SQID?

CAM or CAM-ICU Positive

4 Discuss

- Provider + Nursing
 - +/- Pharmacist
- Huddle
- Make Plan

6 Daily Dialogue

- Provider + Nursing
 - +/- Family
- Progression Rounds
- **Is Patient Improving?**

- Age > 65:
- Geriatric medicine consult
- Age < 65 or major psychiatric Dx:
- Psychiatric consult
 - Family meeting

1 Deter

- Mobilize to maximum
- Uninterrupted night-time rest (noise, bundle care, eye shields, earplugs)
- Eyeglasses/hearing aids
- Whiteboard up to date
- Daily goals of care
- Calendar/clock/familiar items
- Assist with food/fluids
- Comfort
- "HHC Cares About Me" poster
- Family as partners
- Volunteers for social interaction

2 Detection

- CAM every 8 hours and prn
- Determine baseline mental status
- Notify provider immediately of first positive CAM or CAM-ICU and activate "Acute Confusion" CPG

3 Do

- Fall prevention
- Discontinue/ Disguise devices
- Family teaching - brochure
- Provide Distractors (music, flashball, animal)
- T-A-D-A (Tolerate, Anticipate, Don't Agitate)¹
- Reassurance
- Individualize plan of care in EPIC
- Nurse - Nurse handoff
- Nurse - PCA handoff

5 Daily Care

- CAM or CAM-ICU every 8 hours + prn
- Comfort/calm/consistent
- Toileting
- Feed/hydrate
- Mobilize to maximum
- Maintain normal sleep/wake cycle
- Touch/backrub
- Assess response to medications
- Family & volunteer involvement
- Alternative therapies (Reiki, Pet, Art, Music)
- Document progress

7 Discharge

- Document successful strategies
- Discuss ongoing needs
- Discharge with one time use Distractors (doll, animal)
- Discuss follow-up with family
- Document individualized care needs on W10/After Visit Summary

*see back of brochure for more information

¹ Flaherty, 2011