Appendix C: Delirium Screening and Assessment Tools – CAM & PRISME

Predisposing Risk Factors for Delirium:

- Cognitive impairment
- Over 80 years of age
- Chronic illness
- Multiple comorbid conditions
- Sensory deficits
- Alcohol abuse
- Immobility
- Insomnia
- Polypharmacy (5+ medications)

Delirium Screening Tool: Confusion Assessment Method (CAM)

▶ Feature 1: Acute onset and fluctuating course
This feature is usually obtained from a family member or nurse and is shown by positive responses to the following questions:
- Is there evidence of an acute change in mental status from the patient’s baseline? Did the (abnormal) behavior fluctuate during the day, that is, tend to come and go, or increase and decrease in severity?

▶ Feature 2: Inattention
This feature is shown by a positive response to the following question:
- Did the patient have difficulty focusing attention, for example, being easily distracted, or having difficulty keeping track of what was being said?

▶ Feature 3: Disorganized thinking
This feature is shown by a positive response to the following question:
- Was 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?

▶ Feature 4: Altered level of consciousness
This feature is shown by any answer other than “alert” to the following question:
- Overall, how would you rate this patient’s level of consciousness? Alert (normal), vigilant (hyperalert), lethargic (drowsy, easily aroused), stupor (difficult to arouse), or coma (unarousable).

The diagnosis of delirium by CAM requires the presence of features 1 and 2 and either 3 or 4

PRISME is an acronym that can assist in identifying and relieving underlying factors that are modifiable and can contribute to the onset and perpetuation of delirium.

<table>
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<tr>
<th>Assessment</th>
<th>Interventions</th>
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| **P** Pain | • Regular pain assessment & monitoring  
• Use consistent pain scale |
| Poor nutrition | • Dehydration/ malnutrition  
• Albumin or protein levels  
• Swallowing difficulties  
• Electrolyte/ glucose imbalance  
• Monitor weight |
| **R** Retention | • In/ out catheterization if suspect retention  
• Nurse continence advisor consult if in retention  
• Regular toileting schedule (minimize use of incontinence pads)  
• Initiate bowel protocol  
• Ensure person is well hydrated |
| **I** Infection/ Illness (new) | • Monitor VS & O2 stats; compare to baseline (note as normal process of aging, temperature may remain normal); BP, postural BP  
• Request appropriate diagnostic/ lab tests (e.g. C7S, chest x-ray) |
| Immobility | • Encourage mobility; implement fall prevention strategies  
• OT/ Physiotherapy consult |
| **S** Sleep | • Assess for altered sleep/ wake cycles  
• Use a sleep pattern record |
| Skin | • Assess for areas of skin breakdown  
• Braden Scale |
| Sensory | • Assess for sensory deficits and aides used |

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### Assessment vs Interventions

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<th>M</th>
<th>Mental Status</th>
<th>Medications</th>
<th>Metabolic</th>
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|   | • Monitor for sudden changes in ability or cognition  
    • Other causes of behaviour  
    • Grief, loss, emotional trauma | • Polypharmacy (> 5 meds)  
    • Medication side effects  
    • Withdrawal – alcohol, benzodiazepines, nicotine  
    • Toxicity (digoxin, dilantin) | • Monitor for abnormal lab results/ hemodynamic status |

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|   | • Self-care activities of daily living's ability  
    • Relocation stress (e.g., unfamiliar surroundings/routine) | • Provide calm & safe environment  
    • Promote normal activities of daily living routines; consistent staff  
    • Encourage family/ support persons to provide support  
    • Provide adequate lighting and exposure to daylight |

### Reference: