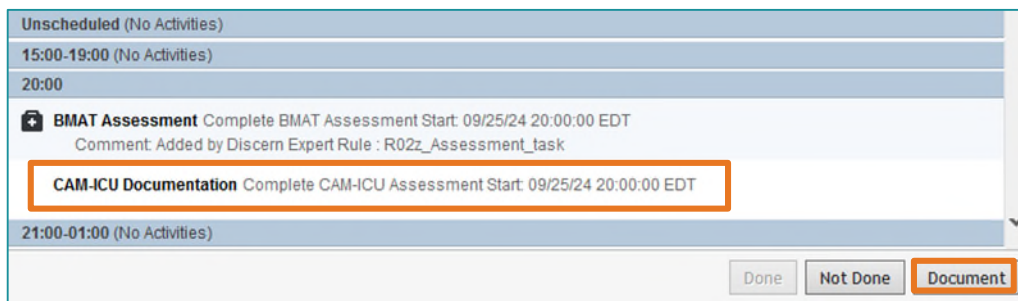


Assessing patients for symptoms of delirium, implementing Universal Preventable Measures, and Positive Interventions if delirium develops, will help patients have a better outcome. bCAM should be performed every shift on all Med/Surg patients 65 years old and above. CAM-ICU should be performed every shift on all patients in the critical care areas. bCAM and CAM-ICU Universal Preventable Measures, Result, and Positive Interventions populates in the Patient Plan of Care form increasing the awareness of delirium.

## CAM-ICU

Part of a routine assessment of the ICU/CCU patient includes the CAM-ICU and RASS to assess for delirium on admission, once a shift, and with a change in mental status.

**NOTE:** Tasking for CAM-ICU assessments go to CareCompass for all Critical Care areas.



**STEP 1:** Select the CAM-ICU Documentation task in CareCompass and click Document.

**STEP 2:** Document RASS Score.

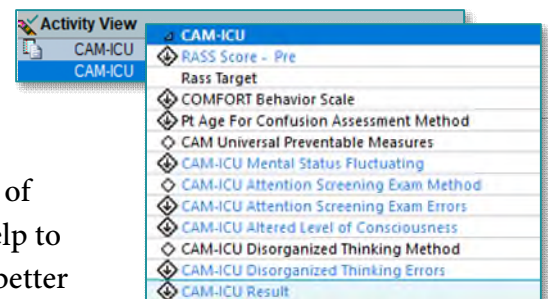
**STEP 3:** Document Pt Age for Confusion Assessment Method.

**STEP 4:** Select appropriate Universal Preventable Measures.

- Implementing the preventable measures from the time of admission to ICU and throughout the ICU stay may help to prevent delirium giving the patient the possibility of a better outcome.
- **Early Mobilization** is one of the **Universal Preventable Measures**. Patients should be out of bed as soon as possible unless contraindicated.

**STEP 5:** Document CAM ICU Mental Status Fluctuating.

- Use the reference text to assist in determining if the patient has a fluctuating mental status. It is important to obtain, from family or institution, what the patient's mental status was prior to hospitalization to accurately document whether the patient has a fluctuating Mental Status.



- If patient is in stupor or coma state, document **Unable to Assess**.

**STEP 6:** Document **CAM ICU Attention Screening Exam Method**.

- Use the reference text to assist with the words to spell out, asking the patient to squeeze your hand each time the letter A is spoken.
- Keep track of how many mistakes the patient makes. If it is necessary to use pictures, the reference text can be printed when needed.

**STEP 7:** Document **CAM ICU Attention Screening Errors**.

- Use the reference text to assist in determining if the number of errors indicates a positive or negative screening.
- The screening is positive if the patient has 3 or more errors when Letters are used and 2 or more errors when pictures are used.
  - If the patient makes up to 2 errors, select 0 to 2.
  - If the patient made more than 2 errors, select >2.
  - If the patient has a RASS Score of -3/-5, attention screening is not able to be assessed and this option should be selected.
  - If the patient is agitated or refused, that option should be selected as the patient is not able to be assessed.

**STEP 8:** Document **CAM ICU Altered Level of Consciousness**.

- Use the reference text to guide how to complete a RASS assessment and what each of the options in the RASS Score mean.
  - If the RASS score was just documented, select the option in which the patient's RASS score falls in.

**STEP 9:** Document **CAM ICU Disorganized Thinking Method**.

**STEP 10:** Document **CAM ICU Disorganized Thinking Errors**.

- Use the reference text to assist in determining if the number of errors indicates a positive or negative screening.

**STEP 11:** Document **CAM ICU Result**.

- Use the reference text to assist in determining if the results indicate the patient's screening is positive or negative for delirium.

**STEP 12:** Document **CAM Positive Interventions**.

- These should be implemented and documented whenever the CAM-ICU Result is positive.

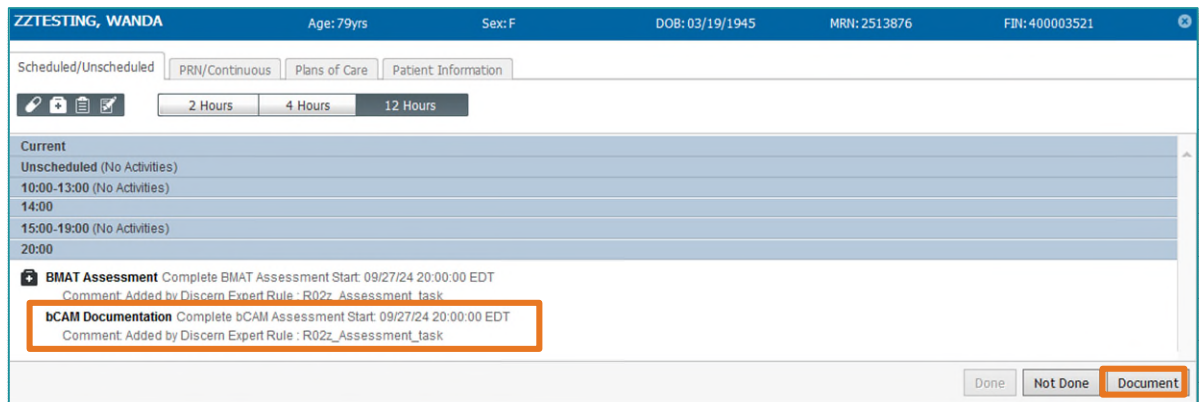
**STEP 13:** Sign Documentation.

---

## Documenting bCAM (Brief Confusion Assessment Method) on Med/Surg Patients

The bCAM assessment should be completed on admission, once a shift, and with a change in mental status for all patients 65 and over.

**NOTE:** If the patient is under age 65 and had a positive CAM-ICU result, the bCAM should be assessed while on the Med/Surg unit.



**STEP 1:** Select the **CareCompass** task for **bCAM Documentation** and click **Document**.

**NOTE:** Existing patients will have the **CAM Documentation** task name in **CareCompass** and will open to **bCAM** in **Activity View**.

**STEP 2:** Document **Universal Preventable Measures**.

- Implementing the preventable measures from the time of admission and throughout the hospital stay may help to prevent delirium giving the patient the possibility of a better outcome.
- **Early Mobilization** is one of the **Universal Preventable Measures**. Patients should be out of bed as soon as possible unless contraindicated.

**STEP 3:** Document **Mental Status Acute/Fluctuating**.

- Use the reference text to assist in determining if the patient has a fluctuating mental status.

**STEP 4:** If it is determined there *is* a fluctuation or change in mental status, document **Inattention**.

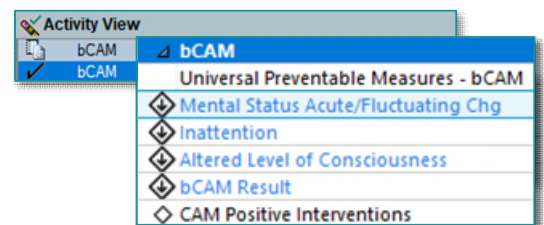
- Use the reference text to assist in determining if the patient has inattention.

**STEP 5:** Document **Altered Level of Consciousness**.

- Use the reference text to guide for how to complete an assessment of level of consciousness.

**STEP 6:** Document **bCAM Result**.

- Use the reference text to assist in determining if the results indicate the patient's screening is positive or negative for delirium.



**STEP 7:** Document CAM Positive Interventions.

**STEP 8:** Sign Documentation.

### **Patient Plan of Care**

- The following information from the bCAM and CAM-ICU assessments flows to the **Alteration in Neuro Status Care Plan**:
- Universal Preventable Measures
  - Result
  - Positive Interventions