

**Ultra-Brief CAM [UB-CAM] UB-2/3D-CAM**

**Instructions:** Administer items in order specified. Direct questions of patients are *shown in italics*.  
 • A positive sign for delirium is any incorrect, don't know, non-response, or non-sensical response.  
 • CAM features 1-4 are indicated with F1, F2, F3, F4, respectively.

<b>Severe lethargy or severe altered level of consciousness</b>	Check
<b>1 Severe lethargy or severe altered level of consciousness (no or minimal response to voice/touch).</b> If present, terminate assessment and ratings. <b>Patient is considered DELIRIOUS.</b> If not present, proceed to UB-2 Screener.	<input type="checkbox"/>

<b>UB-2 Screener</b>	Check if sign positive
<b>2 Ask both questions</b>	
<i>Please tell me the day of the week (F3)</i>	<input type="checkbox"/>
<i>Please tell me months of the year backwards, say "December" as your first month (F2)</i>	<input type="checkbox"/>
<b>Checkpoint:</b> - If neither sign is positive/checked, STOP: patient is NOT DELIRIOUS - If at least one sign is positive/checked, proceed to next section (3) and follow as directed	

<b>3D-CAM Algorithm: Part 1 - Patient Assessment</b>	
<b>3 Assess Disorganized Thinking (Feature 3/F3). Stop, and go to Section 4, after the first positive sign (error) of Disorganized Thinking. Carry-forward errors from the UB2 Screener:</b> Carry forward: Was the patient unable to correctly identify the day of the week? (F3, UB2) <i>Please tell me the year we are in right now (F3)</i> <i>Please tell me what type of place is this [hospital, rehab, home, etc.] (F3)</i>	Check if sign positive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>4 Assess Attention (Feature 2/F2). Stop, and go to Section 5, after the first positive sign (error) of Inattention. Carry-forward errors from the UB2 Screener:</b> Carry forward: Was the patient unable to correctly name the months of the year backwards (UB2) <i>Please tell me the days of the week backwards, say "Saturday" as your first day(F2)</i> <i>Repeat these numbers in backwards order: "7-5-1" (F2)</i> <i>Repeat these numbers in backwards order: "8-2-4-3" (F2)</i>	Check if sign positive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>5 Assess Acute change or Fluctuation (Feature 1/F1). Stop, and go to Section 6, after the first positive sign of Acute Change is noted:</b> <i>Over the past day have you felt confused? (F1)</i> <i>Over the past day did you think that you were not really in the hospital [or location of interview]? (F1)</i> <i>Over the past day did you see things that were not really there? (F1)</i>	Check if sign positive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>3D-CAM Algorithm: Part 2 - Interviewer Ratings</b>	
<b>6 Ratings for Altered Level of Consciousness (Feature 4/F4). Stop, and go to Section 7, after first sign of Altered Level of Consciousness.</b> Was the patient sleepy during the interview? (requires that they actually fall asleep) (F4) Did the patient show hypervigilance? (F4)	Check if sign positive <input type="checkbox"/> <input type="checkbox"/>
<b>7 Ratings for Disorganized Thinking (Feature 3/F3). Only rate if all of the patient assessment items for Feature 3 above were responded to correctly. Stop, and go to Section 8, after the first sign of Disorganized Thinking is noted.</b> Was the patient's flow of ideas unclear or illogical? (F3) Was the patient's conversation rambling, inappropriately verbose, or tangential? (F3) Was the patient's speech unusually limited or sparse? (F3)	Check if sign positive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>8 Ratings for Attention (Feature 2/F2). Only rate if all of the patient assessment items for Feature 2 above were responded to correctly. Stop, and go to Section 9, after first sign of Inattention is noted.</b> Does the patient have trouble keeping track of what was said or following directions? (F2) Does the patient seem inappropriately distracted by external stimuli? (F2)	Check if sign positive <input type="checkbox"/> <input type="checkbox"/>
<b>9 Ratings for Acute Change or Fluctuation (Feature 1/F1). Only rate if all patient assessment items for Feature 1 above were negative. Stop, and go to CAM Rating Summary, after 1st positive sign of Acute Change or Fluctuation is noted.</b> Did the patient's level of consciousness, level of attention or speech/thinking fluctuate during the interview? (F1) If no prior assessments, is there evidence an acute change in memory or thinking according to records, or informant? (F1) If prior assessments, are there any new signs of delirium based on above questions (new errors, positive ratings)? (F1)	Check if sign positive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Checkpoint: CAM Delirium feature assessment and rating summary</b> - At least one sign of Acute Change and/or Fluctuation was noted (Feature 1) - At least one sign of Inattention was noted (Feature 2) - At least one sign of Disorganized Thinking was noted (Feature 3) - At least one sign of Altered Level of Consciousness was noted (Feature 4)	Check <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**CAM Criteria for Delirium: (Feature 1 AND Feature 2) AND (Feature 3 OR Feature 4) Is delirium present? Yes  No**

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