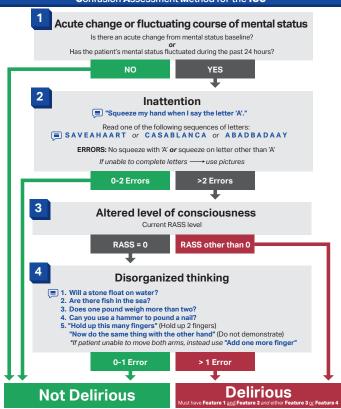
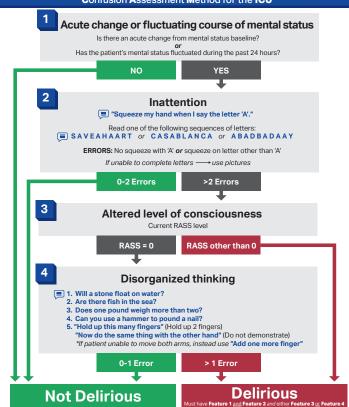
CAM-ICU Flowsheet



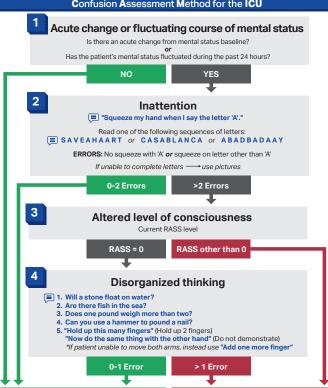
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CAM-ICU Flowsheet



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CAM-ICU Flowsheet Confusion Assessment Method for the ICU



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Not Delirious

Delirious

CAM-ICU Flowsheet
Confusion Assessment Method for the ICU Acute change or fluctuating course of mental status Is there an acute change from mental status baseline? or
Has the patient's mental status fluctuated during the past 24 hours? NO YES 2 Inattention "Squeeze my hand when I say the letter 'A'." Read one of the following sequences of letters: SAVEAHAART OF CASABLANCA OF ABADBADAAY ERRORS: No squeeze with 'A' or squeeze on letter other than 'A' If unable to complete letters -0-2 Errors >2 Errors Altered level of consciousness Current RASS leve RASS = 0 RASS other than 0 Disorganized thinking 1. Will a stone float on water? 2. Are there fish in the sea? 3. Does one pound weigh more than two?
4. Can you use a hammer to pound a nail? "Now do the same thing with the other hand" (Do not demonstrate)
"If patient unable to move both arms, instead use "Add one more finger" 0-1 Error > 1 Erro Delirious **Not Delirious**

RASS Level of Consciousness Assessment Richmond Agitation-Sedation Scale

Richiniona Agrication-Secation Scale					
	+4	Violent, immediate danger to staff			
	+3	Pulls to remove tubes or catheters; aggressive			
	+2	Frequent non-purposeful movement, fights ventilat	or		
	+1	Anxious, apprehensive, movements not aggressive		Proceed to CAM-ICU	
	0	Spontaneously pays attention to caregiver		Is the patient delirious? Assess with the CAM-ICU.	
	-1	Not fully alert, but has sustained awakening to voice Eye opening & contact > 10 sec	Voice		
	-2	Briefly awakens to voice Eyes open & contact <10 sec	Voice		
	-3	Movement or eye opening to voice No eye contact	Voice		
	-4	No response to voice, but movement or eye opening to physical stimulation	Touch	X STOP	
	-5	No response to voice or physical stimulation	Touch	Patient comatose, RECHECK later	
	-4	No eye contact No response to voice, but movement or eye opening to physical stimulation	Touch	STOP Patient comatose,	

Sessler, et al., Am J Repir Crit Care Med 2002, 166: 1338-1344 Ely, et al., JAMA 2003; 286, 2983-2991

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RASS Level of Consciousness Assessment

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-4	No response to voice, but movement or eye opening to physical stimulation	Touch	X STOP	
-5	No response to voice or physical stimulation	Touch	Patient comatose, RECHECK later	
Sessler, et al., Am J Repir Crit Care Med 2002, 166: 1338-1344 Ely, et al., JAMA 2003; 286, 2983-2991				

PASS Level of Consciousness Assessment

	Richmond Agitation-S	edatio	on S cale	
+4	Violent, immediate danger to staff			
+3	Pulls to remove tubes or catheters; aggressive			
+2	Frequent non-purposeful movement, fights ventilat	or		
+1	Anxious, apprehensive, movements not aggressive		Proceed to CAM-ICU	
0	Spontaneously pays attention to caregiver		Is the patient delirious? Assess with the CAM-ICU.	
-1	Not fully alert, but has sustained awakening to voice Eye opening & contact > 10 sec	Voice		
-2	Briefly awakens to voice Eyes open & contact < 10 sec	Voice		
-3	Movement or eye opening to voice No eye contact	Voice		
-4	No response to voice, but movement or eye opening to physical stimulation	Touch	X STOP	
-5	No response to voice or physical stimulation	Touch	Patient comatose, RECHECK later	
Sesslei	r. et al., Am J Repir Crit Care Med 2002, 166: 1338-1344 Elv. et al.,	JAMA 200	3: 286, 2983-2991	

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