

Affix Patient Label here or record

NAME: .....

NHS NO:

HOSP NO:

D.O.B:   /   /     MALE  FEMALE

## DEMENTIA & DELIRIUM ASSESSMENT TOOL

WARD: \_\_\_\_\_ CONS: \_\_\_\_\_

**Please complete for all patients aged 65 and over**

Exclusions: Comatose  Intubated  No translator  Other: Specify.....

### STEP ONE: FIND PATIENTS WITH DEMENTIA OR DELIRIUM

Please answer all these questions

1. Does the patient already have a formal diagnosis of dementia? YES  NO
2. Is there a current diagnosis of delirium (acute / worsening confusion)? YES  NO
3. Has the person been more forgetful in the past 12 months, to the extent that it has affected their daily life? YES  NO

If you have answered 'yes' to any of the above, please complete **Step Two**

Complete **Step Three** for **all** patients

### STEP TWO: ASSESS AND INVESTIGATE

What is AMT?...../10

see over for questions

Take clinical history of cognitive impairment and document in main notes **complete**   
consider how long the impairment has been going on, was the onset acute/gradual, other PMH.

Review medication (complete once have reviewed med's, don't have to change) **complete**   
Especially antipsychotics, sedatives, anticholinergics. Also consider alcohol

Consider investigations (complete once considered; don't do if not clinically indicated) **complete**   
Consider FBC, B12, folate, Calcium, TFT, CPR. Consider CT brain.

### STEP THREE: REFER

No evidence of delirium or dementia / stable dementia. No further action required.

Clinical evidence of new dementia. Inform GP on EDS and advise referral to memory clinic.

Delirium. Perform mulifactorial assessment as inpatient. Inform GP on discharge.

**Remember that a patient can have both dementia and delirium**

Sign:.....

Print:.....

Grade:.....

Date:.....



Affix Patient Label here or record

NAME: .....

NHS NO:

HOSP NO:

D.O.B:   /   /   FEMALE

WARD \_\_\_\_\_ CONS \_\_\_\_\_

**DIAGNOSING DELIRIUM: THE CONFUSION ASSESSMENT METHOD (CAM)**

The diagnosis of delirium by CAM requires the presence of <b>BOTH</b> features A and B	
<b>A - Acute onset and fluctuating course</b>	Is there evidence of an acute change in mental status from the patient's baseline? Does the abnormal behaviour fluctuate during the day?
<b>B - Inattention</b>	Does the patient <ul style="list-style-type: none"> <li>• Become easily distracted?</li> <li>• Have difficulty focusing attention?</li> <li>• Have difficulty following what is said?</li> </ul>
<b>AND</b> the presence of <b>EITHER</b> feature C or D	
<b>C - Disorganized thinking</b>	Does the patient have <ul style="list-style-type: none"> <li>• Rambling or irrelevant conversation?</li> <li>• Unclear or illogical flow of ideas?</li> <li>• Unpredictable switching from subject to subject?</li> </ul>
<b>D - Altered level of consciousness</b>	Is the patient <ul style="list-style-type: none"> <li>• Hyper-vigilant, hyper-alert, agitated?</li> <li>• Lethargic or drowsy?</li> <li>• Stuperous or comatose?</li> </ul>

**Abbreviated Mental Test (AMT)**

**(no need to repeat if already completed in clerking)**

Age:..... DOB:...../...../..... Year:..... Time:.....

Name of hospital:.....

Recognition of 2 people      Recall of "42 West Street"      Date of World War 2

Name of Monarch      Count backwards from 20-1

