A three-step process to identify delirium among older persons

**Screening**

When you gave the patient his/her medication...
- was the patient drowsy?
- did the patient have trouble following your instructions?
- were the patient’s movements slowed down?

**Detecting**

1. Acute onset and fluctuation
2. Inattention
3. Disorganized thinking or
4. Altered level of consciousness

Confusion Assessment Method (CAM)

**Diagnosing**

1. Acute onset and fluctuation
2. Disturbance of consciousness with reduced ability to focus, sustain or shift attention
3. Change in cognition or the development of perceptual disturbance
4. Evidence of a cause

DSM-IV-TR

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