# ICU – Documentation CAM-ICU Screening



Digital Health Quick Reference Guide

### This Quick Reference Guide will explain how to:

Document the Richmond Agitation Sedation Scale (RASS) and CAM-ICU screening.

### **Definitions:**

**RASS** – Richmond Agitation Sedation Scale used in hospitalised patients to describe the level of alertness or agitation. It is a reliable tool to assess patient's level of sedation in the ICU setting.

**CAM-ICU** – refers to the Confusion Assessment Method (CAM) adapted for Intensive Care Unit. It is a delirium screening checklist. The CAM-ICU score is a validated tool to aid monitoring of patients for the development or resolution of delirium. When applied, the CAM-ICU score will provide a result of "delirium present" or "delirium absent".

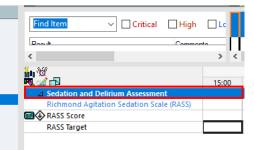
### Important –

- The CAM-ICU should be used on all ICU patients, including those who are mechanical ventilated.
- For accurate CAM-ICU scores, patients should not be sedated, or have a RASS of 0.
- CAM-ICU should be completed at a later time if a patient display moderate, deep or unarousable sedation (RASS score of greater than -3).
- 1. Select the Interactive View and Fluid Balance tab

Observation Chart Interactive View and Fluid Balance Activities and Interventions

2. Select Sedation and Delirium Assessment Located within Adult ICU Risk Assessment or within Adult ICU Neurological Band

🗙 Adult ICU Neurological	
Alcohol Withdrawal Scale	
NEUROLOGICAL	
Pain Assessment	
CPOT	
Pain Interventions	
Pupils Assessment	
Glasgow Coma Scale	
Sedation and Delirium As	sessment
Behaviours of Concern A	ssessment
Neuromuscular Blockade	
Non Mental Health Restraints	
Alternative Restraint Strategies	
Restraints Observations	-







3. Select the appropriate RASS Observations. If moderate sedation -3 to Combative +4 is select, the CAM-ICU screening tool will be activated

Sedation and Delirium Assessment	
Richmond Agitation Sedation Scale (RASS)	Richmond Agitation Sedation Scale (RASS) 🗙
RASS Score	Combative +4
RASS Target	Very agitated +3
CAM-ICU Change Mental Status	Agitated +2
CAM-ICU Result	Restless +1
⊿ Behaviours of Concern Assessment	Alert and calm 0
Confused	Drowsy -1
Irritable	Light sedation -2
Boisterous	Moderate sedation -3
Verbal Threats	Deep sedation -4
Physical Threats	Unarousable -5

4. Select the appropriate CAM-ICU Change Mental Status to continue with the screening tool as prompted

CAM-ICU Change Mental Status 🗙
No change from baseline
Acute change from baseline
Fluctuates during the day
Uncertain

5. Enter your observations and data, select the appropriate CAM-ICU Result, then sign by clicking the green tick 1

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Sedation and Delirium Assessment	
Richmond Agitation Sedation Scale (RASS)	Alert and calm 0
RASS Score	0
RASS Target	0 - Alert and calm
CAM-ICU Change Mental Status	No change from baseline
♦ CAM-ICU Result	Negative: Absence of Deli



## Handy Hint –

Select any of the blue hyperlink writing to access further information on the tool and instructions on how to use that portion of the tool when assessing the patient.

Including guidelines on methods to screen utilising Numbers or Pictures if prompted to do so

Sedation and Delirium Assessment	
Richmond Agitation Sedation Scale (RASS)	Agitated
RASS Score	2
RASS Target	0 - Alert a
CAM-ICU Change Mental Status	Fluctuate
CAM-ICU Attention Screening Exam Method	CAM-ICU Attention Screening Exam Method 🗙
CAM-ICU Attention Screening Exam Errors	Letters
CAM-ICU Result	Pictures

For further information, follow the Western Health Delirium Guidelines.