

Pediatric CAM-ICU (pCAM-ICU) Instruction Tool

Step 1: Arousal Assessment (RASS): If RASS is ≥ -3 then PROCEED to **Step 2** Content Assessment (pCAM-ICU) (Circle Score)
 If RASS is -4 or -5 then STOP and REASSESS patient later. +4 +3 +2 +1 0 -1 -2 -3 -4 -5

Step 2: Content Assessment (pCAM-ICU) Features 1 – 4

FEATURE 1: Change or fluctuation in Mental Status

1. Is there an **acute change** from mental status baseline (MSB)? *MSB is the patient's pre-hospital mental status.* YES NO
 2. Has there been a **fluctuation** in mental status over the past 24 hours? *May use GCS, sedation scale, PE, or history.* YES NO
- If 'YES' to EITHER question then **FEATURE 1 is PRESENT** → move on to **FEATURE 2**
- If 'NO' to BOTH questions then
STOP
Delirium **ABSENT**

FEATURE 2: Inattention → Attention Screening Examination (ASE) with Letters or Memory Pictures

It is normal to have some anxiety in "performing" the pCAM-ICU when you start. Do NOT try to memorize what to say when assessing inattention or disorganized thinking. Use the pCAM-ICU card during your evaluation of the patient and read directly from it for feature 2 and feature 4. The verbiage we use is verbatim off the card.

Letters (Vigilance A Test)

- Place your hand or finger in the palm of the patient's hand.
- Say, "Squeeze my hand when I say 'A'. Let's practice: A, B. Squeeze only on 'A'.
- During the practice squeeze on A and B, **do not correct** the patient's squeeze or lack thereof. For pediatric patients, you are allowing the brain time to process the command twice. Then move on with the letter sequence.
- **Read this 10 letter sequence without stopping: A B A D B A D A A Y**
- Use the card to read off the letter sequence so your attention is on the total number of errors. Do NOT stop and repeat command when child has errors.
- **Errors** → No squeeze with 'A' or Squeeze with letter other than 'A'.

Memory pictures

- Hold the memory picture stack in front of the patient.
- Say, "Here are some pictures. You need to remember them."
- Show the patient the 5 memory pictures. Show each picture for 2-3 seconds.
- Pause at the blank card following the 5 memory pictures and say, "Here are some more pictures. Tell me 'yes or no' (or nod yes or no) if the picture you see was one you needed to remember."
- Show the patient 10 pictures (5 memory pictures & 5 'other' pictures). Say the name of each object and show each picture for 2-3 seconds.
- **Errors** → 'No' response to a memory picture or 'Yes' response to an 'other' picture

1. Did the patient make 3 or MORE ERRORS? ----- YES NO

- Error = No squeeze with 'A' or Squeeze with other letters
 - Error = 'No' response to a memory picture or 'Yes' response to an 'other' picture
- If 'NO' then **FEATURE 2 is NOT PRESENT** → **STOP - DELIRIUM IS ABSENT**
- If 'YES' then **FEATURE 2 is PRESENT** → move on to **FEATURE 3**

FEATURE 3: Altered Level of Consciousness

1. Does the patient currently have an altered level of consciousness (LOC)? (*i.e. NOT alert and calm*) ----- YES NO
- Any validated sedation scale may be used to determine current LOC.*
- If "YES" then **FEATURE 3 is PRESENT** → **STOP - DELIRIUM IS PRESENT**
- If "NO" then **FEATURE 3 is NOT PRESENT** → move on to **FEATURE 4**

