

4AT tool (circle score in each section on right and total score)		Circle
Alertness: this includes patients who are markedly drowsy (e.g. difficulty to rouse and/or obviously sleepy during assessment) or agitated/hyperactive. Observe the patient, if asleep, attempt to wake. Ask patient to state name and address to assist rating	Normal (fully alert, but not agitated, throughout assessment)	0
	Mild sleepiness for <10 secs after waking then normal	0
	Clearly abnormal	4
AMT4 (age, D.O.B., place (hospital), current year)	No mistakes	0
	1 mistake	1
	≥ 2 mistakes/untestable	2
Attention: Ask the patient: "please tell me the months of the year in backwards order, starting at December"	Achieves 7 months or more correctly	0
	Starts but scores <7 months/refuses to start	1
	Untestable (cannot start because unwell, drowsy, inattentive)	2
Acute change or fluctuating course: Evidence of significant change or fluctuation in alertness, cognition, other mental function (e.g. paranoia, hallucinations) arising over the last 2 weeks and still evident in the last 24 hours.	No	0
	Yes	4
SCORE 4 OR MORE THIS IS POSSIBLE DELIRIUM +/- COGNITIVE IMPAIRMENT Total		