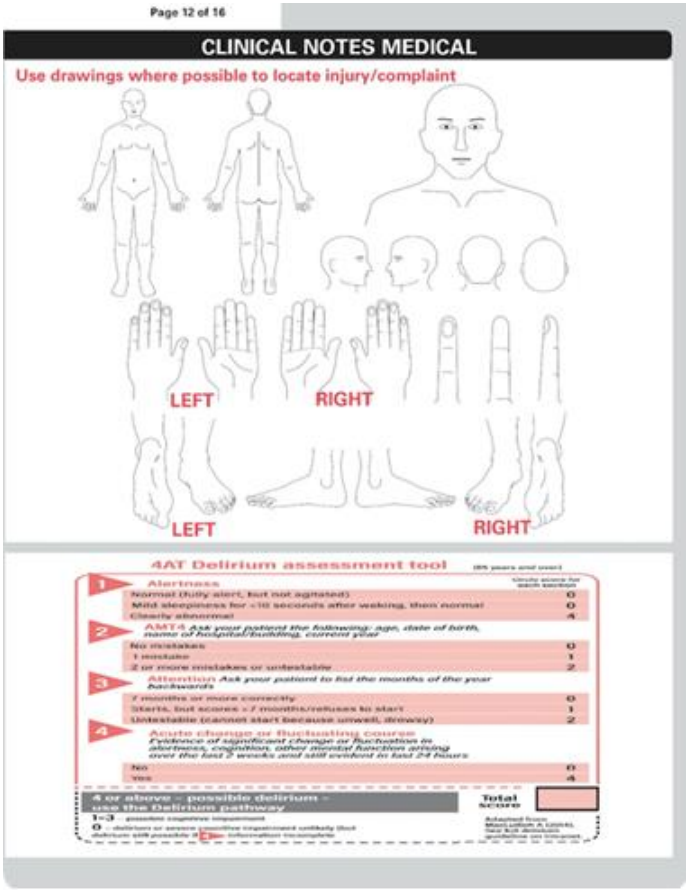
APPENDIX


Page 12 of 16
CLINICAL NOTES MEDICAL
Use drawings where possible to locate injury/complaint
LEFT
RIGHT
LEFT
RIGHT
4AT Delirium assessment tool
1 Alertness
Normal (fully alert, but not agitated) 0
Mild sleepiness for <10 seconds after waking, then normal 0
Clearly abnormal 4
2 AMT4 Ask your patient the following: age, date of birth, name of hospital/building, current year
No mistakes 0
1 mistake 1
2 or more mistakes or untestable 2
3 Attention Ask your patient to list the months of the year backwards
7 months or more correctly 0
Starts, but scores <7 months/refuses to start 1
Untestable (cannot start because unwell, drowsy) 2
4 Acute change or fluctuating course
Evidence of significant change or fluctuation in abnormal cognition, other mental function arising over the last 2 weeks and still evident in last 24 hours
No 0
Yes 4
4 or above = possible delirium = use the Delirium pathway
Total
1–3 possible cognitive impairment
0 delirium or severe cognitive impairment unlikely (but delirium still possible if CAM+ information incomplete)