2-ITEM ULTRA-BRIEF (UB-2) DELIRIUM SCREEN
Quick Guide ©

POSITION	Try to sit at eye level
SENSORY	Be sure sensory aides (glasses, hearing) are in place
WORDING	Please read the script exactly as written

1: Please tell me the day of the week

The participant can check anywhere (e.g., white board, newspaper, etc.), but cannot ask anyone else in the room.

2: Please tell me the months of the year backward, say December as your first month

MISSED MONTH	If participant finished reciting months but missed one or more, it is incorrect and no prompting is allowed.
STUCK	Prompt only with: *"what month comes before _____ (last month they said)?"* Prompt up to two times; if after 2 prompts participant is frustrated, confused, or taking a long time, mark it incorrect and offer them an exit such as, "*that's a tough one, you're doing well… let's try the next question.*"
WRONG TYPE OF ANSWER	If the participant begins at November, starts forward, or begins spelling, assume they don't understand the question and re-read the instructions **once**. If the participant is incorrect again, mark it as incorrect but let them finish.

If incorrect on either question, use an additional screening tool to further assess, such as the CAM or 3D-CAM https://www.hospitalelderlifeprogram.org/request-access/delirium-instruments/

	Ultra-Brief CAM [UB-CAM] UB-2/3D-CAM	
	Instructions: Administer items in order specified. Direct questions of patients are *shown in italics*. • A positive sign for delirium is any incorrect, don't know, non-response, or non-sensical response. • CAM features 1-4 are indicated with F1, F2, F3, F4, respectively.	
	Severe lethargy or severe altered level of consciousness	Check
1	**Severe lethargy or severe altered level of consciousness (no or minimal response to voice/touch).** If present, terminate assessment and ratings. **Patient is considered DELIRIOUS.** If not present, proceed to UB-2 Screener.	☐
	UB-2 Screener	Check if sign positive
2	**Ask both questions**	
	Please tell me the day of the week (F3)	☐
	Please tell me months of the year backwards, say "December" as your first month (F2)	☐
	Checkpoint: **- If neither sign is positive/checked, STOP: patient is NOT DELIRIOUS** **- If at least one sign is positive/checked, proceed to next section (3) and follow as directed**	
	3D-CAM Algorithm: Part 1 - Patient Assessment	
3	**Assess Disorganized Thinking (Feature 3/F3). Stop, and go to Section 4, after the first positive sign (error) of Disorganized Thinking. Carry-forward errors from the UB2 Screener:**	Check if sign positive
	Carry forward: Was the patient unable to correctly identify the day of the week? (F3, UB2)	☐
	Please tell me the year we are in right now (F3)	☐
	Please tell me what type of place is this [hospital, rehab, home, etc.] (F3)	☐
4	**Assess Attention (Feature 2/F2). Stop, and go to Section 5, after the first positive sign (error) of Inattention.** **Carry-forward errors from the UB2 Screener:**	Check if sign positive
	Carry forward: Was the patient unable to correctly name the months of the year backwards (UB2)	☐
	Please tell me the days of the week backwards, say "Saturday" as your first day(F2)	☐
	Repeat these numbers in backwards order: "7-5-1" (F2)	☐
	Repeat these numbers in backwards order: "8-2-4-3" (F2)	☐
5	**Assess Acute change or Fluctuation (Feature 1/F1). Stop, and go to Section 6, after the first positive sign of Acute Change is noted:**	Check if sign positive
	Over the past day have you felt confused? (F1)	☐
	Over the past day did you think that you were not really in the hospital [or location of interview]? (F1)	☐
	Over the past day did you see things that were not really there? (F1)	☐
	3D-CAM Algorithm: Part 2 - Interviewer Ratings	
6	**Ratings for Altered Level of Consciousness (Feature 4/F4). Stop, and go to Section 7, after first sign of Altered Level of Consciousness.**	Check if sign positive
	Was the patient sleepy during the interview? (requires that they actually fall asleep) (F4)	☐
	Did the patient show hypervigilance? (F4)	☐
7	**Ratings for Disorganized Thinking (Feature 3/F3). Only rate if all of the patient assessment items for Feature 3 above were responded to correctly. Stop, and go to Section 8, after the first sign of Disorganized Thinking is noted.**	Check if sign positive
	Was the patient's flow of ideas unclear or illogical? (F3)	☐
	Was the patient's conversation rambling, inappropriately verbose, or tangential? (F3)	☐
	Was the patient's speech unusually limited or sparse? (F3)	☐
8	**Ratings for Attention (Feature 2/F2). Only rate if all of the patient assessment items for Feature 2 above were responded to correctly. Stop, and go to Section 9, after first sign of Inattention is noted.**	Check if sign positive
	Does the patient have trouble keeping track of what was said or following directions? (F2)	☐
	Does the patient seem inappropriately distracted by external stimuli? (F2)	☐
9	**Ratings for Acute Change or Fluctuation (Feature 1/F1). Only rate if all patient assessment items for Feature 1 above were negative. Stop, and go to CAM Rating Summary, after 1st positive sign of Acute Change or Fluctuation is noted.**	Check if sign positive
	Did the patient's level of consciousness, level of attention or speech/thinking fluctuate during the interview? (F1)	☐
	If no prior assessments, is there evidence an acute change in memory or thinking according to records, or informant? (F1)	☐
	If prior assessments, are there any new signs of delirium based on above questions (new errors, positive ratings)? (F1)	☐
	Checkpoint: CAM Delirium feature assessment and rating summary	Check
	- At least one sign of Acute Change and/or Fluctuation was noted (Feature 1)	☐
	- At least one sign of Inattention was noted (Feature 2)	☐
	- At least one sign of Disorganized Thinking was noted (Feature 3)	☐
	- At least one sign of Altered Level of Consciousness was noted (Feature 4)	☐
	CAM Criteria for Delirium: (Feature 1 AND Feature 2) AND (Feature 3 OR Feature 4) Is delirium present? Yes ☐ No ☐	

3D CAM ASSESSMENT [CAM Copyright 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission] Version 5.2							

				CAM Feature			
Coding Instructions: For any 'Incorrect', 'Yes', "I don't know" or No response/non-sensical responses, check the box in the final column designating which feature is present.							
READ: **I have some questions about your thinking and memory….**				**1**	**2**	**3**	**4**
1. Please tell me the year we are in right now.	☐ Correct	☐ Refused	☐ Incorrect, Don't Know, No response, Non-sensical response	→	→		
2. Please tell me the day of the week.	☐ Correct	☐ Refused	☐ Incorrect, Don't Know, No response, Non-sensical response	→	→		
3. Please tell me what type of place is this? [hospital]	☐ Correct	☐ Refused	☐ Incorrect, Don't Know, No response, Non-sensical response	→	→		
4. I am going to read some numbers. I want you to repeat them in backwards order from the way I read them to you. For instance, if I say "5 – 2", you would say "2 -5". OK? The first one is "7-5-1" (1-5-7). *Say digits one per second.*	☐ Correct	☐ Refused	☐ Incorrect, Don't Know, No response, Non-sensical response	→			
5. The second is "8-2-4-3" (3-4-2-8).	☐ Correct	☐ Refused	☐ Incorrect, Don't Know, No response, Non-sensical response	→			
6. Please tell me the days of the week backwards, say Saturday as your first day. [S,F,T,W,T,M,S] *may prompt with "what is day before …." for up to 2 prompts.*	☐ Correct	☐Refused	☐ Incorrect, Don't Know, No response, Non-sensical response	→			
7. Please tell me the months of the year backwards, say December as your first month. [D,N,O,S,A,J,J,M,A,M,F,J] *may prompt with "what is month before …." for up to 2 prompts.*	☐ Correct	☐ Refused	☐ Incorrect, Don't Know, No response, Non-sensical response	→			
8. During the past day have you felt confused? *About basic info (i.e.orientation, reason for hospitalization) not details of medical condition/treatment.*	☐ No	☐Refused	☐ Yes, Don't Know, No response, Non-sensical response				
9. During the past day did you think that you were not really in the hospital?	☐ No	☐ Refused	☐ Yes, Don't Know, No response, Non-sensical response				
10. During the past day did you see things that were not really there?	☐ No	☐ Refused	☐ Yes, Don't Know, No response, Non-sensical response				
Observer Ratings: To be completed after asking the patient questions 1-10 above.							
11A. Was the patient sleepy during the interview? *(requires that he/she actually falls asleep, but is easy to arouse)*	☐ No	☐ Unable to assess	☐ Yes	→	→	→	
11B. Was the patient stuporous, or comatose during the interview? *(he/she is difficult to impossible to arouse)*	☐ No	☐ Unable to assess	☐ Yes	→	→	→	

				1	2	3	4
12.Did the patient show hypervigilance? *(having excessively strong responses to ordinary objects/stimuli in the environment, being inappropriately startled)*	☐ No	☐ Unable to assess	☐ Yes	→	→	→	
13. Was the patient's flow of ideas unclear or illogical? *(nonsensical speech, inappropriate answers to questions, contradictory statements or shifting unpredictably from subject to subject)*	☐ No	☐ Unable to assess	☐ ☐ Yes	→	→		
14. Was the patient's conversation rambling, inappropriately verbose, or tangential? *(off target responses or telling a story unrelated to the interview)*	☐ No	☐ Unable to assess	☐ Yes	→	→		
15. Was the patient's speech unusually limited or sparse? *(inappropriately brief or stereotyped answers)*	☐ No	☐ Unable to assess	☐ Yes	→	→		
16. Did the patient have trouble keeping track of what was being said during the interview? *(repeatedly asking the interviewer to repeat questions)*	☐ No	☐ Unable to assess	☐ Yes	→			
17. Did the patient appear inappropriately distracted by environmental stimuli? *(such as television, people outside the room, roommate's conversations)*	☐ No	☐ Unable to assess	☐ Yes	→			
18. Did the patient's level of consciousness fluctuate during the interview? *(frequently falling alseep for part of the interview, but wide awake for part of the interview)*	☐ No	☐ Unable to assess	☐ Yes				
19. Did the patient's level of attention fluctuate during the interview? *(very inattentive for part of the interview, but attentive for part of the interview--Note: just getting some questions correct and others incorrect is insufficient to code this feature)*	☐ No	☐ Unable to assess	☐ Yes				
20. Did the patient's speech/thinking fluctuate during the interview? *(speaks very slowly during part of the interview then very fast, or speech was coherent for part of the interview and then nonsensical)*	☐ No	☐ Unable to assess	☐ Yes				
OPTIONAL QUESTIONS: COMPLETE ONLY IF FEATURE 1 IS <u>NOT</u> CHECKED AND FEATURE 2 IS CHECKED AND EITHER FEATURE 3 OR 4 IS CHECKED							
21. Consult the medical record or contact a family member, friend, or health care provider who knows the patient well to find out if the patient is experiencing an acute change. "Is the patient experiencing an acute change in their memory or thinking?"	☐ No	☐ Unable to assess	☐ Yes				
22. IF SECOND DAY OF HOSPITALIZATION OR LATER AND PREVIOUS 3D-CAM RATINGS ARE AVAILABLE: Review previous 3D-CAM assessments and determine if there has been an acute change in performance, based on ANY new "positive" items	☐ No	☐ Unable to assess	☐ Yes				
CAM Summary: Check if Feature Present in column above				1	2	3	4
DELIRIUM REQUIRES FEATURE 1 AND 2 and EITHER 3 OR 4: _____ Present _____Not Present							

Post UB-CAM Brief Interview Questions

After each clinician assessment (UB-CAM), please ask the following questions to each clinician, taking note of their responses.

Clinician Type: Physician_____   Nurse _____   CNA/PCT_____

Iteration I

1) How did that delirium screening go for you?

2) What would you do differently?

3) How do you think we could improve things?

Iteration II

1) How well do you think these questions evaluate for the presence of delirium?

2) How well do you think these questions may evaluate for the presence of delirium in persons with dementia? (*Probe: Can you tell me a more about that/can you explain further? Can you give me an example of what you're describing?*)

3) If you know the patient has dementia or a Cognitive Impairment (CI), do you approach the interview differently? Yes_____ No_____

    a. (*If yes*) In what ways?

    b. (*If no*) Considering the difference in cognitive function, what kinds of challenges do you think you might have screening for delirium in persons with dementia?

Iteration III

1) From your observations with that patient just now, how would you describe *their* experience being asked those questions? (PROMPTS: were the questions burdensome? Are there ways to make these screenings more comfortable?)