CAM-ICU Documentation Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · September 2026 · Reproduces no worksheet, stimuli, or manual text

The CAM-ICU (Ely and colleagues, 2001) is a bedside delirium screen for ICU patients, ventilated or not. A RASS comes first: at -4 or -5 the result is unable to assess. Four features follow; positive means Features 1 and 2 present plus 3 or 4. Vanderbilt copyright with free clinical use, mandated by no law, it is a screen: delirium is a medical diagnosis the provider documents. Defensible charting pairs each result with its RASS and time, lists the features assessed, gives every UTA a reason, and follows a positive with action and notification.

RASS first, with its time -4 or -5 means unable to assess, not negative
Do: chart the RASS and time before every screen; at -4 or -5 record unable to assess, never negative; -3 and lighter proceed.
Pitfall: a CAM-ICU negative beside a RASS of -5, or UTA on an awake patient who was hard to test.

Baseline and Feature 1 acute change or fluctuation over 24 hours
Do: name the baseline and its source; state acute change or fluctuation over 24 hours; a calm RASS 0 does not cancel it.
Pitfall: no baseline anywhere, so dementia is charted as acute change, or a night of fluctuation lost at a calm morning.

Features assessed, in sequence only the features needed; stop when 1 or 2 is absent
Do: record each feature assessed as present or absent and which were not needed; Feature 3 comes straight from the current RASS.
Pitfall: a bare "CAM+" with no feature results, or four features charted when the screen should have stopped at Feature 2.

Result, time, and subtype positive, negative, or unable to assess with the reason
Do: write the result in the unit's fixed terms with the time; when positive add hypoactive, hyperactive, or mixed by the RASS.
Pitfall: UTA with no reason, or a positive with no subtype, so three quiet days of hypoactive delirium go unnamed.

Contributors reviewed sedatives, pain, sleep, oxygen, infection, devices
Do: list what was checked: benzodiazepines and anticholinergics, pain score with tool, sleep, oxygenation, infection, electrolytes, restraints, lines, sensory aids.
Pitfall: a positive screen followed by "delirium precautions" with nothing reviewed, or a contributor list pasted unchanged for four shifts.

Action and notification bundle measures; who was told, when, and the decision
Do: record the nonpharmacologic measures started, medication changes under orders, the provider notified with time and decision, and the family engaged.
Pitfall: a positive with no action and no notification time, or an antipsychotic charted as the reflex response to the screen.

Diagnosis, trend, and handoff the provider diagnoses; the screen trends
Do: leave the diagnosis to the provider's note; chart serial results with times; hand off the last result, RASS, and next due.
Pitfall: a nursing note reading "patient is delirious" as a diagnosis, or a handoff of "CAM negative" with no time or RASS.

Before the note is signed

- [ ] RASS charted before every screen
- [ ] Baseline source and fluctuation named
- [ ] Each feature assessed recorded
- [ ] Result in fixed terms with time
- [ ] Unable to assess carries its reason
- [ ] Contributors reviewed and actions taken
- [ ] Provider notified with time and decision

Drafting with AI

Give it the facts: the RASS and time, the baseline and its source, each feature assessed and where the assessment stopped, the result and subtype or the reason it could not be done, the contributors reviewed, the actions, who was notified and their decision, and the prior result.

"Draft CAM-ICU documentation: 09/16 09:40, SICU, RASS -1 after the awakening trial; Feature 1 present (fluctuation overnight, independent baseline per daughter), Feature 2 present, Feature 3 present, Feature 4 not needed; positive, hypoactive; midazolam overnight, CPOT 3; intensivist notified 09:50."

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

RASS first	Four features	Screen, not diagnosis	Vanderbilt copyright
UTA at the two deepest levels	1 and 2, plus 3 or 4	the provider documents delirium	free clinical use, credit line

CAM-ICU Documentation Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements. Contains no worksheet, stimuli, or scoring materials.

Setting: | Patient (initials): | Date: | Clinician:

RASS at the screen + time: | Baseline mental status + source:

Feature 1: acute change or fluctuation
Baseline from family, chart, or admission source · acute change from that baseline, or fluctuation over the past 24 hours from the night entries and handoff · present or absent

Feature 2: inattention
Auditory attention task result, or the visual backup and the reason it was used · present or absent · if the task could not be completed, the barrier: hearing, language, or inability to squeeze

Feature 3: altered level of consciousness
Read from the current RASS: present at any value other than 0, absent at 0 · the moment, not the fluctuation over the day

Feature 4: disorganized thinking
Assessed only when Features 1 and 2 are present and Feature 3 is absent · questions and command result · present, absent, or not needed · questions alone if the patient cannot move

Result, time, and subtype
Positive, negative, or unable to assess in the unit's fixed terms · clock time · reason for unable to assess: RASS -4 or -5 with sedation or coma named, paralysis · subtype when positive by the RASS: hypoactive, hyperactive, or mixed · prior result and its time

Contributors reviewed
Sedatives and benzodiazepines · anticholinergics · opioids and the pain score with its tool · sleep · oxygenation · infection · electrolytes and glucose · restraints, catheters, lines · hearing aids and glasses · pharmacist review if made

Action, notification, and handoff
Nonpharmacologic measures started · medication changes under orders · provider notified: who, time, decision · family engaged · next screen due · handoff line with the last RASS and result

Clinician (name and credentials): | Signature: | Date: