| **Instrument** | **Bedside Confusion Scale**  
*NOTE: This card is populated with information from the instrument’s original validation study only.* |
<table>
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<tr>
<td><strong>Acronym</strong></td>
<td>BCS</td>
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<tr>
<td><strong>Primary use</strong></td>
<td>Delirium screening</td>
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</table>
| **Area assessed (Number of questions)** | Areas assessed: Alertness and attention  
2 items |
| **Description**| The BCS detects an alteration in attention, with or without an altered level of consciousness in the adult palliative care population. The benefits of the BCS include not only its brevity, but also the fact that it uses an operational task easily understood by adult English-speaking patients. The BCS includes a timed operational task of attention, an observation of level of consciousness, and a scoring diagnostic algorithm. |
| **Versions**   | 1                                                                                                |
| **Scoring information** | Section I: Rate alertness on scale of 0-2 with 0=Normal, 1=Hyperactive, and 2=Hypoactive.  
Section II: Assess attention with a timed recitation of the month of the year in reverse order. Score a correct recitation in 30 seconds or less as 0, add 1 if >30 seconds; add 1 for 1 omission, add 2 for 2 omissions, add 3 for ≥3 omissions, reversal of task, termination of task, add 4 for inability to perform the recitation.  
To score: Total the scores from section I and II  
A total score of 0 is considered normal, 1 is borderline, and >1 is abnormal and considered indicative of confusion |
| **Cognitive testing** | Months of the year backwards  
Administer to Patient, in person  
Estimated time to rate ≤2 minutes  
Require trained rater No  
How to obtain Available in [https://doi.org/10.1089/jpm.2000.3.4.449](https://doi.org/10.1089/jpm.2000.3.4.449) (Note-article may be behind paywall)  
Licensing Fee* None  
Languages available English  
Highest COSMIN** rating 2.5/6* |
| **Test Performance Characteristics** | Stillman 2000 (Study: N=31 palliative care patients)  
• Reference Standard: Confusion assessment method (CAM) by neurologist  
• Cutpoint of ≥1  
  • Sensitivity/Specificity: 1.0 (0.81-1.0)/0.54 (0.25-0.81)  
  • Positive Predictive Value: 0.75 (0.53-0.90)  
  • Negative Predictive Value: 1.0 (0.59-1.0)  
• Cutpoint of ≥2  
  • Sensitivity/Specificity: 1.0 (0.81-1.0)/0.85 (0.55-0.98)  
  • Positive Predictive Value: 0.90 (0.68-0.99)  
  • Negative Predictive Value: 1.0 (0.72-1.0) |

* Fees and licensing information is effective as of 2021, but is subject to change over time

Last updated on **July 29, 2021**. If you are aware of any updates required for this document, please notify us via nidus@hsl.harvard.edu
** COSMIN is used to rate a study's evaluation of a survey or test's measurement properties. COSMIN does NOT rate the instrument itself, but helps readers understand if they can have confidence in the results of studies evaluating measurement properties of surveys and tests. For example, a rigorous study evaluating a test with poor measurement properties will receive a “good” COSMIN rating, while a poorly-conducted study evaluating a test with good measurement properties will receive a “poor” COSMIN rating. Small sample size can impact all COSMIN ratings. You must consider both the COSMIN rating and the results of studies provided when forming your opinion about that test. COSMIN ratings shown are based solely on the instrument’s original validation study.

† COSMIN breakdown: content validity: FAIR, effect indicators: GOOD, internal consistency: NONE, inter-rater reliability: NONE, construct validity: NONE, external validity: GOOD

Reference: