Instrument	Bedside Confusion Scale
	NOTE: This card is populated with information from the instrument's original validation study only.
Acronym	BCS
Primary use	Delirium screening
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 >1is abnormal and considered indicative of confusion
Cognitive testing	Months of the year backwards
Administer to	Patient, in person
Estimated time to rate	$\leq$2 minutes
Require trained rater	No
How to obtain	Available in 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

** 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:
Stillman MJ, Rybicki LA. The bedside confusion scale: development of a portable bedside test for confusion and its application to the palliative medicine population. Journal of palliative medicine. 2000;3(4):449-56.