Instrument	**Clinical Assessment of Confusion - A**
	NOTE: This card is populated with information from the instrument's original validation study only.
Acronym	CAC-A
Primary use	Delirium screening
Area assessed (Number of questions)	5 dimensions: cognition, general behavior, motor activity, orientation, and psychotic/neurotic behavior 25 items
Description	The CAC-A is an instrument to measure confusion in hospitalized adults as assessed by nurses. The CAC-C weights the items using the average importance rating that nurses gave each item when evaluating for delirium. Developed a clinically useful scale to measure the multiple dimensions of confusion in hospitalized adults as diagnosed by nurses based on observed patient behaviors. Recommended to be used in conjunction with the Mini-Mental State Examination (MMSE).
Versions	1
Scoring information	Under each category, the number for each behavior that the patient exhibited is circled. The sum of the numbers for each category creates the total scale. A higher number, indicates greater confusion
Cognitive testing	Mini-mental state exam (MMSE) and/or a psychogeriatric nurse's evaluation of the patient recommended
Administer to	Patient, in person
Estimated time to rate	5 minutes
Require trained rater	Yes, trained lay raters or nurses
How to obtain	Available in https://doi.org/10.1016/S0897-1897(05)80132-6 (Note-article may be behind paywall) MMSE available at https://www.parinc.com/products/pkey/237
Licensing Fee*	None for instrument; MMSE has licensing fee for use (see link above)
Languages available	English
Highest COSMIN rating**	3.5/6[†]
Test Performance Characteristics	**Vermeersch 1990 (Study: N=305 observations)** • Correlated with level of confusion from the VAS-C; no reference standard • Positive predictive value: 0.65 • Negative predictive value: 0.79 • Interrater reliability: r=0.88

* 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: criterion validity: NONE, effect indicators: GOOD, internal consistency: GOOD, inter-rater reliability: FAIR, construct validity: NONE, external validity: GOOD

Reference:
Vermeersch PEH. The clinical assessment of confusion-A. Applied Nursing Research. 1990;3(3):128-33.

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