

| Instrument                          | <b>Clinical Assessment of Confusion B</b><br>NOTE: This card is populated with information from the instrument's original validation study only.   |
|-------------------------------------|--|
| Acronym                             | CAC-B  |
| Primary use                         | Delirium screening   |
| Area assessed (Number of questions) | 1 screening item and 7 subscales: cognition, general behavior, motor activity/speech motor ability/sensory acuity, orientation, behaviors that threaten the safety of the patient, psychotic/neurotic behaviors, and ability to interact/perform ADL/speech context<br>58 items  |
| Description                         | The CAC-B expands and modifies the CAC-A to evaluate the severity and duration of observed behaviors to measure confusion in hospitalized older adults. Based on comments from nurses participating in the development of the CAC-A, a new scoring procedure was created. Recommended to be used in conjunction with the Mini-Mental State Examination (MMSE) and can be rated one time per shift. |
| Versions                            | 1  |
| Scoring information                 | Rating: items 1-3, with 1=not present, 2=present intermittently, and 3=present continuously. Sum the ratings for each category and for 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              | 10 minutes   |
| Require trained rater               | Yes, trained lay raters or nurses  |
| How to obtain                       | Available in <i>Key aspects of elder care: Managing falls, incontinence, and cognitive impairment</i> †<br>MMSE available at <a href="https://www.parinc.com/products/pkey/237">https://www.parinc.com/products/pkey/237</a>   |
| Licensing Fee*                      | Not available, MMSE has licensing fee for use (see link above)   |
| Languages available                 | English  |
| Highest COSMIN** rating             | 3.5/6 <sup>†</sup>   |
| Test Performance Characteristics    | <b>Funk 1992 (Study: N=149 adult medical-surgical patients)</b> <ul style="list-style-type: none"> <li>• Correlated with level of confusion from the VAS-C; no reference standard</li> <li>• Content Validity index: 0.88</li> <li>• Reliability: Cronbach's alpha = 0.95</li> <li>• Interrater reliability: r=0.69</li> </ul>   |

\* 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:

† Funk, Sandra G., ed. *Key aspects of elder care: Managing falls, incontinence, and cognitive impairment*. Springer Publishing Company, 1992.

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](mailto:nidus@hsl.harvard.edu)



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