

Instrument	Visual Analog Scale for Acute Confusion NOTE: This card is populated with information from the instrument's original validation study only.
Acronym	VAS-AC
Primary use	Delirium screening
Area assessed (Number of questions)	8 areas assessed: memory, concentration, attention, orientation, comprehension, compliance, mood, and interpretation of the environment 2 items
Description	The VAS-AC is a short observational scale requiring only usual nursing interaction with hospitalized elderly patients. Nurses provide a narrative description of the subject during the interview. The nurse then places a mark on a line that ranges from mentally clear to confused. A quantitative score is determined by measuring the placement of the mark on the 15 cm line.
Versions	1
Scoring information	Line Scale Score: 0-0.4: inquisitive, answered quickly, interacting, relaxed, friendly 0.5-1.0: talkative, tired, aware of difficulty thinking 1.1-2.0: hesitant, little eye contact, little body movement, lethargic 2.1-3.0: slow in response, struggled with answers, foggy 3.1-4.0: sleepy, frustrated, tired 4.1-5.0: little body movement, irritable, slow 5.1-9.0+: not interacting, disoriented
Cognitive testing	Not needed or required
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/10.3928/0098-9134-19860301-09 (Note-article may be behind paywall)
Licensing Fee*	None
Languages available	English
Highest COSMIN** rating	3/6 [†]
Test Performance Characteristics	Cacchione 2002 <ul style="list-style-type: none"> • Reference Standard: MMSE and DSM-IV by nurse • Sensitivity/Specificity: 0.97/0.81 • Discriminant Validity: Pearson's $r=0.21$ • Criterion Validity compared to MMSE: Pearson's $r = -0.49$ • Criterion Validity compared to DSM-IV: Pearson's $r = -0.81$ • Interrater reliability: $r=0.80$

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

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



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Reference:

Cacchione PZ. Four acute confusion assessment instruments: reliability and validity for use in long-term care facilities. *Journal of Gerontological Nursing*. 2002;28(1):12-9.

Nagley, SJ. Predicting and Preventing Confusion in Your Patients. *Journal of Gerontological Nursing* 12.3 (1986): 27-31.

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