INDICATION

Screening tool for delirium in older patients.

ADDITIONAL INFORMATION

Less sensitive in patients with dementia.
Limited external validation.

INTERPRETATION

SCORE	LEVEL OF IMPAIRMENT
≥ 4	Possible delirium and/or cognitive impairment
1–3	Possible cognitive impairment
0	Delirium or severe cognitive impairment unlikely. However re-test if acute change or fluctuating symptoms.

CALCULATION

Total score = sum of scores for each question

QUESTION		POINTS
Alertness	Normal	+0
	Mild sleepiness for <10 secs after waking then normal	+0
	Clearly abnormal	+4
AMT 4: Age / DOB / Place / Year	No mistakes	+0
	1 mistake	+1
	≥ 2 mistakes or untestable	+2
Attention: list months in reverse order starting December	Lists ≥ 7 months correctly	+0
	Starts but lists < 7 months or refuses to start	+1
	Untestable	+2
Acute change / Fluctuating course: evidence of change or fluctuation in mental status within last 2 weeks and persisting in last 24 hours	Yes	+4
	No	+0