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RESEARCH

ACCURACY OF THE DEFINING CHARACTERISTICS OF ACUTE CONFUSION IN USERS OF A PSYCHOSOCIAL CARE CENTER

ACURÁCIA DAS CARACTERÍSTICAS DEFINIDORAS DA CONFUSÃO AGUDA EM USUÁRIOS DE UM CENTRO DE ATENÇÃO PSICOSSOCIAL

PRECISIÓN EN LAS CARACTERÍSTICAS DEFINITORIAS DE CONFUSIÓN AGUDA EN USUARIOS DE UN CENTRO DE ATENCIÓN PSICOSOCIAL

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ABSTRACT

Objective: to analyze the accuracy of a set of defining characteristics of the acute confusion Nursing diagnosis in users seen at a Psychosocial Care Center (Centro de Atenção Psicossocial, CAPS). **Method:** a diagnostic accuracy study conducted in a CAPS II with 37 users. For data collection, a script for sociodemographic characterization, the Pittsburg Sleep Quality Index (PSQI), and the Confusion Assessment Method (CAM) were used. The analysis was performed by descriptive statistics, statistical association tests and measures of sensitivity and specificity of the defining characteristics, whose cutoff point was 80.0%. **Results:** the participants were, on average, 40.16 years old (± 11.46) and had 7.21 years of schooling (± 3.82). Most are male, Protestant, single, with a family income of up to one minimum wage. The 'acute confusion' Nursing diagnosis was present in 45.9% of the participants. The most sensitive defining characteristic for acute confusion was alteration in the cognitive function. Hallucinations, misperceptions, alterations in the cognitive function and alterations in the level of consciousness were the characteristics with high specificity. Alteration in the cognitive function was the only indicator that presented high sensitivity and specificity. **Conclusion:** alteration in the cognitive function proved to be the most accurate clinical indicator for the inference of acute confusion Nursing diagnosis in users attended in the CAPS.

Keywords: Nursing Diagnosis; Mental Disorders; Mental Health Services; Psychiatric Nursing; Data Accuracy.

RESUMO

Objetivo: *analisar a acurácia de um conjunto de características definidoras do diagnóstico de enfermagem confusão aguda em usuários atendidos em um Centro de Atenção Psicossocial (CAPS).* ***Método:*** *estudo de acurácia diagnóstica realizado em um CAPS II com 37 usuários. Para a coleta dos dados, utilizou-se roteiro para caracterização sociodemográfica, índice de qualidade de sono de Pittsburg (ISQI) e Confusion Assessment Method (CAM). A análise ocorreu por estatísticas descritivas, testes de associação estatística e medidas de sensibilidade e especificidade das características definidoras, cujo ponto de corte foi de 80,0%.* ***Resultados:*** *os participantes apresentaram, em média, 40,16 anos de idade (±11,46) e 7,21 anos de estudo (±3,82). A maioria é do sexo masculino, protestante, solteiro, com renda familiar de até um salário mínimo. O diagnóstico de enfermagem confusão aguda esteve presente em 45,9% dos participantes. A característica definidora mais sensível para a confusão aguda foi alteração na função cognitiva. Alucinações, percepções errôneas, alteração na função cognitiva e alteração no nível de consciência foram as características com elevada especificidade. Alteração na função cognitiva foi o único indicador que apresentou elevada sensibilidade e especificidade.* ***Conclusão:*** *alteração na função cognitiva mostrou-se como o indicador clínico mais acurado para a inferência do diagnóstico de enfermagem confusão aguda em usuários atendidos no CAPS.*

Palavras-chave: *Diagnóstico de Enfermagem; Transtornos Mentais; Serviços de Saúde Mental; Enfermagem Psiquiátrica; Acurácia dos Dados.*

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RESUMEN

Objetivo: *analizar la precisión de un conjunto de características definitorias del diagnóstico de enfermería de confusión aguda en usuarios atendidos en un centro de atención psicosocial (CAPS).* ***Método:*** *estudio de precisión diagnóstica realizado en un CAPS II con 37 usuarios. Para la recogida de datos se utilizó el guión de caracterización sociodemográfica, índice de calidad del sueño de Pittsburgo (PSQI) y Confusion Assessment Method (CAM). El análisis se realizó mediante estadística descriptiva, pruebas de asociación estadística y medidas de sensibilidad y especificidad de las características definitorias, cuyo punto de corte fue del 80,0%.* ***Resultados:*** *los participantes tenían, en promedio, 40,16 años de edad (± 11,46) y 7,21 años de estudio (± 3,82). La mayoría eran varones, protestantes, solteros, con ingresos familiares de hasta un salario mínimo. El diagnóstico de enfermería de confusión aguda estuvo presente en el 45,9% de los participantes. La característica definitoria más sensible para la confusión aguda fue la alteración de la función cognitiva. las Las características con alta especificidad fueron las alucinaciones, percepciones erróneas, alteraciones en la función cognitiva y alteraciones en el nivel de conciencia. La alteración de la función cognitiva fue el único indicador que presentó alta sensibilidad y especificidad.* ***Conclusión:*** *la alteración en la función cognitiva demostró ser el indicador clínico más preciso para la inferencia del diagnóstico de enfermería de confusión aguda en usuarios atendidos en CAPS.*

Palabras clave: *Diagnóstico de Enfermería; Trastornos Mentales; Servicios de Salud Mental; Enfermería Psiquiátrica; Exactitud de los Datos.*

INTRODUCTION

Mental disorders are characterized by changes in psychic functions that cause impairment in the performance of activities of daily living and social functioning, dissatisfaction with life and lack of autonomy. In addition, feelings of anguish, hopelessness, anxiety, sadness and social isolation can be observed.[1-3] Also, the cognitive functioning is usually impaired, with alterations in attention, memory, reasoning, and processing speed.[1]

Among the Nursing phenomena found in the context of mental illness is acute confusion, defined by NANDA I as "the abrupt onset of reversible disorders of consciousness, attention, cognition and perception that occur over a short period of time". It is inserted in the perception/cognition domain, in the cognition class, it is formed by 11 defining characteristics (agitation, alteration in the cognitive function, alteration in the level of consciousness, hallucinations, lack of motivation to keep behavior in a goal, lack of motivation to maintain intentional behavior, inability to initiate a goal-oriented behavior, inability to initiate intentional behavior, restlessness and misperceptions) and five related factors (substance abuse, change in sleep-wake cycle, *delirium*, dementia and being 60 years old).[4]

A brief survey conducted in June 2018 in the databases of the Virtual Health Library (VHL), with the descriptors of Nursing diagnosis, mental disorders and mental health services and with the help of the Boolean operator "*AND*", found 36 studies conducted in Brazil, none of which addressed Nursing diagnoses in users attended in CAPS. Therefore, there is a lack of research on Nursing phenomena in the context of care for people with mental disorders accompanied by these services.

An integrative review of the mental health Nursing process[5] discusses the difficulty of assessing psychic aspects, considering that care standards are still centered on the biological model, which is antagonistic to the Brazilian Psychiatric Reform (BPR) movement and to the proposals for establishing a link between nurse-user, from a perspective of expanded and shared care. Nurses need to have therapeutic communication skills and knowledge about psychopathology in order to evaluate and identify Nursing diagnoses that will support the elaboration of the Singular Therapeutic Project (STP) to the person under psychological distress.

It is responsibility of this professional to systematically apply the Nursing process to assess the individual's integral health, from the perspective of the expanded clinic, with the aggregation of cognitive skills and own competences,[6] so that the focus of care should be directed to the recognition of the singularities of the subject in face of the experience with psychological distress, in the social, cultural and political context, not being restricted to psychopathological symptoms and psychiatric diagnosis.[5]

A recent study found that Nursing consultation in a systematic way is incipient in the field of mental health. In addition, nurses have limitations to make the Nursing diagnosis in this area.[7]

It was decided to study the diagnosis of acute confusion Nursing in users of the Psychosocial Care Center (*Centro de Atenção Psicossocial*-CAPS) because, in the clinical practice, it was found that many users have alterations related to this diagnosis, such as disorganized thinking, disorientation and agitation. In addition, there was a scarcity of studies on this theme, which shows a gap in the produced knowledge.

It is also noteworthy that the defining characteristics mentioned are directly related to psychic functions, a non-exclusive but fundamental component in understanding the dynamics that involve the intensification of suffering and the process of exacerbation of the mental health crisis. In addition, these characteristics, when grouped together, suggest a negative impact on the daily lives of people with mental disorders, increasing, to a certain extent, the need for psychiatric hospitalizations or intensive care. Therefore, the study of the Nursing diagnosis at issue is substantial.

Given the above, in order to contribute to the recognition of the Nursing process as a relevant tool in the work of nurses, as well as to encourage the practice of identifying Nursing diagnoses to improve care by generating interventions that prioritize a

qualified care for each individual, the aim of this research was to analyze the accuracy of a set of defining characteristics of the "acute confusion" diagnosis in users seen in a CAPS.

METHOD

This is a diagnostic accuracy study conducted in a CAPS II located in a city in the inland of *Pernambuco*. The population was made up of users of both genders, over 18 years old, followed-up in this service in 2016.

The sample estimate was calculated from a formula for accuracy studies, based on the following parameters: $Z\alpha$ = 1.96, which refers to the 95% confidence level; V(ν) refers to the variance of the main accuracy measure for the study. To calculate this measure, the value established for the sensitivity (85.0% or 0.85) was multiplied by its complement. Thus: V = Se x (1-Se) = 0.85 x 0.15 = 0.1275; L refers to the extent of the confidence interval to be constructed for each measure. The value 0.17 (17%) was considered; p refers to the prevalence of the diagnosis of interest. The value 0.50 (50.0%) was adopted, since it was not possible to estimate the percentage of occurrence of the acute confusion diagnosis in patients treated in the CAPS. The estimate was calculated based on the following formula:

$$n = \frac{Z^2_{1-\alpha/2} \cdot V(\nu)}{L^2 . P}$$

In order to minimize possible sample losses, the sample was increased by 10.0%, thus totaling 37 participants. For the selection of users, a naturalistic sampling strategy was adopted, in which the capture was performed consecutively. This technique consists in listing the entire accessible population within a period long enough to include temporal changes relevant to the research. Thus, the participants were selected as they met the following inclusion criteria: age greater than or equal to 18 years old; diagnosis of mental disorder in the medical record; and users who were in attendance in the CAPS at the time of data collection. Users with severe drowsiness who had difficulty answering the questionnaire questions were excluded.

Data collection took place through interviews from March to May 2017, in a CAPS private setting. The following instruments were used: a script for sociodemographic characterization, the Pittsburg Sleep Quality Index (PSQI)[8] and the Confusion Assessment Method (CAM).[9]

The PSQI assesses sleep quality, considering the last week prior to its application, including qualitative and quantitative information. It has 24 questions, four of which are subjective and 19 are marked on a scale from zero to three points, the sum of which results in an overall score ranging from zero to 21 points. A global score greater than five indicates that the individual has great difficulty in at least two components or moderate difficulty in more than three components. In addition, PSQI has high reliability, as per Cronbach's α = 0.82.[8]

The CAM is a *delirium* screening instrument and evaluates nine dimensions: acute change in mental state, inattention, disorganized thinking, altered level of consciousness, disorientation, memory disorders, perception disorders (hallucinations and delusions), psychomotor disorder (agitation or retardation), and alteration in the sleep-wake cycle. The *delirium* occurred when the user showed acute onset; slight or marked inattention; and disorganized thinking or altered level of consciousness.[9]

In this study we used the CAM version validated in Brazil in 2001, whose inter-observer reliability was 0.70 (Kappa). In addition, the scale showed high levels of sensitivity (94.1%) and specificity (96.4%), which denotes an adequate predictive validity.[9]

The following defining characteristics were evaluated in this research: agitation, alteration in the cognitive function, alteration in the psychomotor function, alteration in the level of consciousness, hallucinations, restlessness and misperceptions. The characteristics of lack of motivation to maintain goal-oriented behavior, lack of motivation to maintain intentional behavior, inability to initiate goal-oriented behavior, and inability to initiate intentional behavior were not included as they were unrelated to the items of the CAM.

The inference about the defining characteristics occurred from the evaluation of the CAM component items. Table 1 shows the description of these procedures.

Regarding the related factors, the following were investigated: *delirium*, age greater than or equal to 60 years old and alteration in the sleep-wake cycle. As already mentioned, *delirium* was assessed using the CAM. The alteration in the sleep-wake cycle was attributed with evidence of insomnia (PSQI). Substance abuse and dementia were not evaluated as they did not correspond to any CAM item.

It is important to highlight some important aspects that guided the clinical judgment about the existence or not of the diagnosis under study. Although the concepts of *delirium* and acute confusion are not yet well clarified in the nurse practice, *delirium* is a clinical entity generally characterized by a disturbance of attention and consciousness for a short time period, representing a shift in basal attention and consciousness and tends to fluctuate in severity throughout the day.[10] It is, therefore, an acute cognitive impairment associated with a severe disease.[11]

Acute confusion, according to the NANDA I taxonomy, is conceptualized as the "abrupt onset of reversible disorders of consciousness, attention, cognition, and perception that occur over a brief period of time."[4] Incidentally, the diagnosis of acute confusion defined by nurses may come to occur prior to the installation of the diagnostic criteria for *delirium*.[12]

Table 1 - Relation of the CAM items with the defining characteristics of the acute confusion Nursing diagnosis and the inference process about the existence of these elements

Defining characteristic	CAM items	Detection
Agitation	8 (agitation dimension)	The characteristic was considered present if the participant showed any agitation behavior, according to the answer to item 8
Alteration in the cognitive function	2, 3, 6 and 7	The characteristic was considered present if the participant showed any alteration in attention (2), thought (3), memory (6) and sensory perception (7), such as hallucinations or delusions
Alteration in the psychomotor function	8 (agitation or psychomotor retardation dimensions)	The defining characteristic was considered present if the user showed agitation (item 8: Psychomotor agitation dimension) or psychomotor slowing (item 8: Psychomotor retardation dimension)
Altered level of consciousness	4	The defining characteristic was considered present if the user showed any alteration in the level of consciousness, such as: vigilant, lethargic, stupor or coma
Hallucinations	7	The defining characteristic was considered present if the patient had any hallucinations during the evaluation
Restlessness	8	The defining characteristic was considered present if the participant showed restlessness as psychomotor agitation behavior in item 8
Misperceptions	7	The defining characteristic was considered present if the user showed wrong perceptions, for example: thinking that some fixed object is moving

Source: the authors.

From this perspective, acute confusion is a previous, prior, and less severe state.[11] Therefore, it can be inferred that *delirium* implies acute confusion. However, the opposite does not necessarily occur, so there may be acute confusion as a condition before the *delirium*.

From this perspective, in this study, the acute confusion diagnosis was considered present by the following criteria: a) CAM score compatible with *delirium*; and/or b) evaluation of the defining characteristics by two nurses. If the diagnostic inference of this pair showed disagreement, a third nurse was invited to evaluate the phenomenon. These evaluators have residency in mental health, clinical experience and research in mental health/Psychiatry.

After collection, data was organized in a spreadsheet of the *Excel* software and analyzed with the help of SPSS version 21.0. The analysis was performed using absolute and relative frequencies, descriptive statistics (mean and standard deviation) and statistical association tests (Pearson's Chi-square or Fisher's exact test), defined according to the frequency of occurrence of the variables. The level of statistical significance adopted for the analysis of these tests was 5% (0.05).

The accuracy analysis was performed based on the sensitivity and specificity measures of the defining characteristics, the cut-off point being defined at 80.0%, above which the obtained results were considered relevant. Sensitivity is understood as the probability of correctly identifying the clinical indicator in individuals with a Nursing diagnosis. Specificity represents the likelihood of correctly identifying the absence of the clinical indicator in individuals without the diagnosis.[13]

The project was approved by the Ethics Committee on Research with Human Beings of the *Universidade Federal de Pernambuco*-UFPE, through Protocol No. CAAE: 59291516000005208. This study met the formal requirements contained in national and international regulatory standards for research involving human subjects.

RESULTS

The participants were, on average, 40.16 years old (± 11.46) and had 7.21 years of schooling (± 3.82). More than half were male (n=19; 51.4%). The Protestant (n=12; 32,4%) and catholic (n=10; 27,0%) religions were the most cited. 43.2% declared themselves single (n=16). Housewife was the most frequent occupation (n=14; 37,8%). Regarding family income, 45.9% (n=17) receive up to one minimum wage. And on the individual income, 54.1% (n=20) also receive up to one minimum wage. Approximately 46.0% reported having no source of income (n=17).

Acute confusion was present in 45.9% (n=17). Alteration in the psychomotor function and *delirium* were, respectively, the most frequent defining characteristic and related factor. Altered cognitive function, hallucinations, misperceptions and altered level of consciousness were associated with acute confusion ($p<0.05$). Table 2 displays the detailed description of the associations.

Regarding the accuracy measures, the most sensitive defining characteristic for acute confusion was alteration in the cognitive function, whose sensitivity was 94.1%. Therefore, the absence of this clinical indicator implies a high possibility for absence of acute confusion. This same characteristic, together with hallucinations,

misperceptions and alteration in the level of consciousness, make up the set of characteristics with high specificity (100.0%).

Table 2 - Description of the defining characteristics and of the factors related to the acute confusion Nursing diagnosis identified in users of a CAPS II. *Vitória de Santo Antão*, 2017

Variables	n	%	p value
Acute confusion Nursing diagnosis			
Present	17	45.9	–
Absent	20	54.1	–
Defining characteristics			
Alteration in the psychomotor function	23	62.2	0.286¥
Agitation	19	51.3	0.858¥
Alteration in the cognitive function	16	43.2	<0.001¥
Hallucinations	10	27.0	<0.001*
Wrong perceptions	10	27.0	<0.001*
Restlessness	9	24.3	1.000*
Alteration in the conscience level	6	16.2	0.005*
Related factors			
Alteration in the sleep-wake cycle	10	27.0	0.460*
Delirium	6	16.2	0.005*
Age greater than or equal to 60 years old	3	8.1	1.000*

¥Chi-square Test. *Fisher's exact test.
Source: research data.

The detection of specific clinical indicators contributes to the inference of the Nursing diagnosis. Alteration in the cognitive function was the only indicator that concomitantly presented high sensitivity and specificity, so it is the most accurate defining characteristic for the diagnostic inference of acute confusion. Other details are contained in Table 3.

Table 3 - Accuracy measures of the defining characteristics of the acute confusion Nursing diagnosis in users of a CAPS II. *Vitória de Santo Antão*, 2017

Defining characteristics	S%	CI%	E%	CI%
Alteration in the cognitive function	94.1	86.5 – 100.0	100.0	100.0 – 100.0
Hallucinations	58.8	42.9 – 74.7	100.0	100.0 – 100.0
Wrong perceptions	58.8	42.9 – 74.7	100.0	100.0 – 100.0
Agitation	52.9	36.8 – 69.0	50.0	33.9 – 66.1
Alteration in the psychomotor function	52.9	36.8 – 69.0	30.0	15.2 – 44.8
Alteration in the conscience level	35.3	19.9 – 50.7	100.0	100.0 – 100.0
Restlessness	23.5	9.8 – 37.2	75.0	61.0 – 89.0

DC: Defining Characteristic; E: Specificity; CI: Confidence Interval; S: Sensitivity.
Source: research data.

DISCUSSION

The mean age of 41 years old corroborated the findings of the study on the profile of the person with mental disorder in *Curitiba*, *Paraná*, Brazil.[14] Moreover, these authors showed a higher percentage of women followed up in the CAPS.[14] Other researchers[15] also found a higher frequency of women with mental disorder. In this study, a higher frequency of men under treatment was observed. This suggests that both men and women have accessed the CAPS as a treatment and follow-up service.

Regarding schooling, the authors[14-17] also identified a low education level. Moreover, the number of unemployed participants with low or no personal income is worrying. This fact was also reported in another investigation,[17] which reveals that, despite the advances of the BPR, the inclusion of people with mental disorders in the labor market is still a challenge.

In this study, the acute confusion diagnosis was found in 45.9% of the users. Mental disorders culminate in alterations in the psychic functions, such as acute confusion, which, in the absence of therapeutic interventions, result in less quality of life and in more psychological distress for the subject. In this sense, a recent study has evidenced impaired social interaction and disturbed thought processes as the most frequent Nursing diagnoses in people with mental disorders.[18] The scarcity of scientific investigations on the acute confusion diagnosis for users with psychiatric disorders is highlighted. In this context, it was not possible to make comparisons with other findings.

In the relationship between defining characteristics and acute confusion, the literature advocates the association between alteration in the cognitive function and mental disorders, so this change is a relevant factor for social deficit and less life satisfaction in people with schizophrenia,[2] for example. In addition, cognitive changes are more pronounced in schizophrenia compared to affective disorders.[19]

A systematic review with meta-analysis of 13 studies summarized the main cognitive changes in schizophrenia: reduced processing speed to perform simple tasks; decreased attention/vigilance to maintain long-term attention to an activity; impaired long-term memory; visual learning and memory; decreased ability for reasoning in new situations and less ability to maintain social relationships.[3] It is noteworthy that the most accurate clinical indicator to identify acute confusion in this study was alteration in the cognitive function, which highlights the importance of an accurate assessment of this condition in people with mental disorders.

Regarding misperceptions, it is believed that the judgment about this characteristic goes through a relational process of the "I" with the environment and its relationship with the "other" in an inter-subjective dynamics. In this sense, perception can be understood as the awareness, by the individual, of a sensory stimulus that, when confronted with past experiences recorded

in the memory and with the socio-cultural context in which the subject lives, attributes meaning to the experiences.[20]

In mental illness processes, particularly in crisis intensification, thinking and critical judgment are often altered and may lead to misperceptions of reality. In a study[21] about the admission to the CAPS of psychotic patients in the prodromal phase of the crisis, there was a more representative presence of psychotic patients with acute symptomatology during admission, probably due to the invasive and intense symptoms, such as false interpretations of reality and/or delusional ideas that sometimes motivate the search for treatment. It is emphasized that misperceptions of reality can intensify anguish, fears and distrust, accentuating the inability to deal with the crisis, which, in turn, negatively affects the quality of life of the subjects.

Still within this scope, a research[22] on the understanding of the reality of living with schizophrenia from the report of those who experienced it emphasized the detriments to the quality of life, especially in the dimensions of relationships, daily activities, work and studies. In addition, this study also discusses the intermittent aspect of the perception of the real and the "not real", as discourses consisting of conflicts and different moments of acceptance of the disease process emerge.

Thus, it is noteworthy that the understanding of the "new" imposed reality requires from the nurse a re-reading of the other's perception from the relational context of the subject and his experiences, because the misperception expressed by the user speaks not only about suffering, but also about their life history and the constructions of their social relations.

Hallucinations have a significant impact on the life of the mentally ill person. Hallucinations include the auditory as one of the most distressing experiences in people with schizophrenia.[23] Auditory hallucinations are also associated with depressive and anxious symptoms.[1] A multi-center study in the US found that 44.4% of the 1,460 schizophrenic patients with auditory hallucination also had depressive symptoms. In addition, auditory hallucination increased the risk of suicide in these individuals.[2]

The hallucinations experienced by 27.0% of the participants in this study are sometimes distressing and may be precursors of the psychiatric crisis. Thus, it is up to the nurse to investigate, during the psychiatric Nursing consultation, if there are these conditions, since hallucination can be devastating for the person, leading them to adopt inappropriate behaviors such as social isolation and, in more severe cases, suicide attempt.

The recognition of the submitted clinical indicators favors the implementation of effective Nursing interventions and aimed at achieving better mental health outcomes. The care actions become more accurate, clear and effective to prevent the worsening of symptoms and reduce the occurrence of psychiatric crises.

In addition, the contribution of these interventions in the process of psychosocial rehabilitation, restoration of the individual's autonomy over their life and for the reconstruction of their exercise of citizenship, with return to their life activities, is emphasized.[24] The Nursing process should, then, support the elaboration of the STP built up together with the user, respecting their subjectivity so that they can recognize the symptoms and problems in their mental health. In this way, the nurse can assist them in developing strategies to cope with the emergence of cognitive changes, hallucinations and changes in consciousness and, thus, have control over their life.

CONCLUSION

The acute confusion Nursing diagnosis was found in approximately 46.0% of the participants. The defining characteristics of alteration in the cognitive function, hallucinations, misperceptions, alteration in the level of consciousness and the related factor of *delirium* displayed statistical association with the phenomenon under study. Alteration in the cognitive function proved to be the most accurate clinical indicator for the inference of this phenomenon. Knowing the most accurate clinical indicators contributes to the clinical practice, by subsidizing the nurse in the correct identification of the Nursing diagnosis and, therefore, in the implementation of an individualized care plan. Thus, Nursing care for people with mental disorders followed-up in the CAPS should incorporate, above all, interventions that can improve the cognitive function of this user.

The limitations of this study are related to the difficulty in comparing the results with other studies, due to the lack of literature on the subject, especially in Nursing, and to the small sample size. In addition, some defining characteristics have not been investigated, which may influence the process of the diagnostic accuracy of acute confusion. Further studies are suggested with the inclusion of all the defining characteristics of the phenomenon under study, in order to make the assessment of acute confusion more accurate among users of the CAPS.

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