

COGNITIVE IMPAIRMENT SCREENING

Access this form online at: www.oregonspado.org

Annual Exam

Mini Screen may be performed by trained assistant

Tools

- Mini-Cog or GPCOG
- Family Questionnaire (if family makes available)

Normal

if

Follow up in one year

Score falls outside of normal range

Cognitive Assessment

(same day or new visit)
+ include family

Tools

One of the following:

- SLUMS or MoCA (may be performed by trained assistant)
- Family Questionnaire, e.g. AD8 Screening Interview or Alzheimer's Association Family Questionnaire.

Normal

if

Follow up in one year

Score falls outside of normal range

Proceed to Dementia Workup

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Determine the continuity of care plan

History and physical

- Person-centered care includes understanding cultural context in which people are living (see www.actonalz.org/culturally-responsive-resources).
- Review onset, course, and nature of memory and cognitive deficits and any associated behavioral, medical, or psychosocial issues. The following questionnaires for family may help:
 - » [AD8](#);
 - » [Alzheimer's Association Family Questionnaire](#).
- Assess ADL's, and IADL's, including driving and possible medication and financial mismanagement (AD8, Family Questionnaire or OT evaluation my assist).
- Conduct structured mental status exam (e.g., [MoCA](#), [SLUMS](#)).
- Assess mental health (consider [depression](#), [anxiety](#), [chemical dependency](#), [PTSD](#)).
- Perform neurological exam focusing on focal/lateralizing signs, vision, including visual fields, and extraocular movements, hearing, speech, gait, coordination, and evidence of involuntary or impaired movements.

Diagnostics

Lab Tests

- Routine: CBC, lytes, BUN, Cr, Ca, LFTs, glucose.
- Dementia screening labs: TSH, B12.
- Contingent labs (per patient history): RPR or MHA-TP, HIV, heavy metals.

Neuroimaging

- CT or MRI recommended.

Other Tests

- Evaluate for [Sleep Apnea – STOPBang](#)

Cognitive Assessment/Neuro Testing

- Indicated in cases of early or mild symptom presentation, for differential diagnosis, determination of nature, and/or development of appropriate treatment plan. Not recommended in cases of severe impairment.

Ability to Function

- Does cognitive decline from baseline impact individual's ability to function?

Diagnosis

Mild Cognitive Impairment

- Mild deficit in one or more function; memory, executive, visuospatial, language, or attention.
- Intact ADLs and IADLs; does not meet criteria for dementia.

Alzheimer's Disease

- Memory loss, confusion, disorientation, dysnomia, impaired judgment/behavior, apathy/depression.

Vascular Dementia

- Symptoms often overlap with those of AD; frequently there is relative sparing of recognition memory.
- Executive dysfunction and memory loss are disproportionate to other deficits.

Mixed Dementia Disease

- Vascular
- Alzheimer's disease
- Alcohol
- Brain Injury
- Post Traumatic Stress Disorder
- Nutritional deficiencies

Follow-Up Diagnostic Visit

- Include family members, friends, or other care partners.
- Refer to the **Aging and Disability Resource Connection of Oregon (ADRC)** 1-855-673-2372, www.helpforalz.org.
- Refer to the **Alzheimer's Association** 24/7 Helpline at 1-800-272-3900 or visit www.alz.org.
- Offer the following resources:
 - » ***Help is Here: When someone you love has dementia***
 - » **National Institute on Health (NIH) Resources**