

**CONSIDERATIONS:**

1. It is estimated that ten percent of adults over the age of 65 are inflicted with some form of cognitive impairment, that number increases to nearly fifty percent with adults aged 85 and over. Many of these people have dementia yet remain undiagnosed for years until some serious incident occurs that jeopardizes their health and safety.
  2. The home care RN is accustomed to servicing the geriatric population, many of whom have limited interaction with medical practitioners.
  3. The home care RN serves in a critical position to screen these clients for dementia.
  4. The OASIS assessment prompts the RN to initiate the screening process.
  5. Any patient that is lacking a diagnosis of dementia yet who receives a positive answer for OASIS item M1710 When Confused (Reported or Observed Within the Last 14 Days) and/or M1740 Cognitive, behavioral and psychiatric symptoms that are demonstrated at least once a week and/or M1745 Frequency of Disruptive Behavior Symptoms (reported and observed) requires further attention and should be screened for dementia.
  6. The Alzheimer's Association has identified 10 Common Warning Signs for Dementia:
    - a. Memory changes that disrupt daily life
    - b. Challenges in planning or solving problems
    - c. Difficulty completing familiar tasks at home, work or at leisure
    - d. Confusion with time and place
    - e. Trouble understanding visual images and spatial relationships
    - f. New problems with words in speaking and writing
    - g. Misplacing things and losing the ability to retrace steps
    - h. Decreased/poor judgment
    - i. Withdrawal from work or social activities
    - j. Changes in mood and personality
2. The client is asked to listen and repeat 3 unrelated words such as apple, table and penny. After the client has repeated the words, he or she is instructed to remember them.
  3. The client is instructed to draw the face of the clock on a piece of paper. The client can draw the circle on a blank page or on a preprinted circle. Once the client has finished placing the numbers on the clock, he or she is asked to draw the hands of the clock to read a specific time such as 11:10.
  4. After completing the clock drawing test, the client is asked to repeat the 3 previously stated words.
  5. Scoring:
    - a. The clock drawing is scored as normal if all numbers are present in the correct sequence and position, and the hands read the requested time. The clock is considered abnormal if there is any deviation from the above
    - b. The client receives 1 point for each word that is recalled after completing the clock
    - c. Clients that are unable to recall any words are classified as demented
    - d. Clients that are able to recall all 3 words are classified as non-demented
    - e. Clients that are able to recall 1 - 2 words are classified based on the result of the clock drawing test (abnormal = demented; normal = non-demented)

**EQUIPMENT:**

Hard copy or electronic version of Mini-Cog with score calculation instructions (See Addendum A)

**PROCEDURE:**

1. The Mini-Cog is a valid and reliable evidence-based tool used to screen for dementia. The mini-cog exists in the public domain and requires a very basic training to learn proper administration. The Mini-Cog takes approximately 3 minutes to administer and involves a three item recall test and clock drawing task. Results of the Mini-Cog are not skewed by the participant's educational level, culture or primary language.

**AFTER CARE:**

1. If the patient screens positive for dementia, the patient's medical provider must be notified.
2. Further medical evaluation is required to rule out other causes of cognitive impairment such as delirium or depression and to determine a definitive diagnosis of dementia.
3. The homecare RN needs to perform a comprehensive safety evaluation to ensure that the patient is in a safe living situation either alone or with caregivers.
4. If the patient is diagnosed with dementia, the homecare RN can initiate dementia caregiver education with the patient's caregiver to educate on the disease process, long-term planning, safety measures and respite care.

**REFERENCE:**

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