

# CARONDELET, AVFD, and TPDF COGNITIVE SCREENING ADMINISTRATIVE GUIDELINE

## COGNITIVE SCREENING DECISION PROCEDURE

### PURPOSE:

To outline a standard method of determining mental capacity for the purpose of prehospital decision-making. This AG may be applied alone, or in conjunction with any AG where a patient's capacity to decline assessment, treatment, or transportation is in question. It consists of the neurological assessment component as well as the six-item cognitive screening tool.

### EXCLUSION

Patients being screened for decisional capacity must meet **ALL** of the following criteria:

- Is alert & oriented to person, place, time & event
- Does not demonstrate or verbalize a danger to self or others
- Does not appear impaired by drugs or alcohol
- No obvious evidence of impairment due to mental illness
- No obvious evidence of acute neurologic insult or injury (loss of consciousness)
- No evident impairment from hemodynamic instability, such as:
  - Hypoxia
  - Hypotension/Hypertension
  - Cardiac dysrhythmias
- No evidence of hypoglycemia (FSBG <60)
- GCS greater than 13

Confirm decisional capacity as appropriate, with score of 5 or 6 on Cognitive Screening Tool

### COGNITIVE SCREENING TOOLS

I'm going to ask you some questions and I ask that you remember three words. After I say all three words, please repeat them out loud; remember them, because I will ask you to repeat them again in a few minutes. Repeat these three words: APPLE, TABLE, PENNY

The patient is to receive a one (1) for each answer they get correct and a zero (0) for each answer they get incorrect. Patient must receiving a 5 or higher in order to confirm decisional capacity.

1. What year is this?
2. What month is this?
3. What day of the week is this?
4. Apple
5. Table
6. Penny