COGNITIVE IMPAIRMENT IDENTIFICATION AND DEMENTIA CARE COORDINATION IN HEALTH CARE SETTINGS

Flow Chart

PATIENT

Screen Cognition Mini-Cog AND Family Questionnaire (if family available)

Mini-Cog Score
0-3 Family Questionnaire 3 or more

Mini-Cog Score
4 - 5 Family Questionnaire 0-2

Assess using SLUMS or MoCA**

Score falls outside of normal range

Normal

Monitor Patient for Medication Management Needs OR Recent Admission to ER or Hospital

Fails trial of med management techniques

Diagnosis

Refer to Physician for Dementia Workup

Dementia Care Coordination

Identify Care Partner

Conduct Comprehensive Assessment

Provide Disease Education

Develop Care Plan Based on Patient’s Diagnosis and Stage of Disease, Needs, Goals (MCI, Early, Middle, Late Stage)

Arrange Services

Determine Visit Frequency and Plan for Communication

Re-evaluate and Modify Care Plan

**Score Ranges for MoCA and SLUMS:
MoCA:
Normal 26-30
Mild Cognitive Impairment 21-25
Moderate 15-20
Severe 0-14

SLUMS: High School Education
27-30 Normal
21-26 Mild Cognitive Impairment
1-20 Dementia

SLUMS: Less Than HS Education
25-30 Normal
20-24 Mild Cognitive Impairment
1-19 Dementia

Mini-Cog (Version 6 is recommended) http://www.alz.org/documents_custom/minicog.pdf
Montreal Cognitive Assessment (MoCA) http://www.mocatest.org
St. Louis University Mental Status (SLUMS) http://medschool.slu.edu/agingsuccessfully
Family Questionnaire http://www.alz.org/mnnd/documents/family_questionnaire.pdf

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DEMENTIA CARE PLAN CHECKLIST

With the patient and care partner, create a person-centered plan to meet identified needs, address barriers and set goals based on the patient’s values.

Educate the patient and care partner about diagnosis and disease process

☐ Taking Action Workbook¹
☐ Contact Alzheimer’s Association
   800-272-3900  www.alz.org

Conduct comprehensive assessment of patient (include care partner)

Develop the care plan around the patient’s diagnosis and stage of disease (see page 4)

Medication Therapy and Management

☐ Discuss prescribed and over the counter medications
☐ Refer to pharmacist for medication review and to simplify medication regimen
☐ Work with patient’s health care team to create a medication management plan

Maximize Abilities

☐ Work with patient’s health care team to treat conditions that may worsen symptoms or lead to poor outcomes including depression and co-existing medical conditions (e.g., diabetes, blood pressure, sleep dysregulation)

☐ Educate patient and care partner on medication management aids e.g., pill organizers, dispensers, alarms

Patients in Middle and Late stage will require medication management oversight from care partner or health care professional

Encourage patient to stop smoking, limit alcohol

Refer to occupational therapy to maximize ability for self care

Encourage patient and care partner to establish routines

Care Partner Education and Support (if patient has a care partner)

☐ Refer to Respite, Support Groups, Counseling, Caregiver Education and Training Programs
   Contact Alzheimer’s Association 800-272-3900 or Senior LinkAge Line® 800-333-2433

☐ Refer to Caregiver Coach or Consultant
   Contact Senior LinkAge Line® 800-333-2433

Health, Wellness and Engagement (see the Living Well Workbook for recommendations²)

☐ Encourage regular physical activity and healthy eating
☐ Contact Alzheimer’s Association for Engagement Programs
   800-272-3900

☐ Encourage lifestyle changes that may reduce disease symptoms or slow symptom progression

☐ Encourage socialization and participation in activities the patient enjoys

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Home and Personal Safety
☐ Refer to an occupational therapist and/or physical therapist to address fall risk, sensory/mobility aids and home modifications
☐ Obtain MedicAlert® + Alzheimer’s Association Safe Return®
☐ Refer to occupational therapy for driving evaluation
☐ Educate patient and care partner about safe driving

Legal Planning
☐ Refer to an elder law attorney
☐ Encourage patient to assign durable power of attorney and health care power of attorney

Advance Care Planning
☐ Encourage patient and family to discuss and document preferences for care when patient is not able to make decisions
☐ In Middle and Late stage, discuss Palliative Care and Hospice with patient and care partner

Arrange Services and Supports
☐ Contact the Senior LinkAge Line® at 1-800-333-2433 or MinnesotaHelp.info to locate and plan for community resources such as chore and homemaker services, home delivered meals, transportation, caregiver supports and assistance with paying for prescription drugs

Determine Visit Frequency and Plan for Communication
☐ Schedule regular check-ins with the patient and care partner (consider monthly face to face encounters until relationship is established)
☐ Educate patient and care partner to contact care coordinator for changes in condition and emergencies

Web Resources
3 - At the Crossroads http://www.thehartford.com/advance50/publications-on-aging
4 - Dementia & Driving Resource Center http://www.alz.org/care/alzheimers-dementia-and-driving.asp
5 - Honoring Choices Minnesota http://www.honoringchoices.org
Alzheimer's symptoms vary. The information below provides a general idea of how abilities change during the course of the disease. Not everyone will experience the same symptoms or progress at the same rate.

### MILD COGNITIVE IMPAIRMENT AND STAGES OF ALZHEIMER'S DISEASE

#### Symptoms and Duration of Disease

**Mild Cognitive Impairment (MCI)**
- Increased forgetfulness
- Increasingly overwhelmed by making decisions, planning steps to accomplish a task or interpreting instructions
- Trouble finding way around familiar environments
- More impulsive or show increasingly poor judgment
- Family and friends notice any of these changes

**Alzheimer's Disease Early Stage**
- 2-4 years in duration
- Forgetfulness
- Trouble with time/sequence relationships
- More mental energy needed to process
- Trouble multi-tasking
- Writes reminders, but loses them
- Personality changes
- Shows up at the wrong time or day
- Preference for familiar things

**Alzheimer's Disease Middle Stage**
- 2-10 years in duration
- Fluctuating disorientation
- Diminished insight
- Changes in appearance
- Learning new things becomes difficult
- Restricted interest in activities
- Declining recognition of acquaintances, relatives
- Mood and behavioral changes
- Functional declines
- Alterations in sleep and appetite
- Wandering
- Loss of bladder control

**Alzheimer's Disease Late Stage**
- 1-3 years in duration
- Severe disorientation to time and place
- No short term memory
- Long-term memory fragments
- Loss of speech
- Difficulty walking
- Loss of bladder/bowel control
- No longer recognizes family members
- Inability to survive without total care

### Resources

- **Mild Cognitive Impairment (MCI)**

- **Stages of Alzheimer's**

- **Contact the Alzheimer's Association for information on dementia related diseases**
  800-272-3900 or [http://www.alz.org/mnnd](http://www.alz.org/mnnd)