IT Dept Quick Reference Guide (QRG)

Document No - Ref 159



Version Number – 2.0

COMPLETING THE DEMENTIA AND DELIRIUM ASSESSMENT

1.	The below pop up appears when trying to access a patients record. Click on Complete Now. If it is not appropriate to complete at the time, you can click on OK.
	Discern: Open Record - TEST, PETER (1 of 2)
	Cerner DEMENTIA/DELIRIUM ALERT - COMPLETE NOW
	48 hours have elapsed since this patient was admitted. Dementia/Delirium Diagnostic Assessment and appropriate action are still outstanding.
	Guidelines Complete Now OK
	Complete the exclusion criteria detail.
2.	Exlusion Criteria For Cognitive Assessment?
	Patient at end of life, coma, critical illness, severe speech and language difficulties, sensory impairment, lack O Yes O No of translator, family or professional care giver
	Complete the Behavioural Indicators of Delirium
3.	Delirium
	Behavioural Indicators of Delirium
	Problem with Cognitive Hunction Poor concentration, slow responses, obvious disorientation, confusion with asked simple questions
	Problems with Perception Yound a subtrained as
	Changes in Physical Function
	Reduced movement or mobility, restlessness, C Yes No agitation, markedly reduced appetite, sleep disturbance (drowsy, insomia, reversed sleep wake cycle)
	Changes in Social Behaviour Lack of cooperation with reasonable requests, withdrawal, change in mood, communication or attitude
	Complete the 4AT Screen. This will then give you a score at the bottom
4.	4AT Screen for Delirium/Cognitive Impairment
	1) Alartness Observe patient, ask them to state their name and address, if asleep attempt to wake with touch on shoulder. Abnormal if drowsy or anized Orang
	2) AMT4 Ask the patient to tell you the following: Age, DOB elson current war: CON o mistakes ◎ 1 mistake ○ 2 or more mistakes or untestable
	3) Attention Construction
	Versite policient to ten you from the investor of the policient of the pol
	4) Acute change / Incutating course 0 No In alertness, cognition or other mental function as detailed in behavioural indicators 0 Yes
	Collateral history important) 4AT Score 6 712
	hosene neukuk 4, collunte utbenneuk
5.	Complete if the Patient has a known Diagnosis of Dementia
	Known Diagnosis of Dementia?

Completing the Dementia and Delirium Assessment Training Department

	Complete the 'Has the Patient been more forgetful in the last 12 months', if you say yes, the AMTS pop
6.	up will appear. Complete this and click on the back arrow in the top left hand corner to close.
	The score will then calculate as shown below.
	Has the Patient Been More Forgetful in The Yes O No
	Last 12 Months to The Extent That it Has Similicanthy Affected Their Daily Life?
	AMTS Score 5 /10
	Increased forgetfulness will result in requirement to complete ANTS Assessment and
	recommendation to GP if score < 9
	For AMTS less than 9, consider CT head, thyroid function test, serum B12,
	serum folate, and for high risk patients, syphilis serology and HIV testing.
7	Complete recommendation to GP. If yes is selected you will need to document instructions for the GP in
	the free text page (this will pull through to the Discharge Summary) as shown in the screens of helow
	Recommendation to GP
	GP to consider Referral to Memory Clinic?
	To complete the former effet, on the circuit or
8.	To complete the form click on the sign icon.
	\checkmark
9.	A Discern Notification will appear advising a Referral has been made to the Delirium and Dementia Team
	(this will be in the form of a message to the team).
	Discern Notification (555049783103)
	i Task Edit View Help
	i 🔐 🗅 🤹 😪
	Subject Event Date/Time
	STOTT, ANTONY (511158) Refer To Dementia Team 01/03/2018 10:59:27
	STOTT, ANTONY (S11158) Cognitive Impairment/Learning 01/03/2018 10:59:26
	ZZZTESTB, SAMUEL (40001) Hygiene Plan 07/02/2018 15:04:13 ZZTESTB, SAMUEL (40001) Hygiene Plan 07/02/2018 14:55:26
	ZZZTESTB, SAMUEL (40001) National Early Warning Score 07/02/2018 14:55:24
	ZZZTESTB, SAMUEL (40001) Hygiene Plan 07/02/2018 12:44:32
	ZZZ1ESTB, SAMUEL (40001) Communication Plan 07/02/2018 12:44:31
	Referral Made.
	E
	< F
	Ready T0485 555049783103 555049783103 Th
10.	Your assessment form can now be viewed from within Documentation. You can double click on the entry
	to view the assessment.
	Service Date/Time V Subject Type
	12/Sen/2018 14:43:00 Dementia/Delirium Diagnostic Assessment Dementia/Delirium Assessment Forms
	31/Jul/2018 19:23:00 BST VTE Risk Assessment VTE Risk Assessment VTE Risk Assessment Forms
	12/Jul/2018 10:01:00 BST Outpatient Letter Adult Dietetics GP Letters
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