

Cognitive Decision Screening Procedure Administrative 1.31

PURPOSE: To outline a standard method of determining mental capacity for the purpose of prehospital decision-making. This document may be applied alone, or in conjunction with an existing SAEMS protocol/standing order where a patient's capacity to decline assessment, treatment, or transportation is in question. It consists of the neurologic assessment component as well as the six-item cognitive screening tool.

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 when indicated (FSBG < 60)
- GCS greater than 13

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

I'm going to ask you some questions and 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 words: APPLE, TABLE, PENNY		
What year is this?	0	1
What month is this?	0	1
What day of the week is this?	0	1
What were the three words?	Apple	0 1
	Table	0 1
	Penny	0 1
	Total 6	

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