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Melissa Carmody MOTRL/L, MSCS, C/NDT
Lehigh Valley Health Network, Melissa.Carmody@lvhn.org

Sandra M. Tremblay PT, MS, CWS, MSCS
Lehigh Valley Health Network, Sandra.Tremblay@lvhn.org

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Cognitive Assessment in the Acute Care Patient Postoperative Craniotomy

Melissa Carmody MOTR/L, MSCS, C/NDT and Sandra Tremblay PT, MS, CWS, MSCS
Lehigh Valley Health Network, Allentown, Pennsylvania

PURPOSE:

It is often assumed that the patient who is alert and oriented to person, place, and time is without cognitive deficits. As part of our move towards best practice in all areas of our hospital, we sought to identify a formal cognitive assessment that could be used to identify mild neurocognitive impairments. The subjects were patients status post craniotomy for brain tumor resection, evacuation of hemorrhage, or aneurysmal clipping. The St. Louis University Mental Status exam (SLUMS) has been shown to be a valid and reliable tool. The SLUMS is quick to complete, taking approximately ten minutes. In order to competency train our staff we obtained a DVD from St. Louis University on instruction in administering the exam. After administering the bedside cognitive assessment, we tracked the pass/fail rate of each patient and used that data to justify recommendations for inpatient rehabilitation admission, home safety evaluation, or outpatient cognitive services.

LEARNING OBJECTIVES:

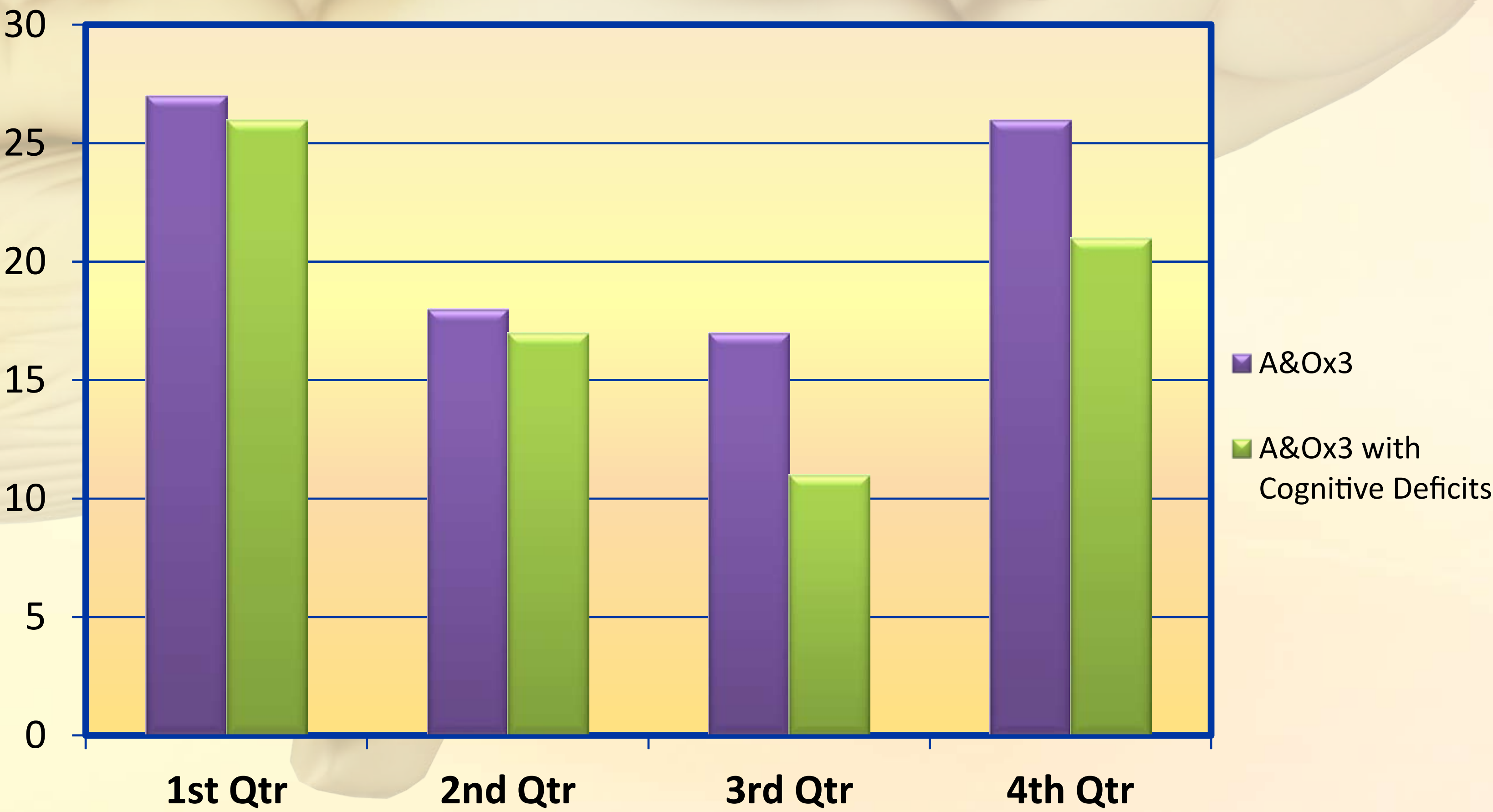
- Identify the importance of a formal cognitive assessment after craniotomy.
- Describe the method for change of practice in acute care of the patient postoperative craniotomy.

St. Louis University Mental Status Exam

- Orientation and Attention – Question 1-3
- Short term memory – Question 4
- Calculation and registration – Question 5
- Category naming – Question 6
- Delayed recall with interference – Question 7
- Registration and digit span – Question 8
- Clock drawing – Question 9
- Visual spatial – Question 10
- Story recall with executive function – Question 11

The image shows a sample SLUMS Examination form. It includes questions 1 through 11, each with a corresponding score. The form also includes a section for the clinician's signature, date, and time. The total score is calculated at the bottom.

"A&O x 3" is Deceiving



FINDINGS:

- **Quarter 1** – 30 patients identified, 27/30 (90%) were A&O x 3; of those 27 patients 26 had at least mild cognitive impairments (96.3%)
- **Quarter 2** – 26 patients identified, 18/26 (69.2%) were A&O x 3; of those 18 patients 17 had at least mild cognitive impairments (94.4%)
- **Quarter 3** – 20 patients identified, 17/20 (85%) were A&O x 3; of those 17 patients 11 had at least mild cognitive impairments (64.7%)
- **Quarter 4** – 29 patients identified, 26/29 (89.7%) were A&O x 3; of those 26 patients 21 had at least mild cognitive impairments (80.8%)



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