Cognitive Assessment in the Acute Care Patient Postoperative Craniotomy

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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 craniootomy.
• Describe the method for change of practice in acute care of the patient postoperative craniotomy.

FINDINGS:
• Quarter 1 – 30 patients identified, 27/30 (90%) were A&Ox3; of those 27 patients 26 had at least mild cognitive impairments (96.3%)
• Quarter 2 – 26 patients identified, 18/26 (69.2%) were A&Ox3; of those 18 patients 17 had at least mild cognitive impairments (94.4%)
• Quarter 3 – 20 patients identified, 17/20 (85%) were A&Ox3; of those 17 patients 11 had at least mild cognitive impairments (64.7%)
• Quarter 4 – 29 patients identified, 26/29 (89.7%) were A&Ox3; of those 26 patients 21 had at least mild cognitive impairments (80.8%)

References:

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