



One Hospital's Use of the Mini-Cog

Bronson Methodist Hospital, in Kalamazoo, Michigan, had been using the Mini-Mental State Exam to screen patients for cognitive impairment. When it became necessary to purchase this tool, a search for another evidence-based practice tool was initiated. The tool had to be easy to use, reliable, and available for free. The Mini-Cog, developed by Soo Borson, MD, and colleagues, was one such tool and was endorsed by the American Geriatrics Society. After reviewing the research, Bronson Methodist Hospital chose the Mini-Cog for use in screening older adult patients for dementia.

In addition to the usual assessment of orientation to person, place, and time, nurses can use the Mini-Cog to further assess an older adult patient's mental status. While the Mini-Cog is listed on the hospitalists' admission order form, enabling orders for screenings to be made on admission of new patients, nurses can also initiate screenings on their own; no physician's order is required. Administration of the screening tool can be triggered by patient risk factors such as age 70 years and older and a negative score on the Confusion Assessment Method tool, or by disorientation or other patient behaviors such as

- exhibiting signs of impaired working memory (being a "poor historian").

- deferring to a family member when questions are addressed to the patient.
- repeatedly and apparently unintentionally failing to follow instructions.
- having difficulty finding the right words or using inappropriate or incomprehensible words.
- having difficulty following conversations.

The completed Mini-Cog form is placed in the progress notes for physician review.

At Bronson Methodist Hospital, if the screening results indicate possible impairment, nurses take the following steps:

- "Confusion" is checked as a risk factor on the hospital's Fall Risk Pathway Interventions Addendum form.
- Associated interventions listed on the form are implemented (for example, using bed and chair alarms, reorienting patients, and evaluating the patient's medications).
- Possible cognitive impairment is documented in the neurologic assessment section of the hospital's electronic medical-nursing documentation system.
- Referrals to be handled by case managers following up with patients and family members are either conveyed verbally or entered in the electronic documentation system.

Patients whose Mini-Cog results are positive (indicating cognitive impairment) are at increased risk for delirium, falls, dehydration, inadequate nutrition, untreated pain, and medication-related problems. The following are some interventions nurses should consider initiating if a positive screen is obtained:

- Review medications for adverse effects.
- Assess for acute changes in mental status.
- Assess for depression.
- Assess for fall risk.
- Assess for malnutrition and dehydration.
- Encourage fluid intake unless contraindicated.
- Monitor for adequate nutritional intake.
- Assess for pain.
- Assess for constipation and fecal impaction.
- Assess for pressure ulcer risk.
- Collaborate with interdisciplinary team members.
- Monitor laboratory results.

—*Rita LaReau MSN, APRN,BC, GNP, geriatric clinical nurse specialist, Bronson Methodist Hospital, Kalamazoo, MI. Contact author: lareaur@bronsonhg.org*