Mini-Cog CPRS Documentation Process

Early Identification of Cognitive Deficits

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CPRS DOCUMENTATION

- Currently, the only way we can check veterans' cognitive issues is through the reminders tab in CPRS. There are no follow-up screen or question for patients with positive issues with cognition.

Cognitive

- ❑ None
- ❑ Memory Loss
- ❑ Confused
- ❑ Dementia
- ❑ Psychiatric Impairment

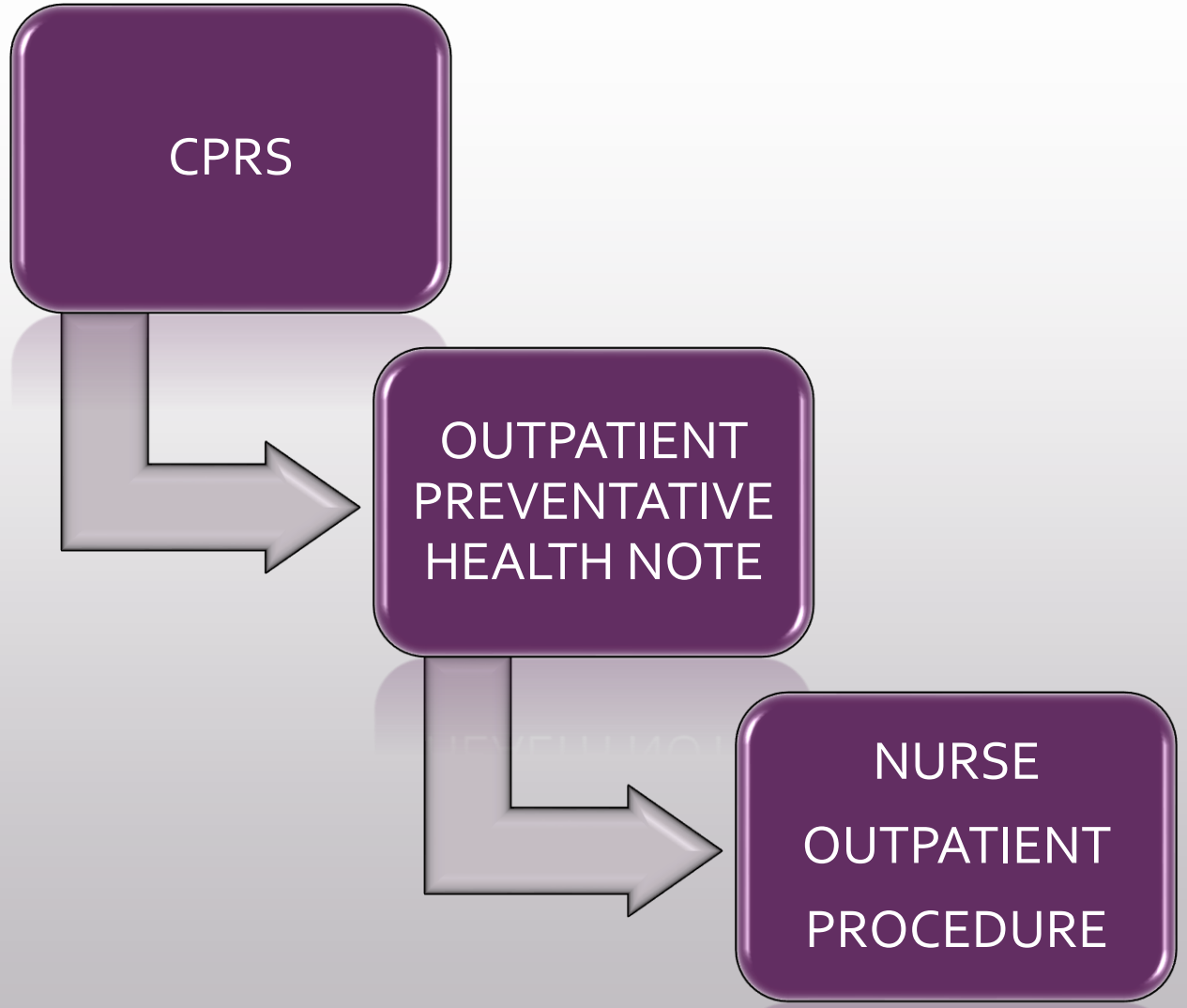
Mini-Cog©

- A three-minute instrument that can increase the detection of cognitive impairment. It consists of two components
  - A three-item recall test for memory
  - Simply scored clock drawing test
- The mini-cog can be used to screen for cognitive impairment quickly during both routine visits and other clinical settings (Mini-Cog, n.d).
- Has a sensitivity and specificity in some studies as high as 91% and 86% (Brickley,2017).

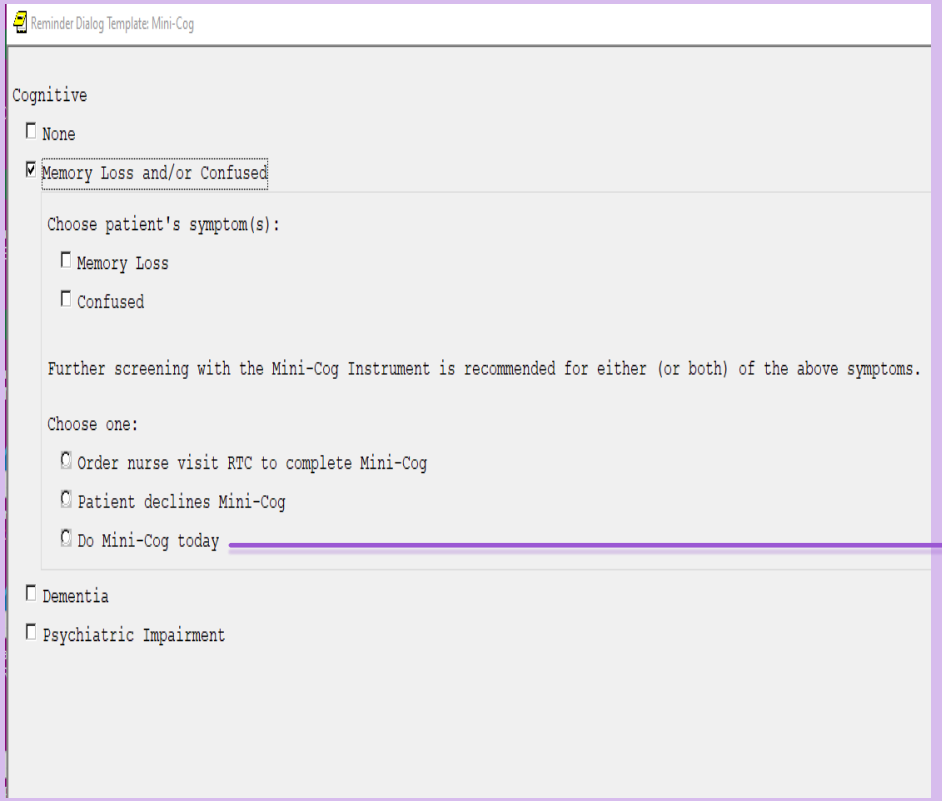
PACT TEAM ROLES

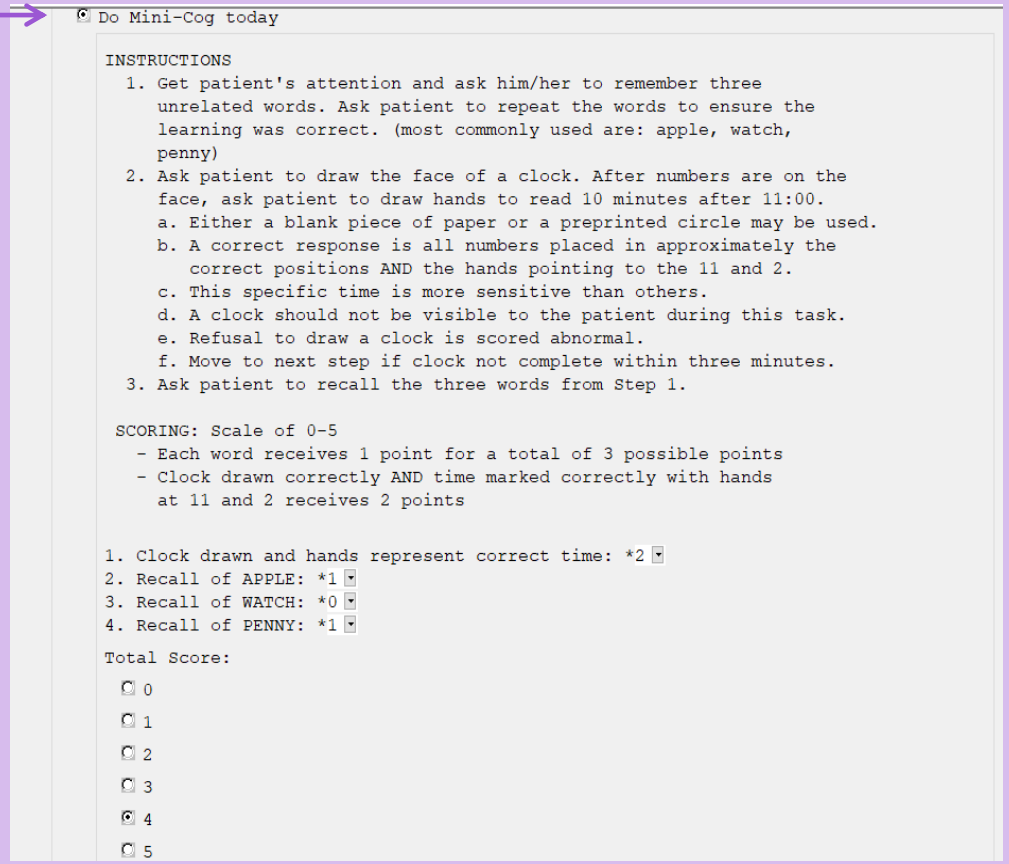
LPN: Collect data	RN: Assess & Analyze	MH Social Worker	PCP
Patients often have subtle symptoms early in the disease course. Memory loss, behavioral, and mood changes reported by a relative, or significant other is more predictive of dementia Perform and document Mini-Cog	Collaborate with LPN on patient data Develop a plan of care Care coordination Consult SW for SLUMS test Perform and document Mini-Cog	Assessment and utilization of : Saint Louis University Mental Status (SLUMS) Documentation and recommendations	Consult neuropsychologist for comprehensive assessment, interpretation, and recommendations based on Mini-Cog or SLUMS results

TEMPLATE LOCATION



MINI-COG CHARTING





Mini-Cog©

Instructions for Administration & Scoring

ID: _____ Date: _____

Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.[1-3] For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

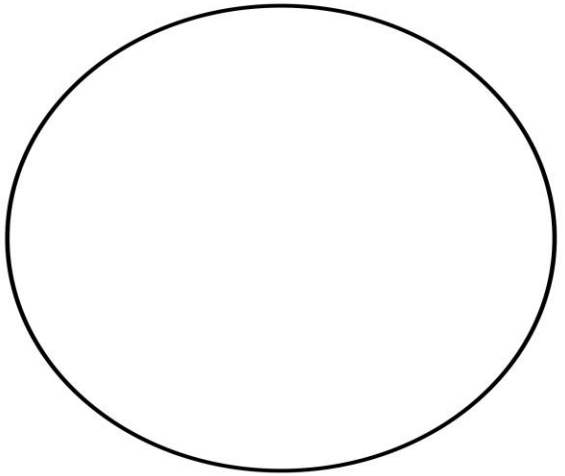
Word List Version: _____ Person's Answers: _____ _____ _____

Scoring

Word Recall: _____ (0-3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: _____ (0-5 points)	Total score = Word Recall score + Clock Draw score. A cut point of <3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.

Clock Drawing

ID:_____ Date:_____



References

1. Borson S, Scanlan JM, Chen PJ et al. The Mini-Cog as a screen for dementia: Validation in a population based sample. J Am Geriatr Soc 2003;51:1451–1454.
2. Borson S, Scanlan JM, Watanabe J et al. Improving identification of cognitive impairment in primary care. Int J Geriatr Psychiatry 2006;21: 349–355.
3. Lessig M, Scanlan J et al. Time that tells: Critical clock-drawing errors for dementia screening. Int Psychogeriatr. 2008 June; 20(3): 459–470.
4. Tsoi K, Chan J et al. Cognitive tests to detect dementia: A systematic review and meta-analysis. JAMA Intern Med. 2015; E1-E9.
5. McCarten J, Anderson P et al. Screening for cognitive impairment in an elderly veteran population: Acceptability and results using different versions of the Mini-Cog. J Am Geriatr Soc 2011; 59: 309-213.
6. McCarten J, Anderson P et al. Finding dementia in primary care: The results of a clinical demonstration project. J Am Geriatr Soc 2012; 60: 210-217.
7. Scanlan J & Borson S. The Mini-Cog: Receiver operating characteristics with the expert and naive raters. Int J Geriatr Psychiatry 2001; 16: 216-222.

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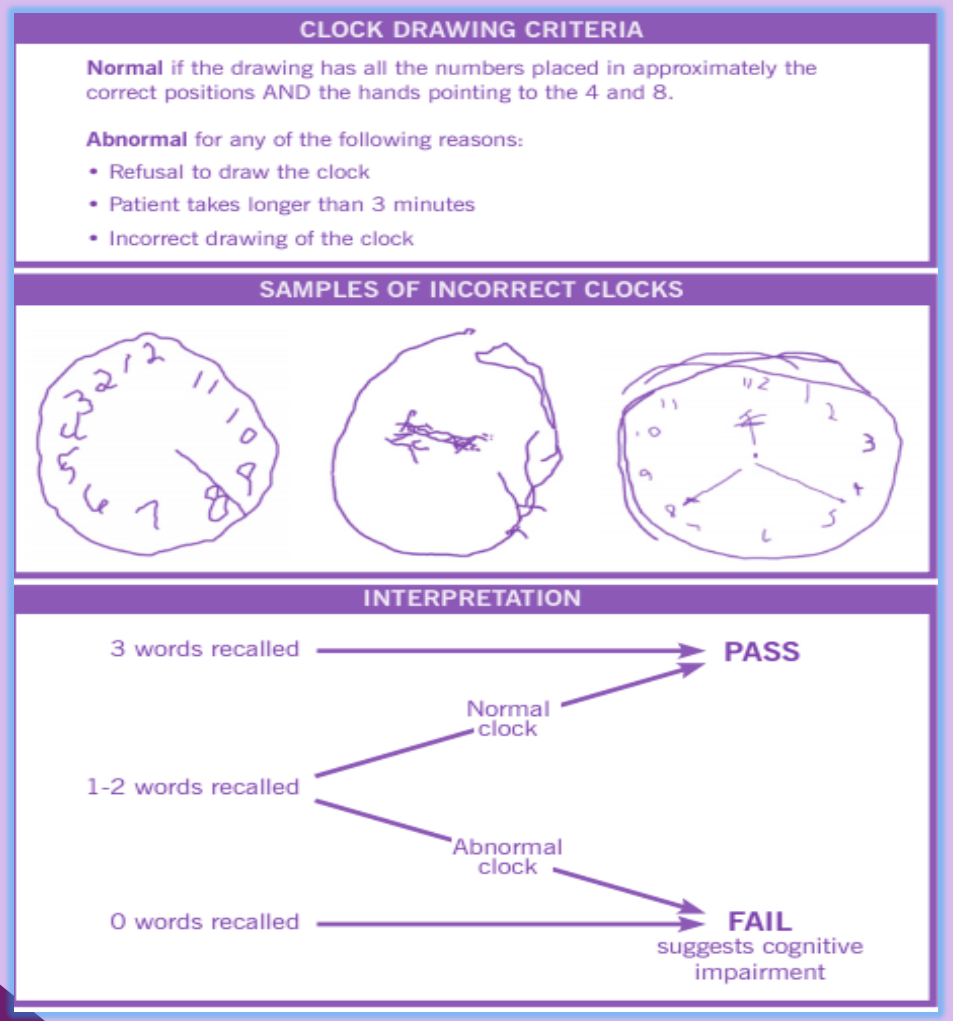
v. 01.19.16

Guide to Scoring Mini-Cog



Add the 3-item recall and clock drawing scores together.

A total score of 3, 4, or 5 indicates lower likelihood of dementia but does not rule out some degree of cognitive impairment.

The Mini-Cog© is not a diagnostic test for Alzheimer's disease or any other dementia or cause of cognitive impairment. Diagnosis of brain disorders that cause cognitive impairment require a medical examination and additional examination.

REFERENCE

Borson, S. (2017). Mini-Cog©. Retrieved April 06, 2021, from https://mini-cog.com/

Brickley, L. (2017). *Bates' guide to physical examination and history taking (12th ed).* Philadephia: Wolters Kluwer.