

# Initial Dementia Risk Assessment TO BE COMPLETED ON ADMISSION

DO NOT USE A PATIENT STICKER

**Instructions:**

1. Fill in the patient details in the box opposite. **DO NOT USE A STICKER.**
2. Complete the assessment as instructed below. Ensure you date and time your entry and print your name.
4. Once completed tear off the bundle from the yellow audit sheet below
5. File the top sheet in section 4 of the patients notes and the yellow sheet in the designated audit tray

**Patient Name:**  
**NHS Number:**  
**Ward:**  
**Date:**  
**Time**

Action	Date & Time completed, or reason for variation	Print Name										
<p><b>Key:</b>      Move to next step in bundle       End of Assessment </p>												
1	Is patient aged 75 or over?      Yes <input type="checkbox"/> No <input type="checkbox"/>											
2	<p>Please complete the <b>Confusion Assessment Method (CAM)</b>: Remember hyper and hypoactive states may occur. Risk factors - cognitive impairment; hip fracture; severe illness; age &gt; 65</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><b>Feature 1: Acute Onset or Fluctuating Change in Mental State?</b> (History from GP / Nursing staff / Family / Care home)</td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Feature 2: Inattention</b> (Difficulty holding attention / concentration)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Feature 3: Disorganized thinking?</b> (Incoherent / disordered thoughts and speech)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Feature 4: Altered Level of consciousness?</b> (Hyper-active / Less responsive or drowsy)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p><b>Scoring-</b> The diagnosis of delirium by CAM requires the presence of features 1 and 2 <b>PLUS</b> either 3 or 4</p> <p>CAM      Yes <input type="checkbox"/> identify &amp; treat       No <input type="checkbox"/> move to 3  Positive?      underlying delirium cause and move to 3</p>	<b>Feature 1: Acute Onset or Fluctuating Change in Mental State?</b> (History from GP / Nursing staff / Family / Care home)	<input type="checkbox"/>	<b>Feature 2: Inattention</b> (Difficulty holding attention / concentration)	<input type="checkbox"/>	<b>Feature 3: Disorganized thinking?</b> (Incoherent / disordered thoughts and speech)	<input type="checkbox"/>	<b>Feature 4: Altered Level of consciousness?</b> (Hyper-active / Less responsive or drowsy)	<input type="checkbox"/>			
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3	Formal diagnosis of dementia? (documented on GP records or diagnosed in memory clinic) Yes <input type="checkbox"/> place on Dementia ICP       No <input type="checkbox"/> move to 4											
4	<p>Please answer the following screening question: <b>'Has the person been more forgetful in the last 12 months to the extent that it has significantly affected their daily life'</b></p> <p>Yes <input type="checkbox"/> move to 5       No <input type="checkbox"/> usual care </p>											
5	<p>Baseline dementia assessment and investigations: <b>AMTS 10</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Ask patient their age      <input type="checkbox"/></td> <td style="padding: 2px;">Place      <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Ask patient their D.O.B.      <input type="checkbox"/></td> <td style="padding: 2px;">Recognise 2 people      <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Repeat &amp; recall 42 West Street      <input type="checkbox"/></td> <td style="padding: 2px;">Monarch      <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Year      <input type="checkbox"/></td> <td style="padding: 2px;">Count backwards from 20      <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Time (nearest hour)      <input type="checkbox"/></td> <td style="padding: 2px;">Year World War II ended      <input type="checkbox"/></td> </tr> </table> <p>Is score &lt; 8 / 10? Yes <input type="checkbox"/> Consider dementia, move to 6       No <input type="checkbox"/> usual care  (i) complete physical examination (ii) baseline investigations - B12, folate, TFTs, calcium, CRP, FBC &amp; biochemistry</p>	Ask patient their age <input type="checkbox"/>	Place <input type="checkbox"/>	Ask patient their D.O.B. <input type="checkbox"/>	Recognise 2 people <input type="checkbox"/>	Repeat & recall 42 West Street <input type="checkbox"/>	Monarch <input type="checkbox"/>	Year <input type="checkbox"/>	Count backwards from 20 <input type="checkbox"/>	Time (nearest hour) <input type="checkbox"/>	Year World War II ended <input type="checkbox"/>	
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6	Complete referral form to Mental Health Liaison for Older People for further memory assessment and signposting for specialist diagnosis. (If assessment was inconclusive or unable to exclude resolving delirium on discharge ask GP to reassess)											