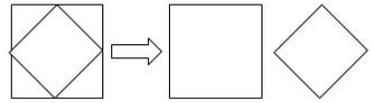


Bedside Cognitive Exam



Approach: Start with a needs assessment (*What role have you seen bedside cog. testing play in the care of your patients? Examples?*). Then use the topic outline below to help students arrive at a basic defn. of cognition and domains. Give recommendations for specific tests and have students try out in pairs.

Hook: You might be tasked with completing MOCA's for the team. How do you interpret them? Can you get just as much information in less time at the bedside by understanding the major cognitive domains?

Cognition Intro:

- Refers to our ability to process information (*computer is a helpful analogy*)
- Neuroanatomically, thought primarily to relate to cortical (vs. subcortical) fx
- Approached via domains:
 - To report on pt's cognition, simply report their ability on each of the domains
- ****Approached in stepwise fashion:**** If no arousal, cannot comment on attention/concentration
 - If arousal but no attention/concentration, cannot comment on other domains

Intro to Domains (approach in stepwise fashion):

1. Level of consciousness/arousal (subcortical): Observed by interview (e.g. alert, sleepy, unresponsive)

2. Attention/Concentration (frontal): Attn: ability to focus. Conc: ability to keep focus over time.

- Attention/concentration problems point to delirium or psychiatric illness (vs. neurodegen.)
- **Attn test:** Digit span forward is best test of simple attention (1 dig/sec); normal span is 5-9 digits
- **Conc test:** Simple tests include digit span/WORLD backward, DOW/MOY in reverse

3. All other domains

Memory (temporal):

- Short term memory: ability to recall recent information (e.g. what was had for lunch)
 - **STM test:** Give 3-5 words and have pt repeat to you several times to ensure registration
 - Ask for words back after 5 minutes; if incorrect, give category cue
 - If deficit but able to answer with cueing, suggests retrieval error (*vascular*)
 - If deficit and unable to answer with cue, suggests amnestic process (*AD, Korsakoff*)

Language (frontotemporal):

- Expressive/naming: able to assess subdomains of fluency, prosody, articulation by just listening
 - **Naming test:** use your hand: Hand -> thumb -> palm -> knuckle -> nail
- **Receptive lang test:** test by issuing a complex command (e.g. take rt thumb and touch left ear)

Visuospatial (occipital):

- Historical hint for VS deficit: eating half the plate, getting lost in familiar setting
- **VS test (top):** Have pt copy diamond within square. If unable, draw diamond/square separately
 - N.B.: MOCA cube requires exec. fx (3D extrapolation); clock errors are typically frontal

Executive (frontal):

- Planning, set shifting, disinhibition, abstract reasoning; Deficits in iADLs: historical cue to executive dysfunction
- **Organization/planning test:** Clock drawing
- **Set shifting/inhibition test:** Go/No Go
 - Ask pt to tap twice after you tap once and tap once after you tap twice
 - Then ask pt to tap once after you tap once and not to tap after you tap twice
- **Abstract reasoning test:**
 - Proverbs: e.g. What is meant by "It's no use crying over spilt milk?"
 - Categorization: e.g. How are an apple/orange the same?