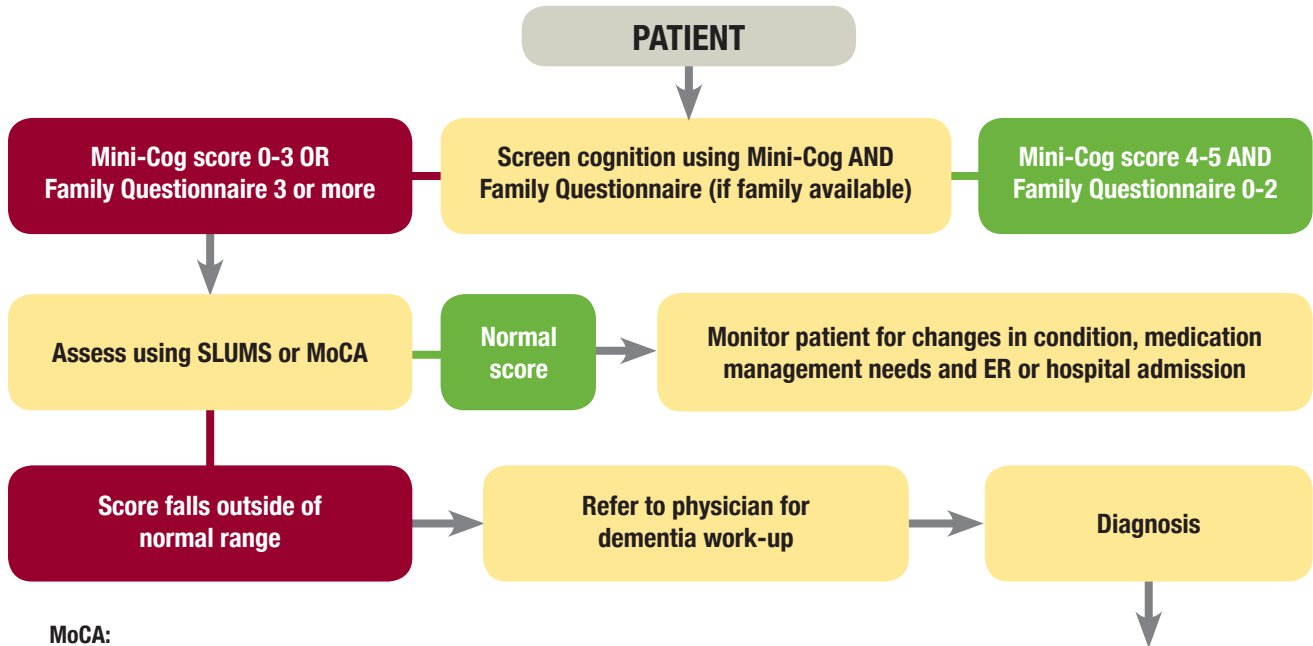


# CARE COORDINATION PRACTICE TOOL

## COGNITIVE IMPAIRMENT IDENTIFICATION AND DEMENTIA CARE COORDINATION\*



**MoCA:**

Normal . . . . .	26-30
Mild Cognitive Impairment . . . . .	21-25
Moderate . . . . .	15-20
Severe . . . . .	0-14

**SLUMS (high school education)**

Normal . . . . .	27-30
Mild Cognitive Impairment . . . . .	21-26
Dementia . . . . .	1-20

**SLUMS (Less than high school education)**

Normal . . . . .	25-30
Mild Cognitive Impairment . . . . .	20-24
Dementia . . . . .	1-19

### DEMENTIA CARE COORDINATION

- Identify care partner
- Conduct comprehensive assessment of patient
- Provide disease education
- Develop care plan based on patient's diagnosis and stage of disease (MCI, early, middle, late), needs and goals
- Arrange services and supports
- Determine visit frequency
- Develop plan for communication
- Monitor patient for changes in condition, medication management needs and emergency room or hospital admission
- Re-evaluate and modify care plan as needed

**Family Questionnaire**  
[www.actonalz.org/pdf/Family-Questionnaire.pdf](http://www.actonalz.org/pdf/Family-Questionnaire.pdf)

**Mini-Cog**  
[www.actonalz.org/pdf/Mini-Cog.pdf](http://www.actonalz.org/pdf/Mini-Cog.pdf)

**Montreal Cognitive Assessment (MoCA)**  
[www.mocatest.org](http://www.mocatest.org)

**St. Louis University Mental Status (SLUMS)**  
[http://medschool.slu.edu/agingsuccessfully/pdfsurveys/slumsexam\\_05.pdf](http://medschool.slu.edu/agingsuccessfully/pdfsurveys/slumsexam_05.pdf)

\* The latest DSM-5 manual uses the term "Major Neurocognitive Disorder" for dementia and "Mild Neurocognitive Disorder" for mild cognitive impairment. This ACT on Alzheimer's resource uses the more familiar terminology, as the new terms have yet to be universally adopted.



# DEMENTIA CARE PLAN CHECKLIST

*With the patient and care partner, create a person-centered plan to meet identified needs, address barriers and set goals based on the patient's values.*

## Conduct comprehensive assessment of patient (include care partner).

## Educate the patient and care partner about diagnosis and disease process.

- Contact Alzheimer's Association Minnesota-North Dakota 24/7 Helpline at 1-800-272-3900 or visit [www.alz.org/mnnd/](http://www.alz.org/mnnd/)
- Refer to the Taking Action Workbook ([www.actonalz.org/pdf/Taking-Action.pdf](http://www.actonalz.org/pdf/Taking-Action.pdf))

## Develop care plan based on patient's diagnosis and stage of disease, needs and goals.

### Medication Therapy and Management

- Discuss prescribed and over-the-counter medications
- Refer to pharmacist for medication review and to simplify medication regimen
- Work with patient's health care team to create a medication management plan
- Educate patient and care partner on medication management aids (pill organizers, dispensers, alarms)

*Patients in middle and late stages will require medication oversight from care partner or health care professional.*

### Maximize Abilities

- Work with patient's health care team to treat conditions that may worsen symptoms or lead to poor outcomes, including depression and co-existing medical conditions (e.g., diabetes, blood pressure, sleep dysregulation)
- Encourage patient to stop smoking and/or limit alcohol
- Refer to occupational therapy to maximize ability for self care
- Encourage lifestyle changes that may reduce disease symptoms or slow their progression (e.g., establish routines for person with disease and care partner)

### Care Partner Education and Support (if patient has a care partner)

- Refer to support groups, respite care, caregiver education and training programs, and caregiver coaching services.
- Contact the Alzheimer's Association Minnesota-North Dakota 24/7 Helpline at 1-800-272-3900
- Call the Senior LinkAge Line® at 1-800-333-2433

### Health, Wellness and Engagement

- Encourage regular physical activity and healthy eating
- Contact Alzheimer's Association Minnesota-North Dakota 24/7 Helpline 1-800-272-3900 for engagement programs
- Encourage socialization and participation in activities the patient enjoys

*See Living Well Workbook for recommendations ([www.actonalz.org/pdf/Living-Well.pdf](http://www.actonalz.org/pdf/Living-Well.pdf)).*

# DEMENTIA CARE PLAN CHECKLIST (CONT.)

## Home and Personal Safety

- Refer to an occupational therapist and/or physical therapist to address fall risk, sensory/mobility aids and home modifications
- Obtain MedicAlert® + Alzheimer's Association Safe Return® (call 1-800-272-3900 or visit [www.alz.org/care/dementia-medic-alert-safe-return.asp](http://www.alz.org/care/dementia-medic-alert-safe-return.asp))
- Refer to occupational therapy for driving evaluation ([http://myaota.aota.org/driver\\_search/index.aspx](http://myaota.aota.org/driver_search/index.aspx))
- Educate patient and care partner about safe driving (see At the Crossroads at [www.thehartford.com/advance50/publications-on-aging](http://www.thehartford.com/advance50/publications-on-aging) or Dementia and Driving Resource Center at [www.alz.org/driving](http://www.alz.org/driving))

## Legal Planning

- Refer to an elder law attorney
- Encourage patient to assign durable power of attorney and health care directive

## Advance Care Planning

- Encourage patient and family to discuss and document preferences for care when patient is not able to make decisions (see Honoring Choices at [www.honoringchoices.org](http://www.honoringchoices.org) or Minnesota Healthcare Directive at [www.extension.umn.edu/family/live-healthy-live-well/healthy-futures/health-care-directive/](http://www.extension.umn.edu/family/live-healthy-live-well/healthy-futures/health-care-directive/))

*In middle and late stages, discuss palliative care and hospice with patient and care partner.*

## Arrange services and supports.

- Link to an expert by calling Senior LinkAge Line®, A One Stop Shop for Minnesota Seniors at 1-800-333-2433 or visit [www.MinnesotaHelp.info](http://www.MinnesotaHelp.info)® to locate and arrange for support, such as indoor and outdoor chore services, home-delivered meals, transportation and assistance with paying for prescription drugs.
- Contact the Alzheimer's Association Minnesota-North Dakota 24/7 Helpline at 1-800-272-3900 or visit [www.alz.org/mnnd](http://www.alz.org/mnnd)

## Determine visit frequency and plan for communication.

- Schedule regular check-ins with the patient and care partner (consider monthly face-to-face visits until relationship is established)
- Educate patient and care partner to contact care coordinator for changes in condition, assistance with medication management and emergency room or hospital admission

## Re-evaluate and modify care plan as needed.

# MILD COGNITIVE IMPAIRMENT AND STAGES OF ALZHEIMER'S DISEASE

## Symptoms and Duration of Disease

**Alzheimer's symptoms vary.** The information below provides a general idea of how abilities change during the course of the disease. Not everyone will experience the same symptoms nor progress at the same rate.

### Mild Cognitive Impairment (MCI)

- Increased forgetfulness
- Increasingly overwhelmed by making decisions, planning steps to accomplish a task or interpreting instructions
- Trouble finding way around familiar environments
- More impulsive or increasingly shows poor judgment
- Family and friends notice any of these symptoms

### Alzheimer's Disease Early Stage 2-4 years in duration

- Forgetfulness
- Trouble with time/sequence relationships
- More mental energy needed to process
- Trouble multi-tasking
- Writes reminders, but loses them
- Personality changes
- Shows up at the wrong time or day
- Preference for familiar things

### Alzheimer's Disease Middle Stage 2-10 years in duration

- Fluctuating disorientation
- Diminished insight
- Changes in appearance
- Learning new things becomes difficult
- Restricted interest in activities
- Declining recognition of acquaintances, relatives
- Mood and behavioral changes
- Functional declines
- Alterations in sleep and appetite
- Wandering
- Loss of bladder control

### Alzheimer's Disease Late Stage 1-3 years in duration

- Severe disorientation to time and place
- No short-term memory
- Long-term memory fragments
- Loss of speech
- Difficulty walking
- Loss of bladder/bowel control
- No longer recognizes family members
- Inability to survive without total care

#### Resources

##### Mild Cognitive Impairment (MCI)

[www.mayoclinic.com/health/mild-cognitive-impairment/DS00553](http://www.mayoclinic.com/health/mild-cognitive-impairment/DS00553)

##### Stages of Alzheimer's

[www.alz.org/alzheimers\\_disease\\_stages\\_of\\_alzheimers.asp](http://www.alz.org/alzheimers_disease_stages_of_alzheimers.asp)