

Dementia Screening Tool aged 65+

TO BE COMPLETED FOR ALL PATIENTS ADMITTED TO THE HOSPITAL AGED 65+ WITH AN INPATIENT STAY OF 72 HOURS OR MORE

Patient Sticker Reasons for not proceeding with Dementia Screen <input type="checkbox"/> Patient critically ill <input type="checkbox"/> Suspected delirium – follow trust guidelines for delirium <input type="checkbox"/> Communication difficulties Continue when patient stable and/or translators, carers/family available to support responses.	RU Number _____ RA Number _____ Name _____ _____ Date of Birth _____ Date of Admission _____
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Part 1 – Find	
1a Has the patient a known dementia diagnosis Yes <input type="checkbox"/> - NO FURTHER ACTIONS No <input type="checkbox"/> - proceed to 1b	1b - Has the patient been more forgetful in the past 12 months? Yes <input type="checkbox"/> - proceed to part 2 No <input type="checkbox"/> - NO FURTHER ACTIONS

Part 2 – Assess & Investigate Abbreviated Mental Test		
Question (Please give 1 point for each question answered correctly)		Score
1	Count backwards from 20 -1 (Single Question in delirium) If unable to perform consider delirium.	
2	What age are you?	
3	What is your date of birth?	
4	Can you recognise two people?	
5	Give the patient an address and ask him/her to repeat it at the end of the test.	
6	In what year did World War 1 begin? (other dates can be used if more appropriate)	
7	Can you name the current Queen or Prime Minister?	
8	What time is it to the nearest Hour?	
9	What year is it currently?	
10	What is the name of the hospital	
Total score		

Please tick the correct box:

AMT ≥ 8: NO FURTHER ACTIONS

AMT <8: Dementia blood screen requested as in patient

Dementia blood screen request sent to GP (FBC, U&E, TSH, CRP calcium, b12, folate lipids, and LFT)

Please input the data onto Meditech prior to discharge as all information will be transported on the discharge report.

Completed by (print) _____	Date _____	Bleep _____
Inputted by (print) _____	Date _____	

