

Updated Nurse Practitioner Regulations, Capacity, and Guardianship

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NP Scope of Practice

Full Practice

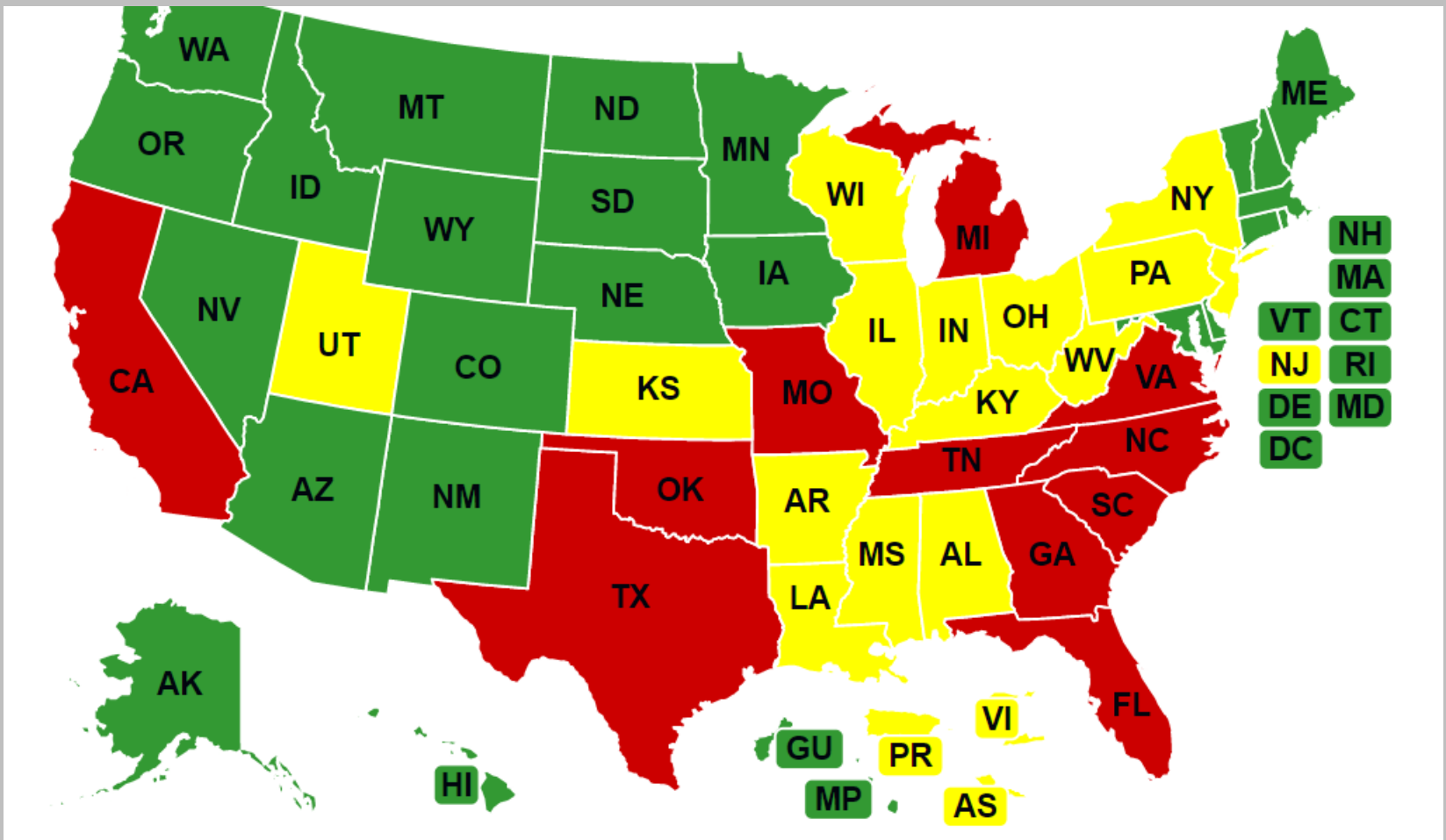
State practice and licensure laws permit all NPs to evaluate patients; diagnose, order and interpret diagnostic tests; and initiate and manage treatments, including prescribing medications and controlled substances, under the exclusive licensure authority of the state board of nursing. This is the model recommended by the National Academy of Medicine, formerly called the Institute of Medicine, and the National Council of State Boards of Nursing.

Reduced Practice

State practice and licensure laws reduce the ability of NPs to engage in at least one element of NP practice. State law requires a career-long regulated collaborative agreement with another health provider in order for the NP to provide patient care, or it limits the setting of one or more elements of NP practice.

Restricted Practice

State practice and licensure laws restrict the ability of NPs to engage in at least one element of NP practice. State law requires career-long supervision, delegation or team management by another health provider in order for the NP to provide patient care.



Legend



Maryland NPs

- Independently Prescribe Schedule II Drugs
- NPs may prescribe legend drugs with a certification to practice as a CRNP.
- Order Physical Therapy
- Nurse practitioners can make referrals for physical therapy, or a referral is not required.
- Nurse practitioners can sign death certificates.
- Nurse practitioners can sign disabled person placard forms.
- Maryland's MOLST form may be signed by an NP.

Delaware

- Just designated as a full practice state in august 2021
- NPs in Delaware must complete a minimum of 30 hours in an advanced pharmacology and pharmacotherapeutics within the last two years to prescribe schedule II drugs.
- Nurse practitioners can make referrals for physical therapy, or a referral is not required.
- Nurse practitioners can sign death certificates.
- Nurse practitioners can sign disabled person placard forms.
- NPs can sign Delaware's MOLST form.

Washington DC

- NPs in D.C. are fully authorized by state law to see patients, provide diagnoses, and prescribe.
- Medical staff composition is determined by a facility's bylaws.
- Nurse practitioners can independently diagnose and treat patients without physician involvement.
- NPs in D.C. are required to apply for a D.C. CSR to prescribe controlled substances.
- Nurse practitioners can make referrals for physical therapy, or a referral is not required.
- NPs are authorized to sign death certificates.
- NPs can sign disabled person placard forms in D.C.
- NPs can sign D.C.'s developing MOLST form.

Prescribing Guidelines

Delaware

<https://www.helpisherede.com/Health-Care-Providers/Prescriber-Downloads>

District of Columbia

<https://dchealth.dc.gov/opioids>

Maryland

https://www.mbp.state.md.us/resource_information/res_con/resource_consumer_od_board_guidance.aspx

<https://mmcp.health.maryland.gov/Documents/MMAC/2017/April/MMAC%20Drug%20Utilization%20Review%20Presentation%20Apr%202017.pdf>

NF Admissions by NPs?

- The distinction in policies between these two settings (SNFs and NFs) is based in statute and regulation.
- Identify the following:
 - Site of care-SNF or NF,
 - The physician services are being provided;
 - Whether the task must be performed personally by the physician; and
 - Whether or not the NPP is employed by the facility.

Setting?

- The “setting” is determined by whether the visit to a patient in a certified bed is: 1. To a resident whose care is paid for by Medicare Part A in a SNF; or 2. To a resident whose care is paid for by Medicaid in a NF.



Can the Task be Delegated?

- The requirements for long-term care facilities, specified in 42 CFR section 483.40(e)(2), provide that, “A physician may not delegate a task when the regulations specify that the physician must perform it personally, or when the delegation is prohibited under State law or by the facility's own policies.”
- The following bullets outline when and which tasks may be delegated:
 - • A required physician visit includes the initial comprehensive visit in a SNF and every alternate required visit thereafter. (See 42 CFR 483.40(c)(4).

The Initial SNF Visit

- The initial comprehensive visit must occur no later than 30 days after a resident's admission into the SNF. The physician may not delegate the initial comprehensive visit in a SNF.
- NPPs may perform other medically necessary visits prior to and after the physician's initial comprehensive visit.
- Once the physician has completed the initial comprehensive visit in the SNF, the physician may then delegate alternate visits to a PA, NP, or CNS who is licensed as such by the State and performing within the scope of practice in that State. These alternate visits, as well as medically necessary visits, may be performed and signed by the NPP (physician co-signature is not required).

Certifications/Re-certifications in SNFs:

- 42 CFR 424.20(e)(2) (which reflects the requirements of section 1814 (a)(2) of the Social Security Act (Act)) states that NPs and CNSs who are not employed by the facility and who are working in collaboration with a physician may sign the required initial certification and recertifications of a beneficiary's need for SNF level of care.
- Effective with services furnished on or after January 1, 2011, physician assistants not employed by the facility may sign the required initial certification and recertifications of a beneficiary's need for SNF level of care.

Initial Visits in NFs

- Similar to a SNF, the initial comprehensive visit in a NF is the initial visit during which:
 - The physician completes a thorough assessment; and develops a plan of care and writes or verifies admitting orders for the resident.
 - The initial comprehensive visit must occur no later than 30 days after admission.

NPs and PAs in NFs

- At the option of the State, any required physician task in a NF (including tasks which the regulations specify must be performed personally by the physician) may also be satisfied when performed by a NP, CNS, or PA who is not an employee of the facility
 - In other words, NPs/ PAs that have a direct relationship with a physician and who are not employed by the facility may perform the initial comprehensive visit, any other required physician visit, and other medically necessary visits for a resident of a NF as the State allows. NPPs may also perform other medically necessary visits prior to and after the physician initial comprehensive visit.

Authority for NPPs to Perform Visits, Sign Orders and Sign Certifications/Re-certifications When Permitted by the State*

| | Initial Comprehensive Visit /Orders | Other Required Visits [^] | Other Medically Necessary Visits & Orders ⁺ | Certification/ Recertification |
|---------------------------------------|-------------------------------------|------------------------------------|--|--|
| SNFs | | | | |
| PA, NP & CNS employed by the facility | May not perform/ May not sign | May perform alternate visits | May perform and sign | May not sign |
| PA, NP & CNS not a facility employee | May not perform/ May not sign | May perform alternate visits | May perform and sign | May sign subject to State requirements |
| NFs | | | | |
| PA, NP & CNS employed by the facility | May not perform/ May not sign | May not perform | May perform and sign | Not applicable \pm |
| PA, NP & CNS not a facility employee | May perform/ May sign | May perform | May perform and sign | Not applicable \pm |

*This reflects clinical practice guidelines

[^]Other required visits are the required monthly visits.

⁺Medically necessary visits may be performed prior to the initial comprehensive visit.

\pm This requirement relates specifically to coverage of a Part A Medicare stay, which can take place only in a Medicare-certified SNF.

NPs Ability to Order Diabetic Shoes

- **Effective January 1, 2021 and extending through December 31, 2025**, CMS is exercising its authority under the Primary Care First (PCF) model to waive Section 1861(s)(12) of the Act and the implementing regulations at 42 CFR 410.12 to allow nurse practitioners to certify that an order for diabetic shoes is required according to Section 1861(s)(12).
- Under this waiver authority, beneficiaries with diabetes are eligible for the standard Medicare diabetic shoe and shoe inserts benefit if a nurse practitioner refers or certifies the beneficiary.
 - Normally, these items are only paid under traditional Medicare Fee-For-Service (FFS) if a physician (MD or DO) refers or certifies the beneficiary.
 - The Center for Medicare and Medicaid Innovation will launch the PCF model in 26 regions: Alaska (statewide), Arkansas (statewide), California (statewide), Colorado (statewide), **Delaware (statewide)**, Florida (statewide), Greater Buffalo region (New York), Greater Kansas City region (Kansas and Missouri), Greater Philadelphia region (Pennsylvania), Hawaii (statewide), Louisiana (statewide), Maine (statewide), Massachusetts (statewide), Michigan (statewide), Montana (statewide), Nebraska (statewide), New Hampshire (statewide), New Jersey (statewide), North Dakota (statewide), North Hudson-Capital region (New York), Ohio and Northern Kentucky region (statewide in Ohio and partial state in Kentucky), Oklahoma (statewide), Oregon (statewide), Rhode Island (statewide), Tennessee (statewide), and Virginia (statewide).

Certifications of Competency and Incapacity

- **Senate Bill 576**
 - FOR the purpose of altering a requirement that a certain petition for guardianship of a disabled person include certain signed and verified certificates of competency by providing that the certificates may be signed and verified by a nurse practitioner and certain other health care practitioners; altering the requirements for the certification of a patient's incapacity to make an informed decision regarding treatment to allow the second individual making the certification to be an advanced practice registered a nurse practitioner, rather than a second physician; altering the requirements for the certification of a patient's terminal or end-stage condition for certain purposes to allow the second individual making the certification to be a nurse practitioner, rather than a second physician; making conforming and stylistic changes; and generally relating to the authority of nurse practitioners to certify as to certain individuals' competency or incapacity.

Capacity Testing Process

- An examination or evaluation by at least one of the health care professionals under paragraph (2) of this subsection shall occur within 21 days before filing a petition for guardianship of a disabled person.
- Prior to providing, withholding, or withdrawing treatment for which authorization has been obtained or will be sought under this subtitle, the attending physician and a second physician **OR A NURSE PRACTITIONER**, one of whom shall have examined the patient within 2 hours before making the certification, shall certify in writing that the patient is incapable of making an informed decision regarding the treatment. The certification shall be based on a personal examination of the patient.

Process Cont

- (2) If a patient is unconscious, or unable to communicate by any means, the certification of a second physician **OR A NURSE PRACTITIONER** is not required under paragraph (1) of this subsection.
- (3) When authorization is sought for treatment of a mental illness, the second physician **OR THE NURSE PRACTITIONER** may not be otherwise currently involved in the treatment of the person assessed.

Process Cont

- (4) The cost of an assessment to certify incapacity under this subsection shall be considered for all purposes a cost of the patient's treatment.
- (b) A health care provider may not withhold or withdraw life-sustaining procedures on the basis of an advance directive where no agent has been appointed or on the basis of the authorization of a surrogate, unless:
 - (1) The patient's attending physician and a second physician **OR A NURSE PRACTITIONER** have certified that the patient is in a terminal condition or has an end-stage condition; or
 - (2) [Two physicians, one of whom] **A PHYSICIAN WHO** is a neurologist, neurosurgeon, or other physician who has special expertise in the evaluation of cognitive functioning, **AND A SECOND PHYSICIAN OR A NURSE PRACTITIONER**, certify that the patient is in a persistent vegetative state.

3C's



Capacity/Capability/Competency

Capacity is the power to hold, receive or accommodate.
Capacity is really about “amount” or “volume.”

Capability is a feature, faculty or process
that can be developed or improved.

Competence is the quality or state of being functionally
adequate or having sufficient knowledge, strength and
skill.

Capacity
– a
person's
ability to
make a
decision

- Medical Context- ability to utilize information about an illness and treatment options to make a choice congruent with the person's values and preferences.
- Law and Ethics have 4 decision-making abilities to constitute capacity:
 - Understanding
 - Expressing a choice
 - Appreciation
 - Reasoning

Capacity/ Competence

- Decisional capacity and competence are not synonymous.
- Capacity is a clinical construct
- Competence is a legal term.
- Courts generally give weight to the evidence an examining clinician provides regarding a patient's decisional capacity, the ultimate determination of competence is made by the court, not by a physician or other clinician

The MCA says that a person is unable to make their own decision if they cannot do one or more of the following four things:

Understand information given to them

Retain that information long enough to be able to make the decision

Weigh up the information available to make the decision

Communicate their decision – this could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand.

Assessment for Capacity

You should always start from the assumption that the person has the capacity to make the decision in question.

You should also be able to show that you have made every effort to encourage and support the person to make the decision themselves.

You must also remember that if a person makes a decision which you consider eccentric or unwise, this does not necessarily mean that the person lacks the capacity to make the decision.

Instruments

- – They focus us on ability, not status, or “reasonableness,” or simply cognition
- – They specify the abilities we ought to care about
- – They demonstrate where there are impairments
- – They explain the clinical significance of overall cognitive impairment and neuropsychiatric impairment
- – They provide us a coherent language to talk about the IADL of
 - Decision making
- – They put assessment into our ethics

Short Portable ACED (Assessment of Capacity for Everyday Decision Making)

To administer the ACED you need to identify a functional problem the person is having, and at least one option to solve that problem. You will then adapt the interview questions according to the functional problem the person is experiencing and the options to take care of that problem. For each question, decide whether the person's answer is adequate, marginal, or inadequate using the following scoring criteria:

Understanding Scoring Criteria

0 (inadequate performance):

Person gives a clearly inaccurate response with serious distortion.

1 (marginal performance):

Person shows some recollection of the item content but gives an incomplete and vague response.

2 (adequate performance):

Person recalls the content of the item and offers a fairly clear version of it

Appreciation Scoring Criteria

0: Person offers reasons that are delusional or a serious distortion of reality, or cannot answer the question.

1: Person may or may not believe the option will benefit/adversely affect his or her situation but the reason is vague and may represent distorted versions of reality.

2: Person acknowledges at least some potential benefit/adverse affect from the option and offers reasons that have some reasonable basis

Reasoning Scoring Criteria

Comparative:

0: Person provides no comparative statements or an illogical one.

1: Person provides comparison statement without specific consequences.

2: Person provides clear comparison statement with specific consequences.

Consequential:

0: Person provides no everyday consequences or an illogical answer.

1: Person provides a general statement without details.

2: Person provides a clear and vivid statement of everyday consequences.

The scoring criteria are to help guide your judgment whether the person has sufficient decisional abilities to make their own choice.

The Short Portable Assessment of Capacity for Everyday Decision-Making (ACED)

The following is a template for a short version of the ACED that can be adapted to any functional problem, including medication management, money management, and meal preparation.



The ACED was developed by:

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University of Pennsylvania

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Yale University

Short Portable ACED

What is the functional problem? Fill in here:

What are some options to solve the problem? Fill in at least one here:

Does the person understand the problem?

Describe the functional problem the person is experiencing. Ask the person to say this back in his/her own words.

Describe the consequences of the problem. Ask the person to say this back in his/her own words.

Does the person appreciate the problem?

Does the person believe that he/she has the problem you described? "Do you have any problems with [state the functional problem]?"

Does the person understand the options to manage the problem?

Describe the options to manage the functional problem. Ask the person to say this back in his/her own words

Does the person understand the advantages of the option?

Describe the advantages to the options. Ask the person to say this back in his/her own words

Does the person understand the disadvantages of the option?

Describe the disadvantages to the options. Ask the person to say this back in his/her own words.

Short Portable ACED continued

Does the person appreciate the benefits and downsides of the options?

Does the person think that one of the options to manage the problem will benefit him/her? "Now just consider this choice [restate an option]. Do you think [insert option to deal with functional problem] could benefit you?"

Does the person think that an option might make things worse for him/her? "Now just consider this choice [restate an option]. Do you think [insert option to deal with functional problem] might make things worse for you?"

Comparative Reasoning

How is the person's choice better than another option (such as not getting help)? "What makes your choice better than [state another option]?"

Consequential Reasoning

What would happen if the person had to choose another option? "How would [insert option to deal with functional problem] affect your everyday life?"

Expressing a Choice

Final choice to manage the functional problem. "Now that we've had a chance to talk about [functional problem] what would you like to do?"

Aid to Capacity Evaluation

Aid To Capacity Evaluation (ACE) – Administration

Name of patient: _____ Date: _____

Record observations that support your score in each domain, including exact responses of the patient. Indicate your score for each domain with a check mark.

1. Able to understand medical problem

(Sample questions: What problem are you having now? What problem is bothering you most?

Why are you in the hospital? Do you have (name problem)?

Observations: _____

Yes
 Unsure
 No

2. Able to understand proposed treatment

(Sample questions: What is the treatment for [your problem]?

What else can we do to help you? Can you have [proposed treatment]?

Observations: _____

Yes
 Unsure
 No

3. Able to understand alternative to proposed treatment (if any)

(Sample questions: Are there any other [treatments]? What other options do you have? Can you have [alternative treatment]?

Observations: _____

Yes
 Unsure
 No
 None Disclosed

4. Able to understand option of refusing proposed treatment

(including withholding or withdrawing proposed treatment)

(Sample questions: Can you refuse [proposed treatment]? Can we stop [proposed treatment]?

Observations: _____

Yes
 Unsure
 No

5. Able to appreciate reasonably foreseeable consequences of accepting proposed treatment

(Sample questions: What could happen to you if you have [proposed treatment]?

treatment]? cause problems/side effects?

Can [proposed treatment] help you live longer?)

Observations: _____

Yes
 Unsure
 No

6. Able to appreciate reasonable foreseeable consequences of refusing proposed treatment (including withholding or withdrawing proposed treatment)

(Sample questions: What could happen to you if you don't have [proposed

treatment]? Could you get sicker/die if you don't have [proposed treatment]?

What could happen if you have [alternative treatment]? (If alternatives are available)

Observations: _____

Yes
 Unsure
 No

Aid to Capacity Evaluation Con't

(Note: for questions 7a and 7b, a "yes" answer means the person's decision is affected by depression or psychosis)

7a. The person's decision is affected by depression Yes
(Sample questions: Can you help me understand why you've decided to accept/refuse treatment? Unsure
Do you feel that you're being punished? Do you think you're a bad person? No
Do you have any hope for the future? Do you deserve to be treated?)

Observations: _____

7b. The person's decision is affected by psychosis Yes
(Sample questions: Can you help me understand why you've decided to accept/refuse treatment? Unsure
Do you think anyone is trying to hurt/harm you? Do you trust your doctor/nurse?) No

Observations: _____

Overall Impression

Definitely capable Probably capable Probably incapable Definitely incapable

Comments:

(for example: need for psychiatric assessment, further disclosure and discussion with patient or consultation with family) _____

Time taken to administer ACE: _____ minutes

Date: _____

Assessor: _____

Mini Mental State Examination (MMSE)

- Most studied and most widely used tool
- Includes 5 neuropsychological batteries for a possible 30 points
- Orientation (10 points), Registration (3 points), Attention and Calculation (5 points), Recall (3 points), Language (9 points)
- Limitations include poor sensitivity in frontal domains/executive functioning, and patients with higher intelligence exhibiting a ceiling effect

Psychiatric Times

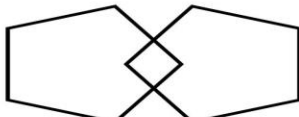
MINI MENTAL STATE EXAMINATION (MMSE)

Name: _____

DOB: _____

Hospital Number: _____

One point for each answer

| | DATE: | | |
|---|-----------|-----------|-----------|
| ORIENTATION | | | |
| Year Season Month Date Time |/ 5 |/ 5 |/ 5 |
| Country Town District Hospital Ward/Floor |/ 5 |/ 5 |/ 5 |
| REGISTRATION | | | |
| Examiner names three objects (e.g. apple, table, penny) and asks the patient to repeat (1 point for each correct. THEN the patient learns the 3 names repeating until correct). |/ 3 |/ 3 |/ 3 |
| ATTENTION AND CALCULATION | | | |
| Subtract 7 from 100, then repeat from result. Continue five times: 100, 93, 86, 79, 65. (Alternative: spell "WORLD" backwards: DLROW). |/ 5 |/ 5 |/ 5 |
| RECALL | | | |
| Ask for the names of the three objects learned earlier. |/ 3 |/ 3 |/ 3 |
| LANGUAGE | | | |
| Name two objects (e.g. pen, watch). |/ 2 |/ 2 |/ 2 |
| Repeat "No ifs, ands, or buts". |/ 1 |/ 1 |/ 1 |
| Give a three-stage command. Score 1 for each stage. (e.g. "Place index finger of right hand on your nose and then on your left ear"). |/ 3 |/ 3 |/ 3 |
| Ask the patient to read and obey a written command on a piece of paper. The written instruction is: "Close your eyes". |/ 1 |/ 1 |/ 1 |
| Ask the patient to write a sentence. Score 1 if it is sensible and has a subject and a verb. |/ 1 |/ 1 |/ 1 |
| COPYING: Ask the patient to copy a pair of intersecting pentagons | | | |
|  |/ 1 |/ 1 |/ 1 |
| TOTAL: |/ 30 |/ 30 |/ 30 |

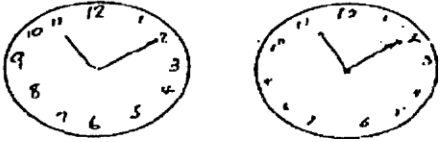
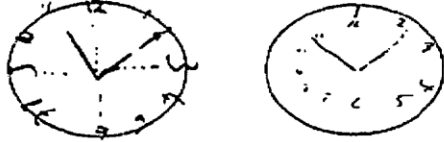
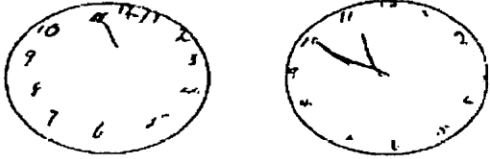
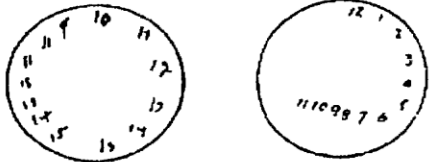
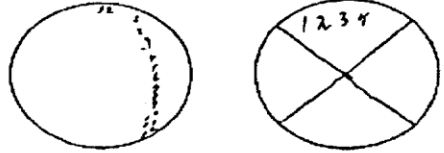
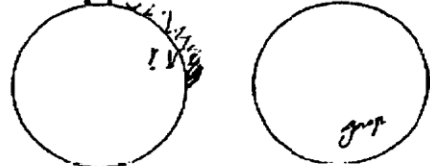
MMSE scoring

- 24-30: no cognitive impairment
- 18-23: mild cognitive impairment
- 0-17: severe cognitive impairment

Clock Drawing Test (CDT)

- Easy to administer and score
- Screens through the visuospatial, constructional praxis, and frontal/executive domains
- Patient is asked to draw the time on a clock
- Scored based on the ability to draw the circle, appropriately space the numbers on the face, and correctly represent the time
- Strengths include universality and lack of cultural bias

Psychiatric Times

| | |
|--|---|
| <p>1. Perfect</p> |  |
| <p>2. Minor visuospatial errors</p> <p><i>Examples</i></p> <ul style="list-style-type: none"> - Mildly impaired spacing of times - Draws times outside circle - Turns page while writing numbers so that some numbers appear upside down - Draws in lines (spokes) to orient spacing |  |
| <p>3. Inaccurate representation of 10 after 11 when visuospatial organization is perfect or shows only minor deviations.</p> <p><i>Examples</i></p> <ul style="list-style-type: none"> - Minute hand points to 10 - Writes '10 after 11' - Unable to make any denotation of time |  |
| <p>4. Moderate visuospatial disorganization of times such that accurate denotation of 10 after 11 is impossible.</p> <p><i>Example</i></p> <ul style="list-style-type: none"> - Moderately poor spacing - Omits numbers - Perseveration – repeats circle or continues on past 12 to 13, 14, 15 etc. - Right-left reversal – numbers drawn counter clockwise - Dysgraphia – unable to write numbers accurately |  |
| <p>5. Severe level of disorganization as described in 4.</p> |  |
| <p>6. No reasonable representation of a clock</p> <p>Exclude severe depression or other psychotic states.</p> <p><i>Examples</i></p> <ul style="list-style-type: none"> - No attempt at all - No semblance of a clock at all - Writes a word or name |  |

Mini Cog

- 3-word recall test combined with CDT
- Easy to use and fast to administer
- Cognitive impairment is questioned when patient cannot recall any of the 3 words with a normal clock, or if they are able to list the words but draw an abnormal clock
- Not useful in monitoring disease progression

Psychiatric Times

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. |

St. Louis University Mental Status (SLUMS)

- 30-point test designed to measure ability in orientation, executive function, memory, and attention
- May address some of the short-comings of MMSE
- Better at detecting aphasia and has less emphasis on orientation

Psychiatric Times

VAMC SLUMS EXAMINATION

Questions about this assessment tool? E-mail aging@slu.edu

Name _____ Age _____

Is the patient alert? _____ Level of education _____

___/1

1 1. What day of the week is it?

___/1

1 2. What is the year?

___/1

1 3. What state are we in?

4. Please remember these five objects. I will ask you what they are later.

Apple Pen Tie House Car

5. You have \$100 and you go to the store and buy a dozen apples for \$3 and a tricycle for \$20.

1 How much did you spend?

___/3

2 How much do you have left?

6. Please name as many animals as you can in one minute.

___/3

0 0-4 animals **1** 5-9 animals **2** 10-14 animals **3** 15+ animals

___/5

7. What were the five objects I asked you to remember? 1 point for each one correct.

8. I am going to give you a series of numbers and I would like you to give them to me backwards. For example, if I say 42, you would say 24.

___/2

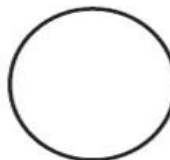
0 87 **1** 648 **1** 8537

9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o' clock.

___/4

2 Hour markers okay

2 Time correct



1 10. Please place an X in the triangle.



___/2

1 Which of the above figures is largest?

11. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.

Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.

___/8

2 What was the female's name?

2 What work did she do?

2 When did she go back to work?

2 What state did she live in?

_____ TOTAL SCORE

| SCORING | | | |
|-----------------------|-------|------------------------------|---------------------------------|
| HIGH SCHOOL EDUCATION | | | LESS THAN HIGH SCHOOL EDUCATION |
| 27-30 | | NORMAL | 25-30 |
| 21-26 | | MILD NEUROCOGNITIVE DISORDER | 20-24 |
| 1-20 | | DEMENTIA | 1-19 |

CLINICIAN'S SIGNATURE

DATE

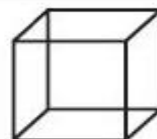
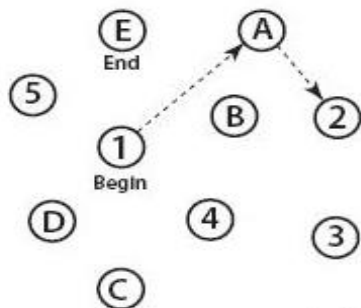
TIME

Montreal Cognitive Assessment (MoCA)

- Developed to enable earlier detection of mild cognition impairment than the MMSE
- Same score range as the MMSE, but additional tasks better screen for difficulties with executive functioning
- Addresses bias due to educational level by adding 1 point for patients with formal education levels less than 12 years

Psychiatric Times

VISUOSPATIAL / EXECUTIVE



Copy cube

Draw CLOCK (Ten past eleven)
(3 points)

POINTS

[]

[]

[]
Contour

[]
Numbers

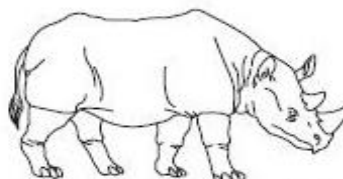
[]
Hands

___/5

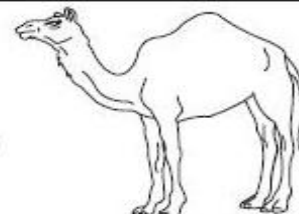
NAMING



[]



[]



[]

___/3

MEMORY

Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

FACE VELVET CHURCH DAISY RED

1st trial

2nd trial

No points

ATTENTION

Read list of digits (1 digit/sec).

Subject has to repeat them in the forward order

[] 2 1 8 5 4

Subject has to repeat them in the backward order

[] 7 4 2

___/2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors

[] FBACMNAAJKLBAFAKDEAAAJAMOFAA B

___/1

Serial 7 subtraction starting at 100

[] 93

[] 86

[] 79

[] 72

[] 65

4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt

___/3

LANGUAGE

Repeat : I only know that John is the one to help today. []

The cat always hid under the couch when dogs were in the room. []

___/2

Fluency / Name maximum number of words in one minute that begin with the letter F

[] ____ (N ≥ 11 words)

___/1

ABSTRACTION

Similarity between e.g. banana - orange = fruit

[] train - bicycle

[] watch - ruler

___/2

DELAYED RECALL

Has to recall words WITH NO CUE

FACE []

VELVET []

CHURCH []

DAISY []

RED []

Points for UNCUED recall only

___/5

Optional

Category cue

Multiple choice cue

ORIENTATION

[] Date

[] Month

[] Year

[] Day

[] Place

[] City

___/6

Abbreviated Mental Test (AMT)

- 10-item scale for screening cognitive impairment
- Covers short- and long-term memory, attention, and orientation
- A score lower than 8 suggests impairment
- Rapid administration time (about 3 minutes)
- Abbreviated 4 item scale also available

Psychiatric Times

Abbreviated mental test (AMT)

- Abbreviated mental test score
- 1. Age ?
- 2. Time? (to nearest hour)
- 3. Address for recall at end of test
(this should be repeated by the patient to ensure it has been heard correctly): "42 West Street"
- 4. Year?
- 5. Name of this place?
- 6. Identification of two persons (doctor, nurse etc.)?
- 7. Date of birth?
- 8. Year of First World War?
- 9. Name of present Monarch?
- 10. Count backwards 20 to 1 Address recall correct?

Nurse Practitioner Certificate

<https://mdcourts.gov/sites/default/files/courtforms/ccgn050.pdf?fbclid=IwAR3KJyt8rzhI2mKRvsJXAX3PMIZM0uUhSmaUGiNASJsAd2kU4fg4xeCqh58>

Health Occupations – Nurse Practitioners – Certifications of Competency and Incapacity 2020

http://mgaleg.maryland.gov/2020RS/chapters_noln/Ch_568_sb0576T.pdf?fbclid=IwAR1Y_VY2u3oQGmhWYWnlQCJkvJpcvHg7udh8QmibL5VleoQjBG1UgMgu8Uo

Senate Bill 576

<https://legiscan.com/MD/text/SB576/id/2151674/Maryland-2020-SB576-Engrossed.pdf>

Resources

<https://www.nia.nih.gov/health/alzheimers-dementia-resources-for-professionals>

<https://www.psychiatrictimes.com/view/tools-and-tips-assessing-cognition-older-adults-issues-psychiatrists>

https://www.ono.ac.il/wp-content/uploads/The_Short_Portable_ACED.pdf



Chapter Two

Health Care Decisions – Patient Capacity and Proxy Decision Making

A. AD and Informed Consent

Under Maryland's common law doctrine of informed consent, a "mentally competent adult" is entitled to give or withhold consent to medical treatment after receiving a fair and reasonable explanation of the proposed treatment.¹ In this context, the term "competence" is potentially confusing, however, because it customarily refers to overall legal status, rather than the ability to make a particular treatment decision. Someone who is "incompetent" is deemed by the law to lack ability to make decisions, either because of status (a child) or because of a judicial finding. Every adult is presumed to be competent.

The Maryland Health Care Decisions Act of 1993 also uses the term "competent," but in a way that usefully redirects its meaning from a legal to a clinical context. A "competent individual" is an adult or emancipated minor "who has not been determined to be incapable of making an informed decision."² A patient is "incapable of making an informed decision" about a specific treatment or course of treatment if the patient is unable to do one or more of the three things that informed decision making requires: "to understand

