Overview

Overview

This template was created to help improve Dementia diagnosis and access to further treatment.

It is designed to be used for patients with suspected dementia or possible memory problems.

You **do not** need to complete the entire template each time you use it, the idea is to return and complete a section as results or more information becomes available.

Please remember this is a guide, use your clinical judgement to interpret your findings.

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\*QOF points

**QOF indicators** and read code sections are highlighted with a **\***

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#LES recommendations

**LES (Locally Enhanced Service)** requirements for BNSSG Dementia LES are marked by a **#**

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Assessment

Mental Health: Memory and depression assessment

Details of memory loss. Were there other symptoms first? Speed of onset? (free text):

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Are hallucinations present?

o No hallucinations

o Hallucinations

o Visual hallucinations

o Transient hallucinations

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If hallucinations are present or a fluctuating level of confusion consider lewy-body disease.

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Functional assessment

Compared to 10 years ago, have their normal activities and abilities declined?

o Partner/family/carer reports decline in usual activities.

o Patient reports decline in usual activities.

o Neither patient nor carer reports decline in usual activities.

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If there has been a change, what have they noticed? (free text):

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Cognitive assessment

Cognitive assessments results -

o Cognitive assessment

o General practitioner assessment of cognition patient score

o General practitioner assessment of cognition informant score

o Addenbrooke's cognitive examination revised - score

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GPCOG screening tool: [GPCOG | Home](http://gpcog.com.au/)

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For cognitive assessment please put name of scoring system used if not listed, including their score.

Please note MMSE not included as this is copyrighted - however if you have a licenced copy then please enter details using the cognitive assessment code. There is no read code for ACE 111 or MoCA at present so please enter as cognitive assessment as well.

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Physical Health: Substance misuse

\* How much alcohol do they drink a week?

o Alcohol units consumed per week

o Alcohol consumption unknown

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Any current substance misuse?

o History of substance misuse

o No history of substance misuse

o Declined to give substance misuse history

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Mental Health: Behaviour and socialisation

Current behaviour?

o Normal behaviour

o Change in behaviour

o Argumentative behaviour

o Aggressive behaviour

... and 3 more

o \_\_\_\_\_\_\_\_\_\_\_\_\_

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Sleep pattern

o Good sleep pattern

o Poor sleep pattern

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Screening for depression using 2 questions:

* During the last month have you been feeling down, depressed or hopeless?
* During the last month have you often been bothered by having little interest or pleasure in doing things?

May require further assessment if answers indicate significant low mood.

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Any symptoms of depression or anxiety? (Tooltip shows 2 depression screening questions)

o Depression screening using questions

o Symptoms of depression

o Patient Health Questionnaire Nine Item score

o HAD scale: depression score

... and 1 more

o \_\_\_\_\_\_\_\_\_\_\_\_\_

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Physical Health: General health

How has their health been over the last 12 months? (free text):

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Are they currently suffering from any painful conditions? (which could be impacting on behaviour and memory)

o No pain

o Pain well controlled

o Pain not well controlled

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Physical Health: Observations

o O/E - height (Standing height)

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o O/E - weight (Body weight)

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Body Mass Index

**H** - Height (m):

**W** - Weight (kg):

Body Mass Index:

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O/E - blood pressure reading: / mmHg

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o Blood oxygen saturation (Haemoglobin saturation with oxygen)

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o O/E - pulse rate (Pulse rate)

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Pulse rhythm?

o O/E - pulse rhythm regular

o On examination - pulse irregularly irregular

o O/E -pulse regularly irregular

o O/E - irregular pulse

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Physical Health: Review of key body systems

Appetite

o Appetite normal

o Reduced appetite

o Increased appetite

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Have there been swallowing problems?

o No problem swallowing

o Difficulty swallowing solids

o Difficulty swallowing fluid

o Swallowing painful

... and 1 more

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Bowel assessment?

o Bowels: fully continent

o Bowels: occasional accident

o Bowels: incontinent

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Bladder assessment

o Bladder: fully continent

o Bladder: occasional accident

o Bladder: incontinent

o Nocturia

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Any concerns about vision?

o Normal vision

o Deteriorating vision

o Registered partially sighted

o Registered blind

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Hearing assessment

o Hearing normal

o Deteriorating hearing

o Partial deafness

o Bilateral deafness

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Pain control (must be manually ticked on merged Dementia Care Plan document)

o No Pain

o Pain well controlled

o Pain not well controlled

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Physical Health: Medication

Has their medication been reviewed?

o Medication review done by doctor

o Medication review done by nurse

o Medication review done by pharmacist

o Medication review without patient

... and 1 more

o \_\_\_\_\_\_\_\_\_\_\_\_\_

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Have there been any problems with medication use over the past 12 months?

o Assessment of compliance with medication regimen

o Difficulty in opening medication

o Needs assistance with medication regimen adherence

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o Have they had any mental health medication's reviewed? (Mental health medication review)

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Common side effects of antipsyhotic medication: drowsiness, nausea, sexual difficulties, dry mouth and / or involuntary movements.

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Physical Health: Mobility and how I am

Mobility assessment

o Mobility fair

o Mobility poor

o Mobility very poor

o Fully mobile

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More than one reponse can be selected from the drop down list below

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Walking aid

o Stick only for walking

o Uses zimmer frame

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More than one response can be selected from the drop down list below

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Wheelchair and/or hoist or bed-ridden

o Independent in wheelchair

o Minimal help in wheelchair

o Transfers using hoist

o Bed-ridden

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o Dependent for bathing (Dependent for bathing)

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o Dependent for dressing (Dependent for dressing)

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o Disoriented to time/place/person (Disoriented to time/place/person)

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o Lacks capacity to give consent (Mental Capacity Act 2005) (Lacks capacity to give consent (Mental Capacity Act 2005))

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Severity of Dementia

o Dementia stage at diagnosis - early (mild)

o Dementia stage at diagnosis - mid (moderate)

o Dementia stage at diagnosis - late (severe)

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o Memory: present time not known (Memory: present time not known)

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o Memory: present year not known (Memory: present year not known)

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o Communication impairment (Communication impairment)

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o Requires assistance with communication (Requires assistance with communication)

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o Ability to ask questions (Ability to ask questions)

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Social Health: Support at home

Who do they live with?

o Lives with family

o Lives in a residential home

o Lives in a nursing home

o Lives in warden controlled accommodation

... and 2 more

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Is home help required?

o Home help needed

o Home help requested

o Home help organised

o Home help attends

... and 1 more

o \_\_\_\_\_\_\_\_\_\_\_\_\_

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Are social services involved?

o Referral to social worker

o Social worker involved

o Social Services help refused

o Referral to voluntary service

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Social Health: Carer details

Do they have a carer? (Carer details can be entered into the registration module in EMIS)

o Has a carer

o Does not have a carer

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You **must gain consent from the carer** for their details to be entered onto a patients record.

Do not enter any details without the carer's explicit consent.

It is recommended that you use the 'Family/Relationship Links' section in the EMIS registration screen to enter carer details. This ensures that there is a clear accountable carer register for your practice.

However the section below can be used instead if necessary.

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Name of carer

o Name of informal carer

o Carer declined consent for carer details in clinical record

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Carer telephone numbers

o Carer home telephone number

o Carer work telephone number

o Carer mobile telephone number

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Carer address

o Details of informal carer

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Social Health: Carer assessment and support

Has a Carer assessment been done?

o Referral for general practice carer assessment

o Referral for social services carer assessment

o Assessment of needs of carer completed

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o Carer health check offered (Carer health check offered)

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Is carer aware of prognosis?

o Carer aware of prognosis

o Carer unaware of prognosis

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Social Health: Further information

All new carers should be referred for a Carer’s assessment and can access advice through the Integrated carers team on:- 0117 352 1668

**Support and information organisations:-**

* Alzheimer’s UK <http://www.alzheimers.org.uk>
* Carers’ Support Centre [www.carerssupportcentre.org.uk](file:///C:\Users\StephanieHatton\AppData\Local\Temp\EMISWebDocs7324\www.carerssupportcentre.org.uk) . Tel: 0117 965 2200
* In Bristol Care Direct: 0117 922 2700, South Glos: 01454 868007
* Get an Emergency plan and Carer Emergency Card 0117 965 2200
* Get help with breaks, holidays and respite: Integrated carers team: 0117 352 1668

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Risk assessments

Are they currently driving?

o Fit to drive

o Does not drive a vehicle

o Patient advised not to drive

o Patient advised to inform DVLA

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o How many falls in the last year? (Number of falls in last year)

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Are they currently wandering? (leave blank if no problems with wandering)

o Wanders during the day

o Wanders at night

o Wanders during day and at night

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Are there any other risks to the patient or carer(s)? If so what action is being taken to reduce the risks? (free text):

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Blood tests

Blood test results

Please ensure all bloods listed below have been requested and the results reviewed and actioned as appropriate. The date and result of the last test done will be displayed on the right of the template window.

If using ICE in Bristol for requests look in:- blood sciences > profiles > Dementia screen.

Selecting this option will request all of the below tests. If using test systems elsewhere you can ask your laboratory to create a similar profile.

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o Blood test declined (Blood test declined)

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Haematology

\* Haemoglobin count

Haemoglobin estimation

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\* Vitamin B12

Serum vitamin B12 level

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\* Folate

Serum folate level

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Biochemistry

\* Serum sodium

Serum sodium level

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\* Serum creatinine

Serum creatinine level

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\* eGFR

GFR (glomerular filtration rate) calculated by abbreviated Modification of Diet in Renal Disease Study Group calculation

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\* HbA1c

Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised

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\* Blood glucose level

Serum glucose level

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\* Corrected serum calcium level

Corrected serum calcium level

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\* Serum TSH level

Serum TSH (thyroid stimulating hormone) level

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Liver function tests

\* Serum bilirubin level

Serum bilirubin level

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\* Alkaline Phosphatase (ALP)

Serum alkaline phosphatase level

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\* Alanine Aminotransferase (ALT)

Serum alanine aminotransferase level

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\* Serum albumin

Serum albumin level

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Radiology

Radiology requests

Please complete below what radiology has been requested and the results of this imaging when it is available.

When requesting a CT head it is useful to put in details about cognitive loss and **? diagnosis of dementia**. This helps to ensure the right imaging is done so the radiologist can comment about possible dementia.

The ICE form to request CT head has been updated with several questions for dementia screening. Please ensure these are completed as fully as possible so your request is not rejected.

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Radiology

# What imaging has been requested?

o CAT scan requested

o Radiology refused

o Magnetic resonance imaging requested

o Magnetic resonance imaging scan declined

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What are the results of this imaging?

o CT scan brain - normal

o CAT scan brain - abnormal

o Magnetic resonance imaging of brain normal

o Magnetic resonance imaging of brain abnormal

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Confirming Diagnosis

Further diagnostic help

# If required have they been referred for secondary care assessment?

o Referral to memory clinic

o Referral to memory clinic declined

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Treatment

o Dementia medication review completed (Dementia medication review)

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If the patient is not on an anticholinesterase inhibitor, consider if this should be started

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Remedy - advice on prescribing in dementia - https://remedy.bnssgccg.nhs.uk/adults/dementia/dementia-prescribing/

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o Dementia care plan agreed (Dementia care plan agreed)

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Extra support

Are social services involved?

o Refer to social worker

o Social worker involved

o Social Services help refused

o Referral to voluntary service

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# Have they been referred to dementia care advisor?

o Referral to dementia care advisor

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For further information on pathways, other support services and referral forms, click on link below to go to the REMEDY Dementia page.

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Link to Remedy Page on Dementia Referrals - https://remedy.bnssgccg.nhs.uk/adults/dementia/

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Diagnosis

# What is the final diagnosis?

o Alzheimer's disease

o [X]Multi-infarct dementia

o [X]Dementia in Alzheimer's dis, atypical or mixed type

o Diffuse Lewy body disease

... and 3 more

o \_\_\_\_\_\_\_\_\_\_\_\_\_

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First annual review

o When is their first dementia annual review due? (Dementia annual review)

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Forward Planning

Legal

Has power of attorney been granted? If so to whom?

o Power of attorney applied for

o Has appointed person with property and affairs lasting power of attorney (Mental Capacity Act 2005)

o Has appointed person with personal welfare lasting power of attorney (Mental Capacity Act 2005)

o Has appointed person with personal welfare lasting power of attorney with authority for life sustaining decisions (Mental Capacity Act 2005)

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Anticipating future needs

Has there been a discussion about end of life issues?

o Counselling for end of life issues

o Preferred place of death discussed with patient

o Has end of life advance care plan

o On end of life care register

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Have they made a last will and testament?

o Currently organising last will and testament

o Last will and testament already created

o Does not want to create last will and testament

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Is there a DNAR form in place?

o Do not attempt CPR (DNACPR) form in place

o Do not attempt CPR (DNACPR) form not in place

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More than one response can be selected from the drop down list below

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Preferred place of care discussed?

o Preferred place of care - discussed with patient

o Preferred place of care - discussed with family

o Preferred place of care - discussion not appropriate

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Preferred place of care

o Preferred place of care - home

o Preferred place of care - hospital

o Preferred place of care - care home

o Preferred place of care - community hospital

... and 5 more

o \_\_\_\_\_\_\_\_\_\_\_\_\_

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Preferred place of death

o Preferred place of death: home

o Preferred place of death: hospital

o Preferred place of death: care home

o Preferred place of death: community hospital

... and 4 more

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Have they been referred to a dementia care advisor?

o Referral to dementia care advisor

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Have they had advice about benefits (Carers allowance, attendance allowance, council tax waiver, or signposted towards support)?

o Benefits counselling

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o \* Dementia care plan agreed (first time only) (Dementia care plan agreed)

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DVLA

**Is the patient still driving?**

Anybody with a diagnosis of dementia is required by law to notify the DVLA who normally will contact us as GP or specialist for opinion of their current mental state. Their insurance will be invalidated and they risk fine and imprisonment if they do not notify the DVLA.

Patients with a diagnosis of dementia who still wish to drive can be tested locally in Bristol but are required to pay a fee (about £100): -

Living, The Vassall Centre

Gill Avenue, Fishponds, Bristol BS16 2QQ

Tel: 0117 965 9353

Fax: 0117 965 3652

Email: mobserv@thisisliving.org.uk

[www.thisisliving.org.uk](file:///C:\Users\StephanieHatton\AppData\Local\Temp\EMISWebDocs7324\www.thisisliving.org.uk).

Warn patients that they need to bring somebody with them who can drive them back, as if they fail the test they will not be allowed to drive home. There are psychometric tests prior to the full driving test which can be tiring for some patients. The centre writes direct to DVLA and GP with report, if successful licence lasts for 1 year before re-testing.

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Further information

**Support & information organisations:-**

* Alzheimer’s UK <http://www.alzheimers.org.uk/>
* Dementia - Assessment & Referral page (Remedy) <https://remedy.bnssgccg.nhs.uk/adults/dementia/dementia-assessment-referral/>
* Carers’ Support Centre [www.carerssupportcentre.org.uk](file:///C:\Users\StephanieHatton\AppData\Local\Temp\EMISWebDocs7324\www.carerssupportcentre.org.uk) . Tel: 0117 965 2200
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* Get help with breaks, holidays and respite: Integrated carers team: 0117 352 1668

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Annual Review

Functional Change in the past 12 months

Is there any decline in current cognition/functionality?

o Patient reports decline in usual activities.

o Partner/family/carer reports decline in usual actiities

o No reported decline in usual activities

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Consent for Sharing Data

**Please ask patient for consent to share their care plan electronically and record below.**  List any exclusions where prompted in freetext, otherwise may be shared with the following organisations: Out of Hours GP services (BrisDoc), Community Health Services such as District Nurse, Social Care, Mental Health, Hospital

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Consent for care plan sharing

o Consent given to share patient data with specified third party

o Declined consent to share patient data with specified third party

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Physical Health: Substance misuse

\* How much alcohol do they drink a week?

o Alcohol units consumed per week

o Alcohol consumption unknown

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Any current substance misuse?

o History of substance misuse

o No history of substance misuse

o Declined to give substance misuse history

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Mental Health: Behaviour and socialisation

Current behaviour?

o Normal behaviour

o Change in behaviour

o Argumentative behaviour

o Aggressive behaviour

... and 3 more

o \_\_\_\_\_\_\_\_\_\_\_\_\_

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Sleep pattern

o Good sleep pattern

o Poor sleep pattern

.............................................................................................................................................

Decline in usual activities?

o Carer reports decline in usual activities

o Patient reports decline in usual activities

o Neither patient nor carer reports decline in usual activities

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Screening for depression using 2 questions:

* During the last month have you been feeling down, depressed or hopeless?
* During the last month have you often been bothered by having little interest or pleasure in doing things?

May require further assessment if answers indicate significant low mood.

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Any symptoms of depression or anxiety? (Tooltip shows 2 depression screening questions)

o Depression screening using questions

o Symptoms of depression

o Patient Health Questionnaire Nine Item score

o HAD scale: depression score

... and 1 more

o \_\_\_\_\_\_\_\_\_\_\_\_\_

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Physical Health: General health

Annual Review - How has their health been over the last 12 months? (free text):

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Are they currently suffering from any painful conditions? (which could be impacting on behaviour and memory)

o No pain

o Pain well controlled

o Pain not well controlled

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Physical Health: Observations

o O/E - height (Standing height)

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o O/E - weight (Body weight)

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Body Mass Index

**H** - Height (m):

**W** - Weight (kg):

Body Mass Index:

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O/E - blood pressure reading: / mmHg

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o Blood oxygen saturation (Haemoglobin saturation with oxygen)

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o O/E - pulse rate (Pulse rate)

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Pulse rhythm?

o O/E - pulse rhythm regular

o On examination - pulse irregularly irregular

o O/E -pulse regularly irregular

o O/E - irregular pulse

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Physical Health: Review of key body systems

Appetite

o Appetite normal

o Decrease in appetite

o Increased appetite

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Have there been swallowing problems?

o No problem swallowing

o Difficulty swallowing solids

o Difficulty swallowing fluid

o Swallowing painful

... and 1 more

o \_\_\_\_\_\_\_\_\_\_\_\_\_

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Bowel assessment?

o Bowels: fully continent

o Bowels: occasional accident

o Bowels: incontinent

.............................................................................................................................................

Bladder assessment

o Bladder: fully continent

o Bladder: occasional accident

o Bladder: incontinent

o Nocturia

.............................................................................................................................................

Any concerns about vision?

o Normal vision

o Sight deteriorating

o Registered partially sighted

o Registered blind

.............................................................................................................................................

Hearing assessment

o Hearing normal

o Deteriorating hearing

o Partial deafness

o Bilateral deafness

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Pain control (must be manually ticked on merged Dementia Care Plan document)

o No pain

o Pain well controlled

o Pain not well controlled

.............................................................................................................................................

Physical Health: Medication

Has their medication been reviewed?

o Medication review done by doctor

o Medication review done by nurse

o Medication review done by pharmacist

o Medication review without patient

... and 1 more

o \_\_\_\_\_\_\_\_\_\_\_\_\_

.............................................................................................................................................

Have there been any problems with medication use over the past 12 months?

o Assessment of compliance with medication regimen

o Difficulty in opening medication

o Needs assistance with medication regimen adherence

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o Have they had any mental health medication's reviewed? (Mental health medication review)

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Common side effects of antipsyhotic medication: drowsiness, nausea, sexual difficulties, dry mouth and / or involuntary movements.

.............................................................................................................................................

Physical Health: Mobility and how I am

Mobility assessment

o Mobility fair

o Mobility poor

o Mobility very poor

o Fully mobile

.............................................................................................................................................

More than one reponse can be selected from the drop down list below

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Walking aid

o Stick only for walking

o Uses zimmer frame

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More than one response can be selected from the drop down list below

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Wheelchair and/or hoist or bed-ridden

o Independent in wheelchair

o Minimal help in wheelchair

o Transfers using hoist

o Bed-ridden

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o Dependent for bathing (Dependent for bathing)

.............................................................................................................................................

o Dependent for dressing (Dependent for dressing)

.............................................................................................................................................

o Disoriented to time/place/person (Disoriented to time/place/person)

.............................................................................................................................................

o Lacks capacity to give consent (Mental Capacity Act 2005) (Lacks capacity to give consent (Mental Capacity Act 2005))

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Severity of Dementia

o Dementia stage at diagnosis - early (mild)

o Dementia stage at diagnosis - mid (moderate)

o Dementia stage at diagnosis - late (severe)

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o Memory: present time not known (Memory: present time not known)

.............................................................................................................................................

o Memory: present year not known (Memory: present year not known)

.............................................................................................................................................

o Communication impairment (Communication impairment)

.............................................................................................................................................

o Requires assistance with communication (Requires assistance with communication)

.............................................................................................................................................

o Ability to ask questions (Ability to ask questions)

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Social Health: Support at home

Who do they live with?

o Lives with family

o Lives in a residential home

o Lives in a nursing home

o Lives in warden controlled accommodation

... and 2 more

o \_\_\_\_\_\_\_\_\_\_\_\_\_

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Is home help required?

o Home help needed

o Home help requested

o Home help organised

o Home help attends

... and 1 more

o \_\_\_\_\_\_\_\_\_\_\_\_\_

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Are social services involved?

o Referral to social worker

o Social worker involved

o Social Services help refused

o Referral to voluntary service

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Social Health: Carer details

Do they have a carer? (Carer details can be entered into the registration module in EMIS)

o Has a carer

o Does not have a carer

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You **must gain consent from the carer** for their details to be entered onto a patients record.

Do not enter any details without the carer's explicit consent.

It is recommended that you use the 'Family/Relationship Links' section in the EMIS registration screen to enter carer details. This ensures that there is a clear accountable carer register for your practice.

However the section below can be used instead if necessary.

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Name of carer

o Name of informal carer

o Carer declined consent for carer details in clinical record

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Carer telephone numbers

o Carer home telephone number

o Carer work telephone number

o Carer mobile telephone number

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Carer address

o Details of informal carer

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Social Health: Carer assessment and support

Has a Carer assessment been done?

o Referral for general practice carer assessment

o Referral for social services carer assessment

o Assessment of needs of carer completed

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o Carer health check offered (Carer health check offered)

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Is carer aware of prognosis?

o Carer aware of prognosis

o Carer unaware of prognosis

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Social Health: Further information

All new carers should be referred for a Carer’s assessment and can access advice through the Integrated carers team on:- 0117 352 1668

**Support and information organisations:-**

* Alzheimer’s UK <http://www.alzheimers.org.uk>
* Carers’ Support Centre [www.carerssupportcentre.org.uk](file:///C:\Users\StephanieHatton\AppData\Local\Temp\EMISWebDocs7324\www.carerssupportcentre.org.uk) . Tel: 0117 965 2200
* In Bristol Care Direct: 0117 922 2700, South Glos: 01454 868007
* Get an Emergency plan and Carer Emergency Card 0117 965 2200
* Get help with breaks, holidays and respite: Integrated carers team: 0117 352 1668

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Risk assessments

Are they currently driving?

o Fit to drive

o Does not drive a vehicle

o Patient advised not to drive

o Patient advised to inform DVLA

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o How many falls in the last year? (Number of falls in last year)

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Are they currently wandering? (leave blank if no problems with wandering)

o Wanders during the day

o Wanders at night

o Wanders during day and at night

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Annual Review - Are there any other risks to the patient or carer(s)? If so what action is being taken to reduce the risks? (free text):

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QOF requirements

o \*#Dementia annual review complete (Dementia annual review)

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o \* Review of Dementia care plan (Dementia care plan reviewed)

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Exception Reporting

Do you want to exception report this patient?

o Excepted from dementia quality indicators - patient unsuitable

o Excepted from dementia quality indicators - informed dissent

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