

# COGNITIVE IMPAIRMENT Clinical Action Plan (Flow Sheet)

website: [www.BCGuidelines.ca](http://www.BCGuidelines.ca)

NAME OF PATIENT	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	EDUCATION
DIAGNOSIS		DATE OF DIAGNOSIS	OCCUPATION

CARE OBJECTIVES	SELF MANAGEMENT (discuss with patient & caregiver)
<p><b>RISK FACTORS AND COMORBID CONDITIONS</b></p> <p> <input type="checkbox"/> Obesity    <input type="checkbox"/> Diabetes  <input type="checkbox"/> Smoker    <input type="checkbox"/> HTN  <input type="checkbox"/> Alcohol    <input type="checkbox"/> CAD  <input type="checkbox"/> Atrial fib  <input type="checkbox"/> Asthma  <input type="checkbox"/> COPD  <input type="checkbox"/> Renal disease  <input type="checkbox"/> Depression  <input type="checkbox"/> Other: _____         </p> <p> <b>Baseline Investigations (✓ when done; normal or add values prn)</b>  <input type="checkbox"/> FBG _____    <input type="checkbox"/> ECG _____  <input type="checkbox"/> TSH _____    <input type="checkbox"/> Other _____  <input type="checkbox"/> GFR _____  <input type="checkbox"/> CBC _____    SMMSE Score _____ Date: _____  <input type="checkbox"/> B<sub>12</sub> _____    MoCA Score _____ Date: _____  <input type="checkbox"/> Ca _____  <input type="checkbox"/> HbA1c _____         </p>	<p> <input type="checkbox"/> Define management goals (risk factor reduction; treat co-morbid conditions; case management)  <input type="checkbox"/> Functional status (baseline &amp; review at each visit)         </p> <p> <b>IADLs:</b>            • Housework            • Meal prep            • Shopping            • Transportation            • Finances            • Managing meds         </p> <p> <b>ADLs:</b>            • Bathing/toileting            • Dressing            • Mobility         </p> <p> <input type="checkbox"/> Supports (home care, family, case manager, living situation)  <input type="checkbox"/> Caregiver issues (behaviour/sleep/mood)  <input type="checkbox"/> Advance care planning/DNR discussion         </p>

VISITS						
DATE	BP	HR	WEIGHT		SMMSE SCORE	(Review care objectives, management goals, functional status, symptoms, medications/polypharmacy)
			Lbs	Kg		
						BASELINE
						REVIEW CLINICAL ACTION PLAN

VACCINATIONS			
Annual Flu:	Date:	<input type="text"/>	Date:
Pneumovax:	Date:	<input type="text"/>	Date:

DIAGNOSTIC CODE (Dementia): 290  
 For information on billing complex care incentive fees, please visit: [www.GPSCbc.ca](http://www.GPSCbc.ca)