Geriatric Assessment for Nurses

Clinical guide: Cognition & Mental Health Assessment of Older Adults

Clinical Training Guide
Learning outcomes
1. Explain the purpose, domains, and administration procedures of MMSE, MoCA, and Mini-Cog. 2. Demonstrate correct administration of MMSE, MoCA, and Mini-Cog to an older adult in a clinical or simulated environment. 3. Accurately score and interpret results of MMSE, MoCA, and Mini-Cog. 4. Identify normal vs. abnormal findings and differentiate probable dementia, mild cognitive impairment (MCI), delirium, and depression. 5. Develop a nursing care plan based on assessment findings. 6. Educate patients and caregivers on cognitive health, early signs of impairment, and preventive strategies.
Required assessment tools
Paper-Based Tools ● MMSE form ● MoCA form ● Mini-Cog test sheet (3-item recall + clock drawing) ● Pencil and A4 sheet ● Watch or timer **Equipment** ● Quiet, well-lit examination area ● Glasses, hearing aids, or assistive devices for the patient **Reference Materials** ● Cognitive assessment scoring guides ● Normal ranges and interpretation guidelines ● DSM-5 criteria for dementia & delirium ● Geriatric depression indicators
Clinical skills procedures

A. General Preparation

1. Introduce yourself and explain the purpose of cognitive assessment.
2. Ensure hearing aids and glasses are in place.
3. Provide a calm, quiet environment.
4. Obtain informed consent (verbal is sufficient for screening).
5. Ask orientation questions casually to establish rapport.

B. Administration Steps for Each Tool

1. Mini-Mental State Examination (MMSE) – Procedure

Domains (30 Points)

- Orientation
- Registration
- Attention/calculation
- Recall
- Language
- Visuospatial ability

Steps

1. Administer each question clearly and slowly.
2. Allow additional time for older adults with sensory deficits.
3. Score immediately after response to avoid errors.

Interpretation

- 24–30 = normal
- 18–23 = mild impairment
- 0–17 = moderate to severe impairment

2. Montreal Cognitive Assessment (MoCA) – Procedure

Domains (30 points)

- Visuospatial/executive
- Naming
- Memory
- Attention
- Language
- Abstraction
- Delayed recall

- Orientation

Steps

1. Provide paper and pencil.
2. Follow script exactly (moca requires standardization).
3. Add 1 point if the patient has ≤12 years of formal education.

Interpretation

- ≥26 = normal
- 18–25 = mild cognitive impairment
- ≤17 = likely dementia

3. Mini-Cog – Procedure

Components

- 3-word recall
- Clock-drawing test (cdt)

Steps

1. Tell patient three unrelated words; ask them to repeat.
2. Ask them to draw a clock set to "10 past 11."
3. After drawing, ask them to recall the words.

Scoring

- Recall 3/3: normal
- Recall 0/3: abnormal
- Recall 1–2 + abnormal cdt: cognitive impairment
- Recall 1–2 + normal cdt: normal/minimal impairment

Nursing care planning guide

A. Assessment

- MMSE, MoCA, Mini-Cog scores
- ADL and IADL performance
- Mood, behaviour changes
- Hearing/vision issues
- Medication list and side effects
- Family observations

B. Nursing Diagnoses

- Impaired cognition

- Risk for injury (falls, medication errors)
- Impaired memory
- Confusion (chronic/acute)
- Self-care deficit
- Caregiver strain

C. Goals & Expected Outcomes

- Patient demonstrates stable or improved cognitive function.
- Patient and caregiver understand assessment findings.
- Patient engages in cognitive-enhancing activities.
- Home safety risks minimized.

D. Interventions

- Provide orientation cues (calendar, clock).
- Encourage cognitive activities (reading, puzzles).
- Ensure safe environment (lighting, remove hazards).
- Promote medication adherence using pillboxes or reminders.
- Refer for further evaluation (neurology, psychiatry).
- Educate caregivers on warning signs of delirium/dementia.

E. Evaluation

- Compare subsequent MMSE/MoCA/Mini-Cog scores.
- Monitor behaviour, ADL/IADL changes.
- Document caregiver feedback.

Clinical Practice Activity

Activity Title: Cognitive Assessment Skills Lab

Steps

1. Students pair up (clinician + standardized patient).
2. Each student administers:
    - Mini-Cog (5 minutes)
    - MMSE (10–15 minutes)
    - MoCA (12–15 minutes)
3. Students score each test independently.
4. Students write a brief interpretation:
    - Domains impaired
    - Possible diagnosis
    - Recommendations
5. Small-group discussion with instructor.

Expected Competencies

- Correct sequence and administration

- Accuracy in scoring
- Ability to differentiate between normal/MCI/dementia patterns
- Professional communication

Assessment criteria for students

Criteria	Excellent (5)	Good (4)	Satisfactory (3)	Needs Improvement (1–2)
Preparation & rapport	Explains procedure clearly, obtains consent, ensures comfort	Minor omissions	Basic steps done	Poor communication
Tool administration	Follows tool instructions exactly	Small deviations	Acceptable but inconsistent	Incorrect administration
Scoring accuracy	100% accurate	1–2 errors	Multiple errors	Major scoring mistakes
Interpretation	Thorough, clinically sound	Good reasoning	Basic interpretation	Incorrect conclusions
Documentation	Clear, complete, organized	Mostly clear	Adequate	Incomplete/inaccurate
Professional behaviour	Respectful, patient-centered	Mostly appropriate	Acceptable	Poor conduct

Patient education checklist

A. Explain the Purpose

- Screening for memory and thinking problems
- Detect early dementia or mild cognitive impairment
- Avoiding safety risks (falls, medication issues)

B. Provide Information on Findings

- Explain tool results in simple language
- Discuss what is normal vs. abnormal

C. Health Promotion Advice

- Importance of controlling hypertension/diabetes
- Staying mentally active—reading, games, conversation
- Staying physically active
- Sleep hygiene
- Avoid alcohol/smoking
- Managing stress and loneliness

D. Safety Guidance

- Medication management strategies
- Fall prevention
- Use of glasses, hearing aids
- Home modifications

E. When to Seek Medical Help

- Sudden confusion (possible delirium)
- Rapid memory decline
- Changes in behaviour or personality

F. Caregiver Guidance

- Support strategies
- Importance of respite care
- Noting changes and reporting early

G. Follow-Up

- Annual cognitive screening
- More frequent testing if abnormalities are detected