PATIENT CHART

Chart for Randy Adams Simulation #2

Download the following tool and attach to chart:

* Mental Status Assessment of Older Adults: The Mini-Cog™

<https://hign.org/consultgeri/try-this-series/mental-status-assessment-older-adults-mini-cog>

* Acute Concussion Evaluation (ACE) Office Version

<https://www.cdc.gov/headsup/pdfs/providers/ace_v2-a.pdf>

SBAR Report Students Will Receive Before Simulation

**Time:** 1500, four days after Randy’s accident

**Person providing report:** Dr. Reynolds

**Situation:** Randy Adams is a 32-year-old male patient of mine who had a concussion after a motor vehicle accident four days ago. Randy lost consciousness during the accident and was very confused so we kept him in the hospital for 24 hours for observation and I referred him to neurology and behavioral health. He was to follow up here tomorrow.

**Background:** He is an Iraq war veteran and he thought after the accident that this all happened in Iraq. I’m a little concerned that he has some residual problems that may be the result of a couple of explosive incidents while he was in Iraq. He takes sumatriptan for migraines, which started after he came home from deployment.

**Assessment:** His appointment with me was for tomorrow, but I have some time today and I’m concerned about him, so tell him I will see him in about a half hour. He may be mixed up on the time or date. The receptionist said his wife, Joy, is not with him today and she usually attends his appointments so I’m not sure what is going on with him.

**Recommendation:** I’d like you to reassess his symptoms and compare to the assessment I did at the hospital. Also, see how his visits at neurology and psychology went. I’d like you to do a Mini-Cog assessment on him as well.

Provider Orders

**Allergies/Sensitivities:** None known

|  |  |
| --- | --- |
| **Date/Time:** |  |
| xx/xx/xx 1500 | 1. Complete symptom assessment using Acute Concussion Evaluation form and compare to hospital assessment
2. Perform Mini-Cog and score findings
3. Discuss with patient visits to neurology and psychology

Joe Reynolds, MD |

**Hospital Record**

|  |  |
| --- | --- |
| **ACUTE CONCUSSION EVALUATION (ACE)****Emergency Department (ED) Version v1.4****Gerard Gioia, PhD1 & Micky Collins, PhD2****1Children’s National Medical Center****2University of Pittsburgh Medical Center** | Patient Name: \_Randy Adams\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_07-26-YYYY\_\_\_\_\_\_ Age: \_32\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_~~today~~\_\_\_\_\_\_\_\_\_\_\_ ID/MR# \_76894\_\_\_\_\_\_\_\_\_\_ **Day of Accident** |

|  |
| --- |
| **A. Injury Characteristics** **Date/Time of Injury** \_0800\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Reporter:** \_\_ **Patient** \_\_ **Parent** \_\_ **Spouse** \_\_ **Other** \_EMS\_\_\_\_\_**1. Injury Description** \_ contusion to forehead\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1a. Is there evidence of a forcible blow to the head (direct or indirect)? \_X\_Yes \_\_No \_\_Unknown1b. Is there evidence of intracranial injury or skull fracture? \_\_Yes \_X\_No \_\_Unknown confirmed by x-ray1c. Location of Impact: \_X\_Frontal \_\_Lft Temporal \_\_Rt Temporal \_\_Lft Parietal \_\_Rt Parietal \_\_Occipital \_\_Neck \_\_Indirect Force**2.** **Cause**: \_X\_MVC \_\_Pedestrian-MVC \_\_Fall \_\_Assault \_\_Sports (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**3.** **Amnesia Before (Retrograde)** Are there any events just BEFORE the injury that you/ person has no memory of (even brief)?\_X\_Yes \_\_No Duration \_\_\_\_\_\_\_\_\_\_\_\_\_**4.** **Amnesia After (Anterograde)** Are there any events just AFTER the injury that you/ person has no memory of (even brief)? \_X\_Yes \_\_No Duration \_\_\_\_\_\_\_\_\_\_\_\_\_**5.Loss of Consciousness**: Did you/ person lose consciousness? \_X\_Yes \_\_No Duration \_2 min\_\_\_\_\_**6. EARLY SIGNS**: \_X\_Appears dazed or stunned \_X\_Is confused about events \_ X\_Answers questions slowly \_ \_Repeats Questions \_X\_Forgetful (recent info)**7.** **Seizures**: Were seizures observed? No\_X\_ Yes\_\_\_ Detail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **B. Symptom Check List\*** Since the injury, has the person experienced any of these symptoms any more than usual today or in the past day?

|  |
| --- |
| Other Observations“Thought accident\_ occurred in Iraq.\_\_\_ Thought someone\_\_ was trying to\_\_\_\_\_\_\_ detonate an\_\_\_\_\_\_\_ explosive.”\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Indicate presence of each symptom** (0=No, 1=Yes). ***\*Lovell & Collins, 1998 JHTR***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PHYSICAL (10)** |  | **COGNITIVE (4)** |  | **SLEEP (4)** |  |
| Headache | **0 1** | Feeling mentally foggy | **0 1** | Drowsiness | **0 1 .** |
| Nausea | **0 1** | Feeling slowed down | **0 1** | Sleeping less than usual | **0 1 N/A** |
| Vomiting | **0 1** | Difficulty concentrating | **0 1** | Sleeping more than usual | **0 1 N/A** |
| Balance problems | **0 1** | Difficulty remembering | **0 1** | Trouble falling asleep | **0 1 N/A** |
| Dizziness | **0 1** | **COGNITIVE Total (0-4)** 4 | **Sleep Total (0-4)** 2 |
| Visual problems | **0 1** | **EMOTIONAL (4)** |  |
| Fatigue | **0 1** | Irritability | **0 1** |
| Sensitivity to light | **0 1** | Sadness | **0 1** |
| Sensitivity to noise | **0 1** | More emotional | **0 1** |
| Numbness/Tingling | **0 1** | Nervousness | **0 1** |
| **PHYSICAL Total (0-10)** 4 | **EMOTIONAL Total (0-4)** 3 |
| **(Add Physical, Cognitive, Emotion, Sleep totals)****Total Symptom Score (0-22)** | 13/22 |

**Patient Participation**: Full\_X\_ Partial\_\_ None\_\_**Reason for Partial/None**: Young Age\_\_ Confused\_\_ Inattentive\_\_ Low arousal\_\_ Emotional Upset\_\_ In Pain\_\_ Other\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **C. Concussion History:** *Previous# 0 1 2 3 4 5 Date(s)* \_Uncertain. Records needed from miliary service.\_\_**Headache History:** *Prior treatment for headache N \_\_\_\_\_ Y \_\_*X*\_\_\_ Details* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **D. Diagnosis (ICD):** \_\_\_\_Concussion w/o LOC 850.0 \_X\_Concussion w/ LOC 850.1 \_\_Concussion (Unspecified) 850.9 \_\_ Other (854) \_\_\_\_\_\_ \_\_\_\_ No diagnosis |

|  |
| --- |
| **E. Follow-Up Action Plan \_√\_\_ Referral to PCP for Office Monitoring MD Name** \_ J Reynolds\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Neuropsychological Testing (recommended for Return to Sport decisions and academic/ behavioral management)\_X\_ Physician: Neurosurgery\_\_\_\_ Neurology\_X\_\_ Sports Medicine\_\_\_\_ Physiatry\_\_\_\_ Psychiatry\_X\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

ACE-ED Completed by: \_ J Reynolds\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD RN NP DO

|  |
| --- |
| © Copyright G. Gioia & M. Collins, 2006 |