PATIENT CHART

Chart for Randy Adams Simulation #3

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, two weeks after Randy’s accident

**Person providing report:** Dr. Reynolds

**Situation:** Our patient, Randy Adams is back today. You may recall that he is a 32-year-old male patient of mine who had a concussion after a motor vehicle accident about two weeks 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 showed up in the office last week, a day ahead of his scheduled appointment.

**Background:** He is an Iraq war veteran and he thought after the accident that this all happened in Iraq. I am more than a little concerned that he has some residual problems from a couple of explosive incidents while he was in Iraq and I referred him to neurology and behavioral health, but he did not keep the appointments. I spoke to his wife, Joy, on the phone after he left and she assured me she would have him follow through. I’ve encouraged them to get into care at the VA, but he really resists that. He takes sumatriptan for migraines, which started after he came home from deployment.

**Assessment:** See if Joy got him to go to neurology and behavioral health. I hope so!

**Recommendation:** I’d like you to reassess his symptoms and administer the Mini-Cog again. Last week he was a little off on the clock drawing. Compare his answers to the one you did last week. Do an Acute Concussion Evaluation too and compare it to the ones done in the hospital and at the visit last week. See if he went to his visits at neurology and psychology. I’d like to know your results before I step in to see him.

Provider Orders

**Allergies/Sensitivities:** None known

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| **Date/Time:** |  |
| xx/xx/xx 1500 | 1. Complete symptom assessment using Acute Concussion Evaluation form  2. Administer Mini-Cog  3. Discuss with patient visits to neurology and psychology  Joe Reynolds, MD |

**Randy's clock drawing showing a clock face with the hands of equal length pointing at 9 and 11.**

**Mini-Cog results from last visit – one week ago**

**Hospital Record**

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| **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** |

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| **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 \_\_Unknown  1b. Is there evidence of intracranial injury or skull fracture? \_\_Yes \_X\_No \_\_Unknown confirmed by x-ray  1c. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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\_\_\_\_\_\_\_\_\_ |

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| **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* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

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| **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

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**Office Record 4 days from accident**

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| **HEADS UP CLINICIANS logo** | **ACUTE CONCUSSION EVALUATION (ACE)**  **PHYSICIAN/CLINICIAN OFFICE VERSION**  **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: 4 days from car accident\_ ID/MR# \_76894\_\_\_\_\_\_\_\_\_ |

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| **A. Injury Characteristics** **Date/Time of Injury** \_0800 4 days ago\_ **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 \_\_Unknown  1b. Is there evidence of intracranial injury or skull fracture? \_\_Yes \_X\_No \_\_Unknown confirmed by x-ray  1c. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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?  **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)** | | **Exertion**: Do these symptoms worsen with:  Physical Activity \_\_Yes \_X\_No \_\_N/A  Cognitive Activity \_X\_Yes \_\_No \_\_N/A  **Overall Rating**: How different is the person acting compared to his/her usual self? (circle)  Wife not here for consultation  Normal 0 1 2 3 4 5 6 Very Different | | | 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 | |

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| **C. Risk Factors for Protracted Recovery** (*check all that apply*)   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Concussion History?** Y \_X\_\_ N\_\_\_ | √ | **Headache History?** Y \_X\_\_ N\_\_\_ | √ | **Developmental History** | √ | **Psychiatric History** | | Previous # 0 1 2 3 4 5 6+ | X | Prior treatment for headache | 0 | Learning disabilities | 0 | Anxiety | | Longest symptom duration  Days\_\_ Weeks\_\_ Months\_\_ Years\_\_ | X | History of migraine headache  \_X\_ Personal  \_\_\_ Family\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 0 | Attention-Deficit/ Hyperactivity Disorder | 0 | Depression | | X | Sleep disorder | | If multiple concussions, less force caused reinjury? Yes\_\_ No\_\_ | 0 | Other developmental disorder \_\_\_\_\_\_\_\_\_\_ | 0 | Other psychiatric disorder \_\_\_\_\_\_\_\_\_\_ |   List other comorbid medical disorders or medication usage (e.g. hypothyroidism, seizures)\_ Records not available\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unknown # of potential concussions from military service\_\_\_\_ |

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| **D. RED FLAGS for acute emergency management**: Refer to the emergency department with sudden onset of any of the following:   |  |  |  |  | | --- | --- | --- | --- | | **\* Headaches that worsen**  **\* Seizures**  **\* Focal neurologic signs** | **\* Looks very drowsy/ can’t be awakened**  **\* Repeated vomiting**  **\* Slurred speech** | **\* Can’t recognize people or places**  **\* Increasing confusion or irritability**  **\* Weakness or numbness in arms/legs** | **\* Neck pain**  **\* Unusual behavioral change**  **\* Change in state of consciousness** | |

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| **E. Diagnosis (ICD):** \_\_\_\_Concussion w/o LOC 850.0 \_X\_Concussion w/ LOC 850.1 \_\_Concussion (Unspecified) 850.9 \_\_ Other (854) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_No diagnosis |

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| **F. Follow-Up Action Plan Complete *ACE Care Plan* and provide copy to patient/family.**  \_\_\_ **No Follow-Up Needed**  \_X\_ **Physician/Clinician Office Monitoring:** Date of next follow-up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ **Referral:**  \_\_\_ Neuropsychological Testing  \_X\_ Physician: Neurosurgery\_\_\_\_ Neurology\_X\_\_ Sports Medicine\_\_\_\_ Physiatrist\_\_\_\_ Psychiatrist\_X\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Emergency Department |

**ACE Completed by**: \_ J Reynolds, MD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S. Anderson, RN assisting © Copyright G. Gioia & M. Collins, 2006

*This form is part of the “Heads Up: Brain Injury in Your Practice” tool kit developed by the Centers for Disease Control and Prevention (CDC).*