Assessing Level of Consciousness/Mental Status

Alertness
- Alert – the patient is awake and has your attention.
- Lethargic – the patient keeps falling back to sleep. It is different from patient sleeping peacefully.
- Confused – patient unable to think clearly, disoriented.
- Forgetful – the patient has difficulty remembering things. To test a patient’s memory, ask “What did you eat for dinner last night?” or “What did you have for breakfast?”
- Nonverbal – patient is unable to speak.
- Unresponsive – patient does not respond. There are different stimuli that the patient will respond to:
  1. Verbal Stimulus – when you talk to the patient, do they react to you? Normal voice or loud voice?
  2. Pain Stimulus – gently but firmly pinch the patient, if they withdraw, they respond to pain stimulus.
- Visual Disturbance – patient has blurry vision, narrowing vision, seeing halos, flashing lights, black spots.
- Altered Mentation – confusion, disorientation, stupor (or mental numbness), delirium, psychosis, hallucinations, amnesia, and dementia.
- Depressed – patient is unhappy.
- Anxious – patient is worrying about something, nervous, very uneasy.
- Disturbed Sleep Pattern – patient unable to sleep, sleeping for too long, or has a messed up sleep/wake schedule.

Orientation – you must ask questions that are open ended, meaning you can’t answer with a simple yes or no.
- Person – ask the patient to identify different people in the room. Do not ask the patient, “Do you know your name?” You can ask “What is your name?”
- Place – ask the patient “Where are you right now?” Do not ask the patient, “Do you know where you are right now?” There is a big difference.
- Time – ask the patient “What is the year?”; “Who is the current president?” If the patient gets the questions wrong, make sure to reorient the person afterwards.

I have received training in Assessing Level of Consciousness/Mental Status.

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Employee Name & Signature     Date