HEALTHCARE RESOURCE · FREE RESOURCE

# Cognitive-Communication *Screening.*

*A fast, practical guide to knowing who to screen, what to look for, and when to refer.*

WHAT'S INSIDE

- Who should be screened
- Quick bedside indicators
- An observation-to-action table
- When a full evaluation is warranted

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*For Healthcare Teams*

# Screening That Actually Catches What Matters

A good screen is fast, but it isn't casual. This guide keeps bedside screening quick without letting real deficits slip through on a good day.

## WHO TO SCREEN

- [ ] **Any patient with a new neurological event: stroke, TBI, anoxic injury, or seizure**
- [ ] **Patients with unexplained changes in behavior, mood, or participation in care**
- [ ] **Patients reporting or exhibiting new difficulty following instructions**
- [ ] **Patients whose family or caregivers report "they're not themselves"**
- [ ] **Older adults presenting with acute illness, which can unmask underlying decline**

### A QUICK DISTINCTION

Screening identifies who needs a closer look. It is not diagnostic, and a passed screen doesn't rule out a deficit that only appears under real-world demands — multitasking, noise, or fatigue.

## QUICK BEDSIDE INDICATORS

- [ ] **Can the patient state where they are, and roughly why?**
- [ ] **Can they follow a two-step instruction without it being broken down further?**
- [ ] **Can they relay a short piece of information back accurately a few minutes later?**
- [ ] **Does their conversation stay on topic, or drift without redirection?**
- [ ] **Is there a noticeable mismatch between how they present socially and how they perform on a task?**

| OBSERVATION | LIKELY NEXT STEP |
|---|---|
| Screen clear, no risk factors present | Routine monitoring |
| Screen clear, but risk factors present (stroke, TBI, etc.) | Consider full evaluation regardless |
| Screen positive on any domain | Refer for full cognitive-communication evaluation |
| Family reports change; screen inconclusive | Weight the collateral report; refer |

**WHEN TO REFER FOR A FULL EVALUATION**

Any positive screen, any risk-factor diagnosis regardless of screen result, or any credible caregiver report of change warrants a full evaluation — screening alone should not be the final word.

*Let's talk*

# EJT

## Want a screening protocol built for *your* unit?

I help teams build and train on cognitive-communication screening protocols that fit real bedside time constraints — without sacrificing what the screen is supposed to catch.

**M.S., CCC-SLP**
ASHA CERTIFIED

**9 States**
AZ CA CO FL NM NY PA VA WA

**10+ Years**
CLINICAL EXPERIENCE

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