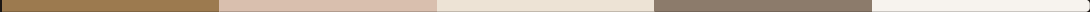


Cognitive- Communication *Screening.*

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

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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