### Alzheimer’s Clinical Roundtable
Recommended Screening Algorithm for Adult Cognitive Impairment

**NOTE:** Cognitive screening may be a part of a regular annual physical exam.

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**SCREENING VISIT**
Generally due to concerns about cognition or function, noted by Patient, Family Member or Physician

- **History**
  Changes in cognition and/or function
  Ask about 10 Warning Signs

- **Conduct Cognitive Screen**
  Assess for Red Flags
  Mini-Cog ≤3

- **Optimal**
  Conduct Informant Screen
  AD8 ≥2

- **IF PASS**
  Reassure Patient & Family
  Note: Passing cognitive screen does not preclude a mild, early or subclinical problem. Consider rescreening in 12 months, or sooner if changes become more noticeable.

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**10 WARNING SIGNS**
1. Memory loss disrupts daily life
2. Challenges in planning or problem solving
3. Difficulty completing familiar tasks
4. Confusion with time or place
5. Trouble understanding visual images or spatial relationships
6. Problems with words
7. Misplacing items and inability to retrace steps
8. Decreased or poor judgment
9. Withdrawal from work or social activities
10. Changes in mood and personality

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**ASSESS REVERSIBLE FACTORS**
- Depression
- Hearing
- Delirium
- Alcohol
- Medications
- Uncontrolled illness or infection

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**RED FLAG SYMPTOMS**
- Rapid Progression (within 6 mos)
- Recent Sudden Changes
- Young Onset (<65)

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**IF FAIL COGNITIVE SCREEN OR RED FLAGS**

**CONDUCT OR REVIEW RECENT LAB TESTS**
- CBC
- Comprehensive Metabolic Panel
- TSH
- B12

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**TREAT REVERSIBLE FACTORS**

**NO Reversible Factors**

**PROCEED TO EVALUATION**

**CONSIDER REFERRAL TO PSYCH IF SEVERE DEPRESSION**

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**NO Improvement After Treating Reversible Factors**