**Dementia Protocol:**

*Diagnosis of dementia based on decline in memory and cognitive abilities significant enough to interfere with ability to perform activities of daily living*

*Impaired cognitive function include depression, delirium, seizure, infections, metabolic abnormalities, brain lesions, and medication represent potentially reversible causes of dementia

*2 or more of the following:

* impaired ability to acquire and recall new information (such as repeating questions and conversations, getting lost, forgetting appointments, misplacing items)

* poor judgment or impaired reasoning (such as trouble managing finances, making poor decisions, safety issues including driving)

* impaired visuospatial skills (such as problems dressing, trouble recognizing objects and using them properly, trouble recognizing people)

* impaired language function (such as trouble finding words while speaking, errors with spelling, trouble reading)

* personality or behavior changes (including apathy, social withdrawal, agitation, compulsive behavior, or socially inappropriate behaviors)

That are not caused by the above listed conditions

**Work Up:**

*Rule out or control above issues as best as possible (history and physical, consider UA, below labs, ammonia if on VPA, environmental changes, etc)*

*Perform the MOCHA if possible, though most of our patients cannot participate or have a very low baseline to begin with*

*Evaluate ADLs and iADLs, which are also done at each physical, and measure function against prior experience*

*Recommended blood work: CBC, CMP, TSH, Vitamin B12, Folate, ESR, pertinent medication levels.*

Also consider based on history: RPR, HIV, lyme disease

*CT head or MRI brain recommended for all patients. Consider EEG*

*Consider neuropsychiatric testing, though this should not be routinely done on all patients with this presentation*

*If rapidly progressing, consider CSF analysis in addition to all above*

*Assist with guardianship if needed, Advanced Directives/POLST if not already in place*