

# How to Assess Mental Status

## Level of alertness

Describe the patient's response to verbal and physical stimuli. Speak to the patient to arouse him. For example, when you say, "good morning," what does the patient say? If the patient cannot be aroused verbally, try tactile stimulation. For example, when you shake the patient's shoulder, how does the patient respond? If the patient still does not respond, then try the following: Pinch the trapezius muscle between the shoulder and neck. If the patient has no facial injuries, supraorbital pressure may be applied, being careful not to press on the eyeball. Apply nail bed pressure at the cuticle with a pen. Sternal rubs and nipple pinches are not recommended. After you remove the stimulation, how alert is the patient?

## Orientation

Ask questions that require the patient to provide information. For example, ask the patient the following questions:

What is your name?	(Orientation to name.)
Where are you now?	(Orientation to place.)
What is today's date?	(Orientation to time.)

## Concentration

The ability of the patient to concentrate can be tested by asking the patient to recite the alphabet or to count backwards from 100, or by giving the patient a series of directions to follow. For example, "I want you to take this washcloth, make it wet, rub some soap on it, then wash your face and arms." Be alert for a total shift in the sequence midway through the process or behavior dwindling to inactivity.

## Recent memory

Ask the patient to repeat what you just said or give him three numbers to immediately recall. Ask the patient to recall recent events, like what the patient had for breakfast. Ask the patient to recall information given earlier, like the name of a doctor. Provide the patient with three facts to recall like white, blue and yellow, then ask the patient to repeat all three later in the interview.

## Remote memory

Ask questions that you know the answer to. For example, "Where do you live? How old are you? What year were you born?"

## Judgement

Ask the patient to pick from a series of words a word that does not relate to the others. For example: large, small and red.

## Speech

Note how much the patient says. Does the patient speak in complete sentences? In phrases? In single words? Does the patient communicate spontaneously, or does the patient rarely speak?

Note the quality of the patient's speech. Is it unusually loud or soft? Does the patient articulate clearly, or are the words difficult to understand?

Are the patient's verbal responses appropriate? Does the patient choose the correct words to express thoughts, or does the patient appear to have problems finding or articulating words? Can the patient understand or use gestures?

If communication problems arise, is the patient aware of them? Does the patient appear frustrated or angry when communication fails, or does the patient continue to attempt to talk, unaware that you do not comprehend?

## Commands

Can the patient understand and follow commands? The primitive grasp reflex may return with brain dysfunction, which makes hand grasps an unreliable indicator of strength and voluntary movement. Instead, ask the patient to perform one of the following: Hold up a particular finger. Turn one hand up or down. Push you away as you apply resistance. Ask the patient to perform this step using the other side of the body. If you suspect mild weakness in one arm, ask the patient to extend both arms, palm side up. Then ask the patient to close his eyes and maintain this position. Watch for downward drift and pronation.