**MENTAL STATUS, MOOD, & BEHAVIOR**

1. Which of these is true r/t nursing assessment of mental status in LTC?
2. Residents are at high risk for conditions affecting mental state
3. Altered mental status is rare, but is a potentially life threatening sign
4. Altered mental status is an expected outcome of the aging process
5. Onset of mental status change is evidence of poor care
6. Which of the following skills are most necessary when assessing mental status?
7. Screening, monitoring
8. Observation, interview
9. Observation, analysis of triggers
10. Interpretation
11. Which is the best time of day to perform a mental status assessment?
12. Early in AM
13. After finishing ADL routines
14. During ADL routines
15. When resident functions best
16. What does NICHE recommend for mental status assessment?
17. With the MDS
18. According to facility protocols
19. Upon admission
20. Only as needed with the onset of change in condition
21. Which of the following tools is recommended when there is a change in mental status?
22. BIMS
23. CAM
24. MDS
25. Concurrent Review
26. Mrs. Lott, 86 y.o. with dementia, has become physically aggressive in the past 2 days. This is most likely due to:
27. Worsening of dementia
28. Onset of delirium
29. Depression
30. Anxiety
31. Which of the following is true about delirium?
32. It often goes undetected
33. Person can be hyper, and/or hypoactive
34. Those with dementia are at increased risk
35. All of the above
36. A Concurrent Review for altered mental status should include review of:
37. Meds
38. Labs
39. Skin
40. A and B only
41. Which is the best description of behavior?
42. Resisted care
43. Raised fist and hollered, “Stop that!”
44. Became agitated with bathing
45. Uncooperative
46. What is the value of including behavioral tracking with assessment?
47. Provides a comprehensive dimension to mental status evaluation
48. Helps screen for delirium
49. Can reveal patterns that help identify possible trigger(s) for behavior
50. Reflects whether dementia is worsening