YHSCN - DIADEM ASSESSMENT

HEADER

Concept name	YHSCN - DiADeM assessment	
Concept description	Additional clinical information used to complete DiADeM assessment.	
Keywords	diadem, dementia	
Purpose	Local archetype for Yorkshire and the Humber Clinical Networks Dementia Management. This archetype forms part of the DiADeM (Diagnosing Advanced Dementia Mandate for care home settings) Tool.	
Use	Local use by Yorkshire and the Humber Clinical Networks for their dementia management programme.	

ATTRIBUTION

Archetype ID	openEHR-EHR-OBSERVATION.yhscn_diadem_assessment.v0 Original namespace: uk.org.clinicalmodels Original publisher: UK Clinical Models Revision: 0.0.1-alpha (in_development)	
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DATA

Mandatory

Minimum of 0 items (Cardinality: 0..*, unordered)

at0004::Functional impairment

Coded Text
Optional

The patient is no longer fully independent in relation to basic activities of daily living, washing, dressing, feeding and attending to own continence needs.

- at0006::True [The patient is no longer fully independent in relation to the basic activities of daily living.]
- at0005::False [The patient is fully

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	Comment: The requirement of prompting or supervision of staff constitutes a loss of full independence.	independent in relation to basic activities of daily living.]
at0007::Corroborating history Coded Text Optional	History of gradual cognitive decline (typically for the last few years) is confirmed by care staff, relatives and medical records. Comment: Staff/relatives confirm that in their opinion the patient consistently demonstrates both functional and cognitive impairment.	 at0011::True [History of gradual cognitive decline is confirmed by staff, relatives and medical records.] at0010::False [History of gradual cognitive decline is not confirmed by staff, relatives and medical records.]
at0008:: Investigations Coded Text Optional	Dementia screening bloods are normal (where clinically appropriate and patient consents to bloods). Comment: If patient lacks capacity to consent to bloods, a best interest decision must be made and documented accordingly. NB. If intracranial pathology (e.g. subdural haematoma, cerebral tumour) is suspected, referral for a brain scan may be appropriate. Otherwise where dementia is advanced, differential diagnosis is unlikely to affect patient management & a brain scan is unnecessary.	 at0012::True [Blood tests screening for other causes are normal.] at0013::False [Blood tests indicate other causes.] at0023::Not done [Blood tests screening for other causes have not been done.] [RCD99::XaZQq]
at0024::Reason why bloods not done Text Optional	Narrative statement why screening blood tests have not been done, e.g. patient declined or clinically inappropriate.	
at0009:: Exclusion criteria Coded Text Optional	An acute underlying cause to explain confusion i.e. delirium (acute confusional state) has been excluded. Also confirmation whether mood disorder or psychosis is also confirmed or excluded.	 at0014::True [Acute underlying causes to explain confusion have been excluded.] at0015::False [There are acute underlying causes to explain confusion.]
at0022:: Interpretation Coded Text Optional	The overall interpretation of the assessment, i.e. a coded statement of whether the assessment indicates a likely diagnosis of dementia or not.	 at0029::Diagnosis of dementia likely [The assessment indicates that a diagnosis of dementia is likely.] [RCD99::XE1Z6] [RCDSY_1999::Eu02z] [ICD10_1998::F03] at0030::Diagnosis of dementia uncertain [The assessment indicates that a diagnosis of dementia is uncertain and may require further assessment.] [RCD99::XaaBD]

EVENTS

at0002::Point in time

Point in Time Optional

A specific date and/or time which may be explicitly defined in a template or at run-time.

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