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The Cognitive Log (Cog-Log) & The Orientation Log (O-Log)

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The Cognitive Log (Cog-Log)
& The Orientation Log (O-Log)

Introduction

The Cognitive Log (Cog-Log) provides a measure of general cognitive abilities that can be obtained at bedside. The creation of the Cog-Log is in answer to the need for a brief measure of cognition that can document progress during rehabilitation and provide an estimate of skills as assessed by more lengthy evaluations. The Cog-Log can be considered a companion measure to the Orientation-Log. Clinical experience suggests that people with brain disorders can be oriented (and perform well on the Orientation-Log), but still exhibit significant cognitive limitations, such as with respect to memory functioning and executive skills. The Cog-Log assists in evaluating this group. Typically, the Orientation-Log is administered initially. The Cog-Log is added to or replaces the O-Log when orientation is achieved.

The Cog-Log is not intended to supplant other assessments of mental status, such as the Cognistat or Mini-Mental Status Examination. These assessments tend to be more lengthy and require some materials, so it is more difficult to use them at bedside. The Cog-Log is intended to be used during morning rounds repetitively, so that change in cognitive status can be easily documented. The Cog-Log is not intended to replace more extensive evaluations of cognitive skills, such as found in a neuropsychological evaluation. The latter provides a much better means of gauging the severity of deficits in specific areas (such as memory and concentration skills) and thus provides more information to guide rehabilitation efforts. As a general measure of cognitive status, the Cog-Log does not provide information about specific areas of cognitive ability except in very cursory fashion

Cog-Log Syllabus

The Cog-Log does not require any materials, so it is very easy to administer. The patient must be able to follow verbal instructions and communicate at a basic level. One of the items requires modest visual acuity. The Cog-Log can take up to 15 minutes to complete for a confused patient who requires correcting and prompting, but a patient who performs well can complete the screening in 5 minutes. The items of the Cog-Log include the three most difficult items from the O-Log (name of facility, date, and time of day), as well as items requiring concentration, memory, and executive skills. These are areas that are maximally affected in most cases of severe TBI. Two items assess immediate and delayed recall for a short address (e.g., Sally Jones, 23 North Boulevard, Seattle) using the scale developed by Katzman, et al. as a model. Patients are also asked to count backwards from 20, recite the months in reverse order, and estimate when 30 seconds has passed. Two motor tasks involving hand gestures – a movement sequence (fist-edge-palm praxis) and a response inhibition task (go/no-go) – are also included.

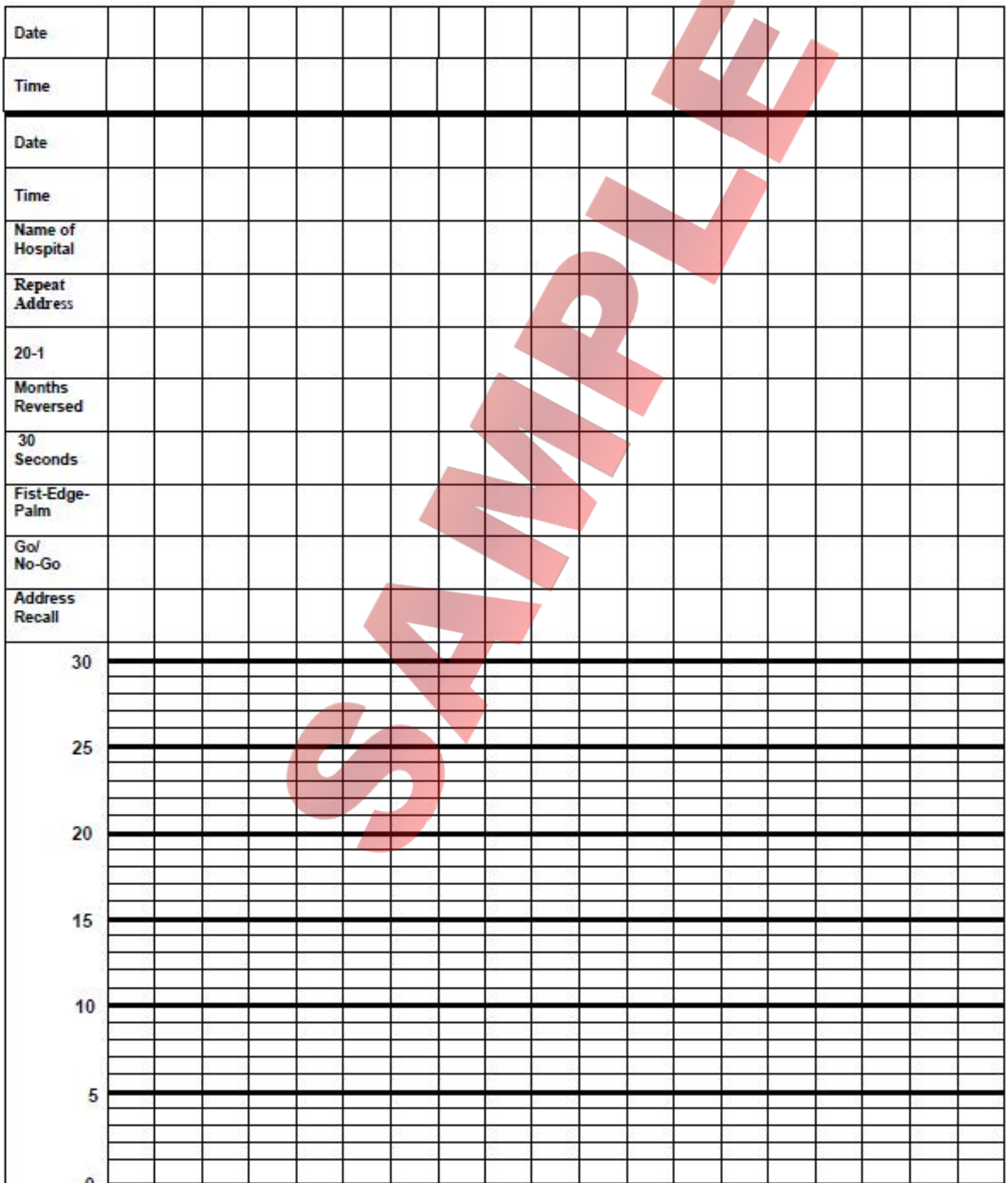
Experience with both the O-Log and Cog-Log suggests that administration of the Cog-Log is very difficult and of minimal value for patients scoring less than 15 on the O-Log. The typical procedure at Spain Rehabilitation Center is to begin administering the O-Log upon admission of a patient and add the Cog-Log when the O-Log score reaches 15. The O-Log is discontinued and the Cog-Log administered alone when an O-Log score of 25 or greater has been achieved for 2 administrations in a row. The Cog-Log can be administered each day of the week, if desired. At Spain Rehabilitation Center the Cog-Log is typically administered 3 times a week during morning rounds (between 7:00

and 8:00 a.m.).

Each of the 10 items of the Cog-Log is scored from 0 to 3. The 3 orientation items (name of facility, date, and time of day) are scored in the same manner as on the O-Log. A spontaneous correct response receives 3 points, a correct response after cueing receives 2 points, a correct response when given multiple choices is given 1 point, while a score of zero is reserved for those still unable to provide a correct response after being given multiple choices. Instructions and scoring for the other items of the Cog-Log are as follows:

The Cognitive Log (Cog-Log) Key: Score 3, 2,1, or 0 for each item.

Patient name· Referral Reason·



The Orientation log (O-log)

Key: 3=spontaneouslfree recall
2=1ogical cuing
1=multiple choice, phonemic cuing
0 unable incorrect inappropriate

Patient Name:

Date																
Time																
City																
Kind of Place																
Name of Hospital																
Month																
Date																
Year																
Day of Week																
Clock Time																
Etiology/ Event																
Pathology Deficits																
30																
25																
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