



EMR Quick Reference Guide

Documentation – Completing the 4AT - Medical Officers

This QRG will cover how to:

- [Navigate to 4AT \(for medical officers\)](#)
- [Navigate to 4AT on iView](#)
- [How to document 4AT on iView](#)
- [How to add the 4AT score into your documentation](#)

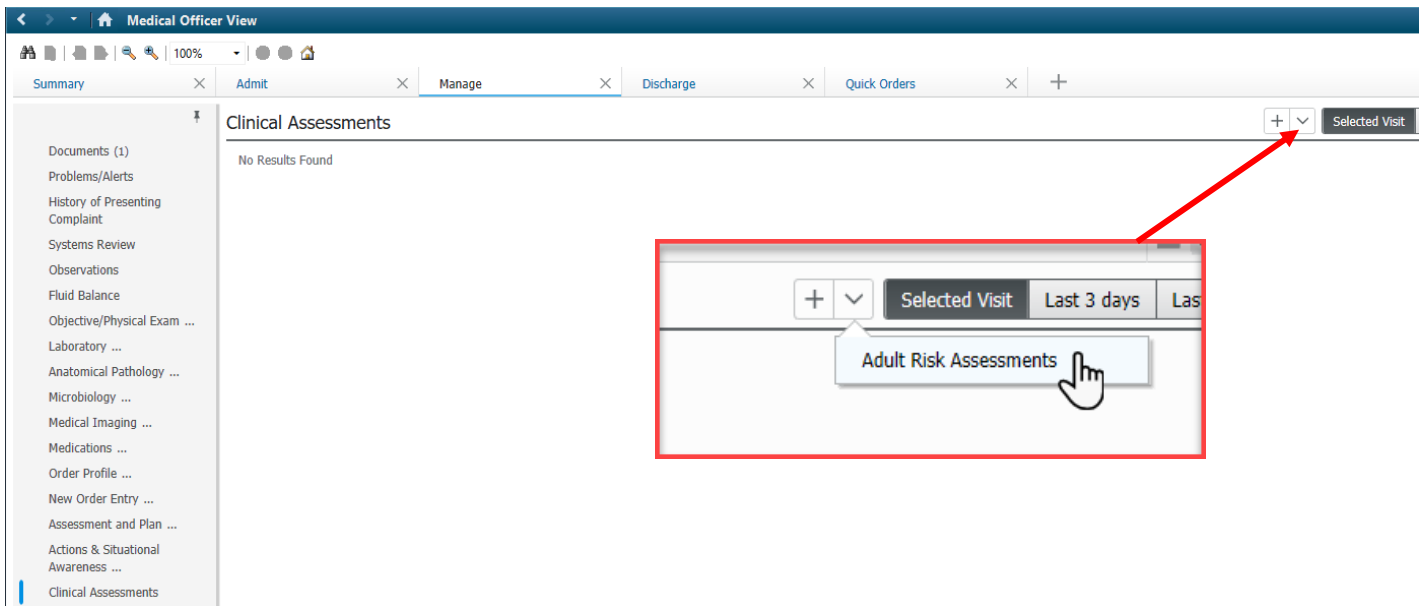
Navigating to 4AT

1. Navigate to **Medical Officer View**
2. Select the **Manage** tab
3. Click **Clinical Assessments**
4. If the patient has had a 4AT scored before, it will appear on this screen:

The screenshot displays the EMR interface with the 'Manage' tab selected. The 'Clinical Assessments' section is active, showing a table of 4AT scores for two visits. The left sidebar contains various menu items, with 'Clinical Assessments' highlighted.

	30 JUN 2021 13:05	11:29	28 JUN 2021 12:42	12:31
▼ 4AT - On Admission & CHANGE in cognition				
Ask Patient to State Na...	Normal (fully alert, but not...	Normal (fully alert, but not...	Normal (fully alert, but not...	Normal (fully alert, but not...
Can State Age, DOB, Cu...	No mistakes	No mistakes	No mistakes	1 mistake
Can State Months Back...	Achieves 7 months or more...	Starts but scores <7 month...	Achieves 7 months or more...	Starts but scores <7 month...
Arising in Last 2 Weeks,...	No	No	No	No
4AT Risk Score	0	1	0	2
4AT Risk Category	Score 0 = Delirium or sever...	Score 1 - 3 = Possible cogni...	--	Score 1 - 3 = Possible cogni...

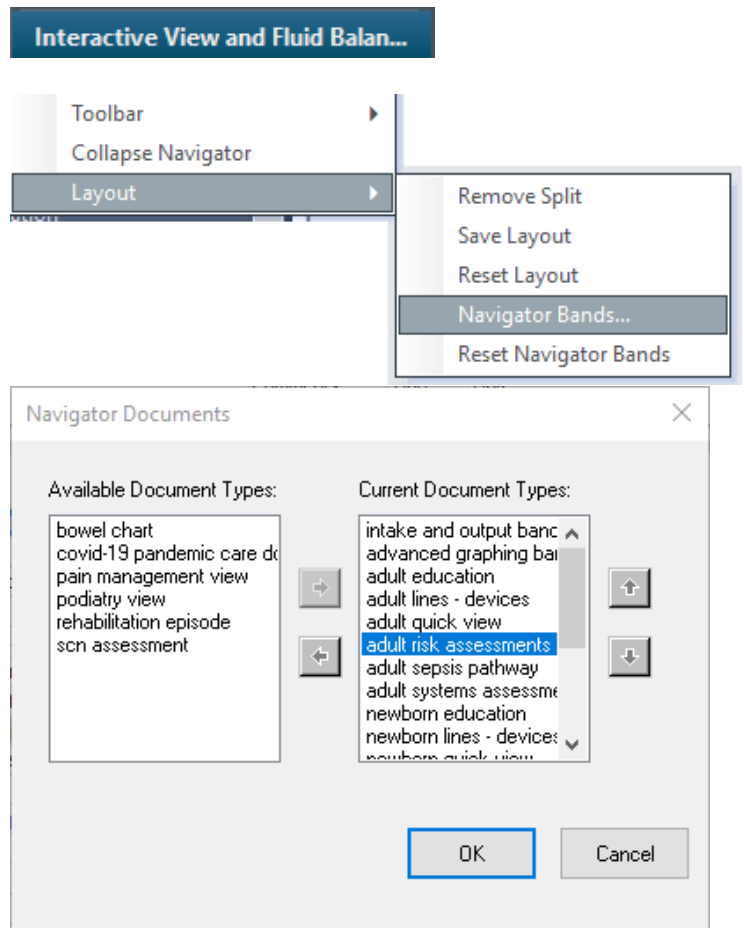
- If the patient has not had a 4AT scored before, or if you need to document a new 4AT assessment, you can click the annotated dropdown arrow to shortcut to iView **Adult Risk Assessments** to enter in the data



- Skip to [‘How to document 4AT on iView’](#)

Navigate to 4AT on iView

- Go to Interactive View and Fluid Balance
- Select **View** from the banner bar and **Layout** > **Navigator Bands**
- Select Adult Risk Assessments and move it to the right column and click OK



- Follow the prompt to restart and the **Adult Risk Assessments** band including 4AT should now appear:

Adult Risk Assessments	
Per Shift COVID-19 Ax-In the last 24hrs:	
Skin & Pressure Injury Assessment	
Falls Assessment	
Cognition - Delirium Assessment	
4AT - On Admission & CHANGE in cognition	
Continence Assessment	
Weekly Malnutrition Assessment (MST)	
Behaviours of Concern Assessment	
Restrictive Practices Assessment	

4AT - On Admission & CHANGE in cognition	
Alertness	
Ask Patient to State Name and Address	
Abbreviated Mental Test	
Can State Age, DOB, Current Place, Year	
Attention (1 Prompt Allowed)	
Can State Months Backwards from December	
Acute Change/ Fluctuating Cognition	
Arising in Last 2 Weeks, Remains Evident	
4AT Risk Score	
4AT Risk Category	

How to document 4AT on iView

Both Nursing and Medical Staff may complete this assessment

1. Select **Adult Risk Assessments > 4AT – On admission & Change in cognition**

Fluid Balance	
Graphing	
Adult Education	
Adult Lines - Devices	
Adult Quick View	
Adult Risk Assessments	
Per Shift COVID-19 Ax-In the last 24hrs:	
Skin & Pressure Injury Assessment	
Falls Assessment	
Cognition - Delirium Assessment	
4AT - On Admission & CHANGE in cognition	
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Arising in Last 2 Weeks, Remains Evident	
4AT Risk Score	
4AT Risk Category	
Continence Assessment	
Incontinent of Urine	

2. **Double-click** on each blank, white box to score the patient for each area of the 4AT:

4AT - On Admission & CHANGE in cognition	
Alertness	
Ask Patient to State Name and Address	←
Abbreviated Mental Test	
Can State Age, DOB, Current Place, Year	←
Attention (1 Prompt Allowed)	
Can State Months Backwards from December	←
Acute Change/ Fluctuating Cognition	
Arising in Last 2 Weeks, Remains Evident	←
4AT Risk Score	←
4AT Risk Category	←

Step 3.1	<table border="1"> <tr> <td colspan="2">4AT - On Admission & CHANGE in cognition</td> </tr> <tr> <td colspan="2">Alertness</td> </tr> <tr> <td>Ask Patient to State Name and Address</td> <td>Ask Patient to State Name and Address ✘</td> </tr> <tr> <td colspan="2">Abbreviated Mental Test</td> </tr> <tr> <td>Can State Age, DOB, Current Place, Year</td> <td>Normal (fully alert, but not agitated, throughout assessment)</td> </tr> <tr> <td>Attention (1 Prompt Allowed)</td> <td>Mild sleepiness for <10 seconds after waking, then normal</td> </tr> <tr> <td></td> <td>Clearly abnormal</td> </tr> </table>	4AT - On Admission & CHANGE in cognition		Alertness		Ask Patient to State Name and Address	Ask Patient to State Name and Address ✘	Abbreviated Mental Test		Can State Age, DOB, Current Place, Year	Normal (fully alert, but not agitated, throughout assessment)	Attention (1 Prompt Allowed)	Mild sleepiness for <10 seconds after waking, then normal		Clearly abnormal								
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4AT Risk Score	Yes																						
4AT Risk Category	No																						
Step 3.5	<p>After double-clicking on its blank box, the 4AT risk score will populate based on your previous choices:</p> <table border="1"> <tr> <td colspan="2">4AT - On Admission & CHANGE in cognition</td> </tr> <tr> <td colspan="2">Alertness</td> </tr> <tr> <td>Ask Patient to State Name and Address</td> <td>Normal (f...</td> </tr> <tr> <td colspan="2">Abbreviated Mental Test</td> </tr> <tr> <td>Can State Age, DOB, Current Place, Year</td> <td>1 mistake</td> </tr> <tr> <td>Attention (1 Prompt Allowed)</td> <td></td> </tr> <tr> <td>Can State Months Backwards from December</td> <td>Starts bu...</td> </tr> <tr> <td>Acute Change/ Fluctuating Cognition</td> <td></td> </tr> <tr> <td>Arising in Last 2 Weeks, Remains Evident</td> <td>Yes</td> </tr> <tr> <td>4AT Risk Score</td> <td>5</td> </tr> <tr> <td>4AT Risk Category</td> <td></td> </tr> </table>	4AT - On Admission & CHANGE in cognition		Alertness		Ask Patient to State Name and Address	Normal (f...	Abbreviated Mental Test		Can State Age, DOB, Current Place, Year	1 mistake	Attention (1 Prompt Allowed)		Can State Months Backwards from December	Starts bu...	Acute Change/ Fluctuating Cognition		Arising in Last 2 Weeks, Remains Evident	Yes	4AT Risk Score	5	4AT Risk Category	
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4AT Risk Category																							

Step 3.6 Choose the 4AT risk category based on the score from the previous box:

4AT - On Admission & CHANGE in cognition	
Alertness	
Ask Patient to State Name and Address	Normal (f...
Abbreviated Mental Test	
Can State Age, DOB, Current Place, Year	1 mistake
Attention (1 Prompt Allowed)	
Can State Months Backwards from December	Starts bu...
Acute Change/ Fluctuating Cognition	
Arising in Last 2 Weeks, Remains Evident	Yes
4AT Risk Score	6
4AT Risk Category	4AT Risk Category ✕
Score 4+ = Possible delirium/ cognitive impairment	
Score 1 - 3 = Possible cognitive impairment	
Score 0 = Delirium or severe cognitive impairment unlikely	
Continance Assessment	
Incontinent of Urine	
Incontinent of Faeces	

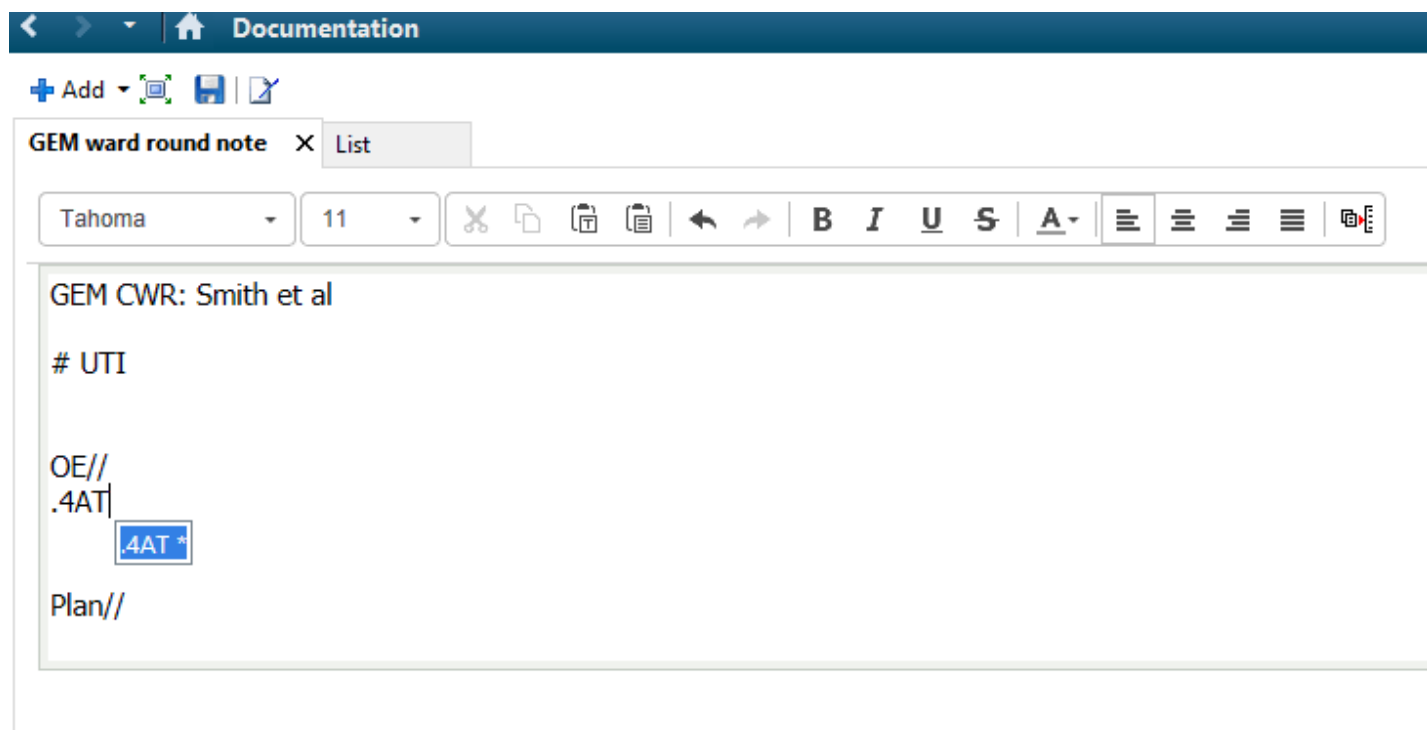
Step 3.7 Based on this patient's risk category, the calculator has recommended you complete vital signs and GCS:

4AT - On Admission & CHANGE in cognition	
Alertness	
Ask Patient to State Name and Address	Normal (f...
Abbreviated Mental Test	
Can State Age, DOB, Current Place, Year	1 mistake
Attention (1 Prompt Allowed)	
Can State Months Backwards from December	Starts bu...
Acute Change/ Fluctuating Cognition	
Arising in Last 2 Weeks, Remains Evident	Yes
4AT Risk Score	6
4AT Risk Category	Score 4+ ...
Complete Vital Signs and GCS	Complete Vital Signs and GCS ✕
Continance Assessment	
Incontinent of Urine	No

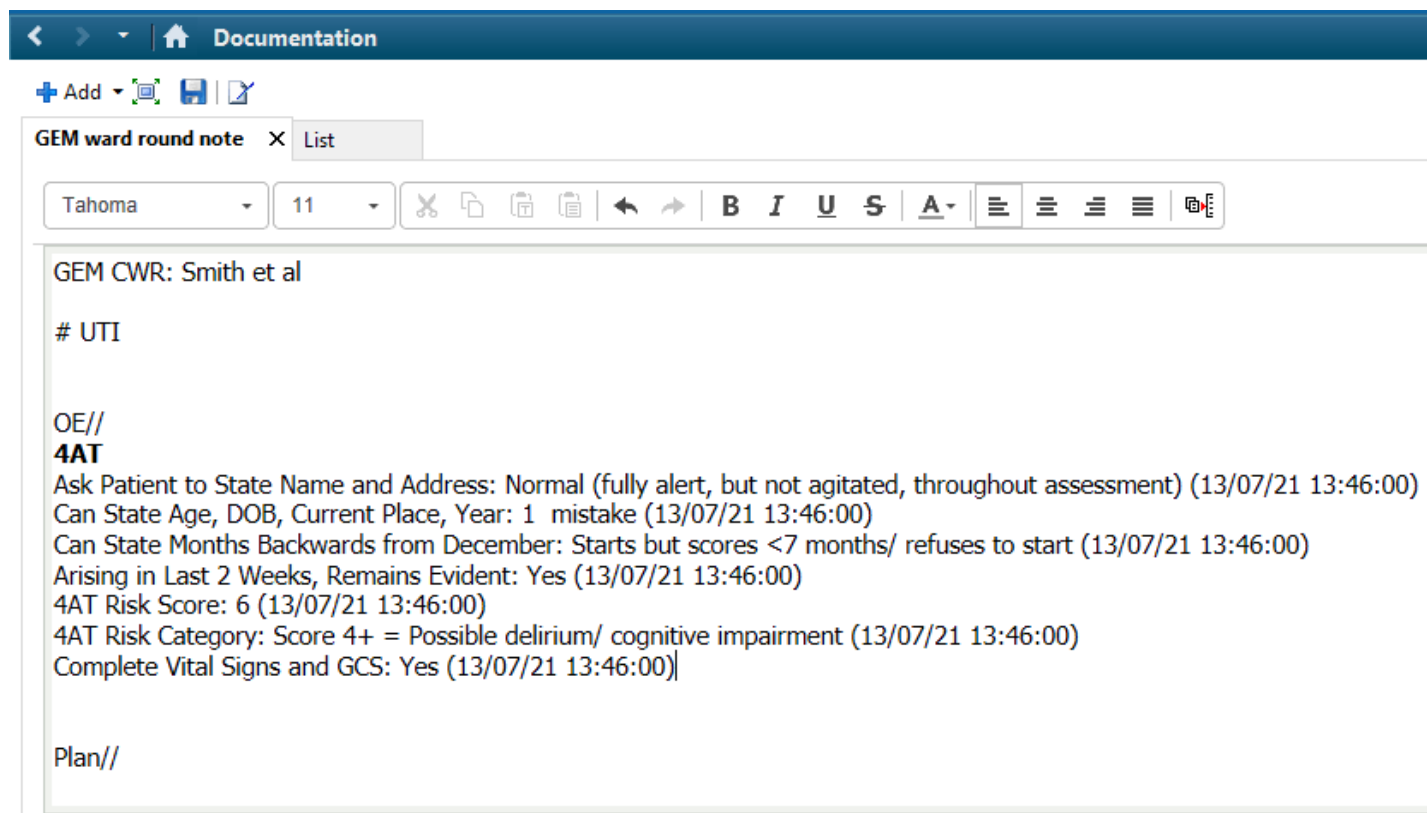
Step 3.8 Once completed, ensure you click the annotated green tick icon at the top of the window to save your progress:

How to add the 4AT score into your documentation

1. Once a patient has a 4AT score saved, when documenting for a patient, you can type the Auto Text shortcut **".4AT"** then press ENTER to quickly document a patient's most recent 4AT score:



The screenshot shows a documentation window titled "Documentation" with a sub-tab "GEM ward round note". The patient name is "Tahoma" and the room number is "11". The text area contains the following text: "GEM CWR: Smith et al", "# UTI", "OE//", ".4AT", and "Plan//". A blue tooltip box with ".4AT*" is visible over the ".4AT" text, indicating that the system has recognized the shortcut and is about to auto-populate the 4AT score.



The screenshot shows the same documentation window as above, but now the ".4AT" text has been replaced by the following auto-populated text: "4AT", "Ask Patient to State Name and Address: Normal (fully alert, but not agitated, throughout assessment) (13/07/21 13:46:00)", "Can State Age, DOB, Current Place, Year: 1 mistake (13/07/21 13:46:00)", "Can State Months Backwards from December: Starts but scores <7 months/ refuses to start (13/07/21 13:46:00)", "Arising in Last 2 Weeks, Remains Evident: Yes (13/07/21 13:46:00)", "4AT Risk Score: 6 (13/07/21 13:46:00)", "4AT Risk Category: Score 4+ = Possible delirium/ cognitive impairment (13/07/21 13:46:00)", and "Complete Vital Signs and GCS: Yes (13/07/21 13:46:00)".