



RANCHO LOS AMIGOS
NATIONAL REHABILITATION CENTER

THE RANCHO LEVELS OF COGNITIVE FUNCTIONING

| LEVEL OF COGNITIVE FUNCTIONING | A PERSON AT THIS LEVEL WILL OR MAY: | WHAT FAMILY & FRIENDS CAN DO |
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| COGNITIVE LEVEL I No Response | <ul style="list-style-type: none"> ◆ be unresponsive to sounds, sights, touch or movement. | <ul style="list-style-type: none"> ◆ Keep the room calm and quiet. ◆ Keep comments and questions short and simple. ◆ Explain what is about to be done using a “calm” tone of voice. |
| COGNITIVE LEVEL II Generalized Response | <ul style="list-style-type: none"> ◆ begin to respond to sounds, sights, touch or movement ◆ respond slowly, inconsistently, or after a delay ◆ respond in the same way to what they hear, see or feel. Responses may include chewing, sweating, breathing faster, moaning, moving, and increasing blood pressure. | <ul style="list-style-type: none"> ◆ Same approach as for Level I. |
| COGNITIVE LEVEL III Localized Response | <ul style="list-style-type: none"> ◆ be awake on and off during the day ◆ make more movements than before; react more specifically to what they see, hear, or feel. For example, they may turn towards a sound, withdraw from pain, and attempt to watch a person move around the room ◆ react slowly and inconsistently ◆ begin to recognize family and friends ◆ follow some simple directions such as “look at me” or “squeeze my hand” ◆ begin to respond inconsistently to simple questions with “yes” and “no” head nods ◆ respond more consistently to familiar people. | <ul style="list-style-type: none"> ◆ Limit the number of visitors to 2-3 people at a time. ◆ Allow the person extra time to respond, but don’t expect responses to be correct. ◆ Give the person rest periods. ◆ Tell the person who you are, where they are, why they are in the hospital, and what day it is. ◆ Bring in favorite belongings and pictures of family members. ◆ Engage the person in familiar activities, such as listening to their favorite music, talking about their family and friends, reading out loud to the person, watching TV, combing their hair, putting on lotion, etc. |
| COGNITIVE LEVEL IV Confused, Agitated | <ul style="list-style-type: none"> ◆ be very confused and frightened ◆ not understand what they feel or what is happening around them | <ul style="list-style-type: none"> ◆ Allow the person as much movement as is safe. ◆ Allow the person to choose activities, and follow their lead, within safety limits. Do not force the person to do tasks or activities. |

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| <p>COGNITIVE LEVEL IV Confused, Agitated <i>(Continued)</i></p> | <ul style="list-style-type: none"> ◆ overreact to what they see, hear, or feel by hitting, screaming, using abusive language, or thrashing about. In some cases, they may need to be restrained to prevent hurting themselves or others ◆ be highly focused on their basic needs; i.e. eating, relieving pain, going back to bed, going to the bathroom, or going home ◆ may not understand that people are trying to help them ◆ not pay attention or be unable to concentrate for more than a few seconds ◆ have difficulty following directions ◆ recognize family/friends some of the time; with help, be able to do simple routine activities as feeding themselves, dressing or talking. | <ul style="list-style-type: none"> ◆ Give the person breaks and change activities frequently especially if they are easily distracted, restless or agitated. ◆ Keep the room quiet and calm. For example, turn off the TV and radio, don't talk too much and use a calm voice. ◆ Limit the number of visitors to 2-3 people at a time. ◆ Experiment to find familiar activities that are calming to the person such as listening to music, eating, etc. ◆ Bring in family pictures and personal items from home, to make the person feel more comfortable. ◆ Tell the person where they are and reassure the person that they are safe. ◆ Take the person for rides, if the person uses a wheelchair. If ambulatory, take the person for short walks in a safe environment. |
| <p>COGNITIVE LEVEL V Confused, Inappropriate, Nonagitated</p> | <ul style="list-style-type: none"> ◆ be able to pay attention for only a few minutes ◆ be confused and have difficulty making sense of things around them ◆ not know the date, where they are or why they are in the hospital ◆ need step-by-step instructions to start or complete everyday activities, such as brushing their teeth, even when physically able ◆ become overwhelmed and restless when tired or when there are too many people around ◆ have a poor memory. They will remember past events which happened prior to the accident better than their daily routine or information they have been told since the injury ◆ try to fill in gaps in memory by making things up ◆ may get stuck on an idea or activity and need help switching to the next step ◆ focus on basic needs such as eating, relieving pain, going back to bed, going to the bathroom, or going home. | <ul style="list-style-type: none"> ◆ Repeat questions or comments as needed. Don't assume they will remember what you have told the person previously. ◆ Tell the person the day, date, name and location of the hospital, and why they are in the hospital when you first arrive and before you leave. ◆ Keep a calendar and list of visitors available. ◆ Keep comments and questions short and simple. ◆ Help the person organize and get started on an activity. ◆ Limit the number of visitors to 2-3 people at a time. ◆ Give the person frequent rest periods when they have problems paying attention. ◆ Limit the number of questions you ask. Try not to "test" the patient by asking a lot of questions. ◆ Help the person connect what they remember with what is currently going on with their family, friends, and favorite activities. |

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| COGNITIVE LEVEL V Confused, Inappropriate, Nonagitated <i>(Continued)</i> | | <ul style="list-style-type: none"> ◆ Bring in family pictures and personal items from home. ◆ Reminisce about familiar and fun past activities. |
| COGNITIVE LEVEL VI Confused, Appropriate | <ul style="list-style-type: none"> ◆ be somewhat confused because of memory and thinking problems. Will remember main points from a conversation, but forget and confuse the details. For example, they may remember they had visitors in the morning, but forget what they talked about ◆ follow a schedule with some help, but become confused by changes in the routine ◆ know the month and year, unless there is a severe memory problem ◆ pay attention for about 30 minutes, but have trouble concentrating when it is noisy or when the activity involves many steps. For example, at an intersection, they may not be able to step off the curb, watch for cars, watch the traffic light, walk, and talk at the same time ◆ brush their teeth, get dressed, feed themselves etc., with help; know when they need to use the bathroom ◆ do or say things too fast, without thinking about potential consequences ◆ know that they are hospitalized because of an injury, but will not understand all of the problems they are having ◆ be more aware of physical problems than thinking problems. They often associate their problems with being in the hospital and think they'll be fine at home. | <ul style="list-style-type: none"> ◆ Repeat things. Discuss things that have happened during the day to help the person improve their ability to recall what they have been doing and learning. ◆ Encourage the person to repeat information that they need or want to remember. ◆ Provide cues to help the person start and continue activities. ◆ Encourage the person to use familiar visual and written information to help the person with their memory (e.g. calendar). ◆ Encourage the person to participate in all therapies. They will not fully understand the extent of their problems and the benefits of therapy. ◆ Encourage the person to write down something about what they have done each day. |
| COGNITIVE LEVEL VII Automatic, Appropriate | <ul style="list-style-type: none"> ◆ follow a set schedule ◆ be able to do routine self care without help, if physically able. For example, they can dress or feed themselves independently ◆ have problems in new situations and may become frustrated or act without thinking first ◆ have problems planning, starting, and following through with activities | <p>Approach for Levels VII and VIII are the same:</p> <ul style="list-style-type: none"> ◆ Treat the person as an adult while still providing guidance and assistance in decision making. Their opinions should be respected and their feelings should be validated. |

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| <p>COGNITIVE LEVEL VII Automatic, Appropriate <i>(continued)</i></p> | <ul style="list-style-type: none"> ◆ have trouble paying attention in distracting or stressful situations. For example, family gatherings, work, school, church, or sports events ◆ not realize how their thinking and memory problems may affect future plans and goals. Therefore, they may expect to quickly return to their previous lifestyle or work ◆ continue to need supervision because of decreased safety awareness and judgment. They still do not fully understand the impact of their physical or thinking problems ◆ think more slowly in stressful situations; be inflexible or rigid, and they may seem stubborn. These behaviors are common after brain injury ◆ be able to talk about doing something, but will have problems actually doing it. | <ul style="list-style-type: none"> ◆ Talk with the person as an adult. Use a natural and respectful tone of voice and attitude. You may need to limit the amount of information or the complexity of the vocabulary, but do not talk down to the person. ◆ Be careful when joking or using slang, because the person may take things literally and misunderstand the meaning. Also, be careful about teasing the person. ◆ Be sure to check with the physicians on the person's restrictions concerning driving, working, and other activities. Do not rely only on the person with the brain injury for information, since they may feel they are ready to go back to their previous lifestyle right away. ◆ Help the person participate in family activities. As the person begins to see some of the problems they have in thinking, problem solving, and memory, talk with the person about how to deal with these problems without criticizing the person. Reassure the person that the problems are caused by the brain injury. ◆ Strongly encourage the person to continue with therapy to increase their thinking, memory and physical abilities. They may feel that they are completely normal. However, they are still making progress and may benefit from continued treatment. |
| <p>COGNITIVE LEVEL VIII Purposeful, Appropriate</p> | <ul style="list-style-type: none"> ◆ realize that they have a problems with their thinking and memory skills ◆ begin to compensate for their problems; be more flexible and less rigid in their thinking. For example, they may be able to come up with more than one way to solve a problem ◆ be ready for driving or job training evaluation ◆ be able to learn new things at a slower rate | <ul style="list-style-type: none"> ◆ Discourage the person from drinking or using drugs, due to medical complications. If substance abuse is an issue, encourage the person to seek outside help. ◆ Encourage the person to use note taking as a way to help with their remaining learning problems. ◆ Encourage the person to do their self-care and other daily activities as independently as possible. |

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| COGNITIVE LEVEL VIII Purposeful, Appropriate <i>(Continued)</i> | <ul style="list-style-type: none"> ◆ still become overwhelmed in difficult, stressful, rapidly changing or emergency situations ◆ show poor judgment in new situations and may require assistance ◆ need some guidance to make decisions ◆ have thinking problems that may not be noticeable to people who did not know the person before the injury. | <ul style="list-style-type: none"> ◆ Discuss what kinds of situations make the person angry and what they can do in these situations. ◆ Talk with the person about their feelings. ◆ Help the person think about what they are going to do before they do it, and practice before they actually do it. Afterward, talk about how it went and what might work better next time. ◆ Consult with Social Work and Psychology. Learning to live with a brain injury is difficult. It may take a long time for the person and family to adjust. |

Hagen, C., Malkmus, D., Durham, P. (1979). Levels of Cognitive Functioning, *Rehabilitation of the Head Injured Adult; Comprehensive Physical Management*, Downey, CA:Professional Staff Association of Rancho Los Amigos National Rehabilitation Center.
For further information, please call Rancho at 1-877-RANCHO-1 or visit our website at www.rancho.org