What are the ODDES? Assessment of Mental Status and Use of the Nursing Process

Judy L. Meyers, PhD, RN
Katherina P. Choka, MSN, ARNP

One of the most troubling problems faced by nurses is a change in a patient’s mental status. It can be life threatening, happen quickly or over the course of time, and be minor or transitory.1,2 Nursing students can use the mnemonic ODDES to do a quick, effective assessment of this problem, with the technique also reinforcing use of the nursing process. The mnemonic has proven useful for students and may be helpful for more experienced nurses as well. Mnemonics are an effective tool for strengthening memory of key concepts and contextual information.3 We teach our students to ask, “What are the ODDES that this change in mental status is due to…” one of the following common culprits.

ODDES

What is the patient’s oxygenation status? Students are taught to observe the patient’s respiratory rate, quality of respirations, mucus membranes, lips, and nail bed color. They use a pulse oximeter and listen to breath sounds.

Have the patient’s drugs changed? Might a new medication, such as an antihypertensive, diuretic, or psychoactive drug, be causing the change in mental status? Look for medications that list this adverse effect.

They review the list of the patient’s drugs and ask how long the patient has been on this drug. This time, they question if a medication taken, over time, might build up to a toxic level or produce a metabolite that could be responsible for a change in mental status. They can solicit the help of the clinical pharmacist in this detective work.

What is the patient’s electrolyte status? Students question if the patient has an imbalance in serum potassium, sodium, or osmolality that might explain the change. They know that dehydration is a common problem, especially in the elderly,4 and that a ‘dipstick’ urinalysis is a fast easy assessment tool. This assessment often reveals another common cause for mental status change, that is, a urinary tract infection.

What is the patient’s blood sugar level? In many clinical settings, serum glucose levels are a common etiology for early-morning changes in mental status.5 Students ask the following: Has the patient eaten? Is the patient fasting for some procedure? Is the patient a diabetic? When was the last insulin given? Where is the nearest available glucometer?

Summary

We assure students that this entire assessment will, as they gain experience, take only a few minutes. They are encouraged that a patient assessment, guided by the mnemonic ODDES, will direct them to appropriate intervention for a worrisome change in mental status.

References


Authors’ Affiliation: Senior Instructor (Dr Meyers); Instructor (Ms Choka), Intercollegiate College of Nursing, Washington State University, Spokane.

Corresponding Author: Dr Meyers, 375 Gold Hill Circle, Sagle, ID 83860 (meyerj@wsu.edu).