

Interdisciplinary Geriatric Assessment Form: Hospital Treatment

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| PATIENT/CLIENT NAME: Ames, Adam | | Date/Time | |
| Medical Admitting diagnosis: nonhealing foot ulcer (R) Change in diagnosis (describe): RBK amputation Comorbidities: SP kidney transplant retinopathy RA DJD COPD (DM) Other: CAD, PVD | | Respiratory Therapy Issues (describe) Smoking Status: Current (Former) Never DK Smoking History: 20-30 # cigs/day x 30 yrs RT Treatments at Home: Y (N) Unsure | |
| Code Status: DNR (Full Code) Admitted from: (Home) SNF ICF | | RT Referral indicated? Y (N) Unsure | |
| Diagnostic tests scheduled (describe): N/A | | Occupational Therapy Issues (describe) ADL/IADL limitations: (Y) N Unsure Home evaluation?: Y N (Unsure) Assistive devices: (Y) N Unsure Wheeled mobility intervention: (Y) N Unsure Psycho-social needs: (Y) N Unsure UE functional limitations: Y N (Unsure) | |
| Planned discharge to: Home SNF ICF Assisted Living Adult Day Care (Other) | | Referral indicated? (Y) N Unsure | |
| Family contact made: (Y) N | | Physical Therapy Issues (describe) Mobility/gait: (Y) N Unsure Balance: (Y) N Unsure Flexibility: (Y) N Unsure Strength/endurance: (Y) N Unsure | |
| # days until discharge: 4 to 6 | | Referral indicated? prosthetist (Y) N Unsure | |
| # of previous admissions | | Psychology Issues (describe) Depressed mood: Y (N) Unsure Anxiety: Y (N) Unsure Sleep/appetite difficulties: Y (N) Unsure Poor motivation: Y (N) Unsure Memory problems: Y (N) Unsure Behavioral problems: Y (N) Unsure Social support issues: Y (N) Unsure | |
| Nursing Dementia: Y (N) Unsure Confusion: Y (N) Unsure Disorientation: Y (N) Unsure Delirium: Y (N) Unsure Pain: No (Mild) Moderate Severe IVF's: Y (N) O2: Y (N) Edema: (Y) N Lung sounds: (Clear) Other Dehydrated: Y (N) Incontinence: Urine Stool Last BM: AM Skin problems (describe): Feet Left foot and surgical wound | | Referral indicated? Y (N) Unsure | |
| Dietary Diet orders (describe): 2400 calories Eating problems: Y (N) NPO Dietary Recommendations: 3 meals / 3 snacks | | Speech Therapy Issues (describe) Hearing: Y (N) Unsure Speech: Y (N) Unsure Language comprehension & expression: Y (N) Unsure Swallowing: Y (N) Unsure | |
| Pastoral Care : Y N (Unsure) | | Referral indicated? Y (N) Unsure | |
| Pharmacy <i>Immunosuppressants, Insulin, etc. see below*</i> Number of drugs (Rx + OTC) Medication change needed?: Y (N) Unsure Drugs discussed | | Social Work Issues (describe): he & spouse plan for him to return to his home following rehabilitation Referral indicated? (Y) N Unsure | |

*Fludrocortisone, PPI-Proton pump inhibitor, stool softener, Magnesium oxide, enteric-coated Aspirin & Multivitamin

This form was created by the Certification in Interdisciplinary Geriatric Assessment Program (CIGAP), School of Health Professions, University of Missouri-Columbia. CIGAP is a federally funded grant by HRSA, # HP00880.

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Immediate Concerns/Suggestions:

1. Low tolerance for physical activity
2. Requires minimum assistance with transfers to and from wheelchair
3. Impaired function in lower body dressing, bathing, toileting due to decreased endurance and trunk instability

Patient/family/stated outcome main concerns/suggestions:

Pt & spouse expect pt to return home following rehabilitation.

Proposed action plan:

1. Transfer to rehabilitation unit within the next week.
2. Refer to prosthetist

Person responsible:

MSW: make contacts and complete transfer to rehabilitation center.

Completed by:

RN, OT, PT, MD, MSW