

Interdisciplinary Geriatric Assessment Form

PATIENT/CLIENT NAME: <u>Fine, Henry</u>		Date/Time	
Medical		Respiratory Therapy	
Admitting diagnosis	<u>Paralysis agitans</u>	Issues (describe)	
Change in diagnosis (describe)		Smoking Status	Current Former Never <u>DK</u>
Comorbidities	RA DJD COPD DM <u>Other</u>	Smoking History	# cigs/day x yrs
<u>Abnormality of gait, Reflux esophagitis, Depressive disorder nec, Postop GI function disorder nec, Macular degeneration NOS, Organic personality syndrome, Coronary arteriosclerosis - unspecified vessel type - native / graft / cad</u>		RT Treatments at Home	<u>Y</u> N Unsure
Code Status	<u>DNR</u> Full Code	RT Referral indicated?	<u>Y</u> N Unsure
Admitted from	<u>Home</u> SNF ICF	Occupational Therapy	
Diagnostic tests scheduled (describe)	<u>N/A</u>	Issues (describe)	
Planned discharge to	<u>Home</u> SNF ICF	ADL/IADL limitations	<u>Y</u> N Unsure
Family contact made	<u>Y</u> N	Home evaluation?	<u>Y</u> N Unsure
# days until discharge	<u>9 weeks</u>	Assistive devices	<u>Y</u> N Unsure
# of previous admissions <u>0</u>	<u>Dlc'd from SNF 3 mos ago</u>	Wheeled mobility intervention	<u>Y</u> N Unsure
Nursing		Psycho-social needs	<u>Y</u> N Unsure
Dementia	Y <u>N</u> Unsure	UE functional limitations	<u>Y</u> N Unsure
Confusion	<u>Y</u> N Unsure	Referral indicated?	<u>Y</u> N Unsure
Disorientation	<u>Y</u> N Unsure	Physical Therapy	
Delirium	Y <u>N</u> Unsure	Issues (describe)	
Pain	No <u>Mild</u> Moderate Severe	Mobility/gait	<u>Y</u> N Unsure
IVF's	Y <u>N</u>	Balance	<u>Y</u> N Unsure
O2	Y <u>N</u>	Flexibility	<u>Y</u> N Unsure
Edema	Y <u>N</u>	Strength/endurance	<u>Y</u> N Unsure
Lung sounds	<u>Clear</u> Other	Referral indicated?	<u>Y</u> N Unsure
Dehydrated	<u>Y</u> N	Psychology	
Incontinence	<u>Urine</u> <u>Stool</u> <u>occasional</u>	Issues (describe)	
Last BM		Depressed mood	<u>Y</u> N Unsure
Skin problems (describe)	Feet	Anxiety	Y <u>N</u> Unsure
Dietary		Sleep/appetite difficulties	Y <u>N</u> Unsure
Diet orders (describe)		Poor motivation	Y <u>N</u> Unsure
Eating problems	Y <u>N</u> NPO	Memory problems	<u>Y</u> N Unsure
Dietary Recommendations		Behavioral problems	<u>Y</u> N Unsure
Pastoral Care		Social support issues	Y <u>N</u> Unsure
Pharmacy <u>Acetaminophen 325mg, 2 tabs, PRN P.O.</u>		Referral indicated?	<u>Y</u> N Unsure
<u>Carbidopa 50/200, 1 tab TID; Baby aspirin 81mg QD P.O.</u>		Speech Therapy	
<u>Metoprolol tartrate 50mg, 1/2 tab, QD, P.O.</u>		Issues (describe)	
<u>MVI, 1 tab, QD, P.O.</u>		Hearing	Y <u>N</u> Unsure
<u>Vitamin C, 500mg, QD, P.O.</u>		Speech	<u>Y</u> N Unsure
<u>Tamsulosin HCL, 0.4mg, QD, P.O.</u>		Language comprehension	Y <u>N</u> Unsure
<u>Ranitidine, 75mg QD, P.O.</u>		& expression	<u>Y</u> N Unsure
<u>Nitroglycerin patch, 2.5mg patch, QD, topical</u>		Swallowing	Y N <u>Unsure</u>
<u>Citalopram hydrobromide, 20mg QD P.O.</u>		Referral indicated?	<u>Y</u> N Unsure
<u>Loperamide HCL, 2mg, PRN, P.O.</u>		Social Work	
Number of drugs (Rx + OTC)		Issues (describe)	<u>family supportive of pt remaining at home as long as possible</u>
Medication change needed?	Y <u>N</u> Unsure	Referral indicated?	<u>Y</u> N Unsure
Drugs discussed			

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.

over -->

Immediate Concerns/Suggestions:

Recent rapid decline in all functional capabilities compromising safety during activities of daily living.
Pt may soon require 24 hour supervision and assistance.

Patient/family/stated outcome main concerns/suggestions:

Pt and family desire he remain in his apartment as long as possible and are willing to assume responsibility for diminished safety.
Pt and family are willing to assume financial responsibility for additional assistance at home.

Proposed action plan:

Initiate skilled nursing OT & PT & home health aide 3x/week as per physician's referral.
Interdisciplinary team, including pt and his family to meet in one month to reassess safe options for pt to remain in his present living environment.

Person responsible:

RN to contact physician to request SW, RT, and psychology referrals and to coordinate care.
SW to offer clergy involvement and counsel re: end of life issues.

Completed by:

RN, OT, PT, SW, RT & health psychology.