

Student Name(s) _____

Directed Geriatric Assessment – Part I

Demographic Data

Name _____ Date of Birth _____ Age _____

Gender: F M Marital status: single married divorced/separated widowed

Medical History

Given the setting, your patient will probably not have an identifiable "chief complaint", but is likely to have a number of medical problems, active and inactive. Record these in the table below, along with their current medications (over-the-counter and prescription) including dose, indication and adverse reactions. Since your patient may be unable to remember all (or even any) of the medications he or she is taking, it may be necessary to obtain this information from the chart, if it is available to you. If you do not have access to the chart, be sure to indicate this in space provided.

Preventive services (including immunizations and results of recent screening tests) are an essential component of the medical assessment. However, since it is unlikely your patients will be able to recall this information (and it may be difficult to find in the chart), it is not included here.

Active Problems		Inactive Problems	
Medication	Dose	Indications	Adverse Reactions

above information incomplete; no access to medical record

Pain Assessment

An essential part of the medical history (often overlooked, particularly in the elderly) is an assessment of your patient’s pain. In many cases, this will not be apparent, and your patient may go on quietly suffering unless you ask. There are many validated pain assessment instruments available. The Functional Pain Scale below is particularly useful because it takes into account both an individual’s subject perception of pain *and* its impact on his or her level of functioning. (Note: this scale is only useful for cognitively intact patients; other scales based on non-verbal cues are available for patients who are cognitively impaired.) Any rating other than 0 or 1 requires further evaluation and prompt intervention.

Rating	Description
0	No pain
1	Tolerable (and does not prevent activities)
2	Tolerable (but does prevent some activities)
3	Intolerable (but can use telephone, watch TV or read)
4	Intolerable (and cannot use telephone, watch TV or read)
5	Intolerable (and unable to verbally communicate because of pain)

(Source: Gloth FM III, et al. The functional pain scale: reliability, validity, and responsiveness in an elderly population. J Am Med Dir Assoc. 2001; 2(3):110-114.)

Nutritional History

Perform the following Nutritional Health Risk Questionnaire. Circle the score for “yes” responses and add up the total of circled scores at the bottom.

	Yes
Do you have an illness or condition that makes you change the kind and/or amount of food you eat?	2
Do you eat fewer than two meals per day?	3
Do you eat few fruits, vegetables or milk products?	2
Do you have three or more drinks of beer, liquor or wine almost every day?	2
Do you have tooth or mouth problems that make it hard for you to eat?	2
Are there times when you cannot afford to buy the food you need?	4
Do you eat alone most of the time?	1
Do you take three or more different prescribed or over-the-counter drugs per day?	1
Have lost or gained 10 or more pounds in the last six months without wanting to?	2
Are there times when you are physically unable to shop, cook, and/or feed yourself?	2
Total Score	

Score Interpretation	
0 – 2	Low nutritional risk
3 – 5	Moderate nutritional risk
6 or more	High nutritional risk

Additional Nutritional Questions:

How would you describe your current appetite? ____ Good ____ Poor ____ Variable
For how long? _____ Details:

- Are you currently consuming, or have you previously consumed, a "special" diet for some medical purpose? If yes, what type of diet and for what reason?

- Are you currently taking vitamin or mineral supplements? If yes, what are you taking, and what is your purpose in taking it?

Social History

The social history is vast and complex. Here, you will restrict your assessment to seven areas: (1) vocation, (2) habits and lifestyle, (3) living arrangements (usually obvious in this setting but record anyway), (4) transportation, (5) social networks and caregivers, (6) end-of-life planning, and (7) adaptation (recent losses or change, personal outlook). Although extremely important to the social history, in your situation it is probably inappropriate to initiate a discussion about sex, finances (except where the latter concerns health care coverage) and elder abuse.

In addition to recording the data, place a checkmark in the box as you cover each section and, if necessary, return to the unchecked sections if time permits and your resident is willing.

Vocation and education

- Career, current and previous employment (pay or volunteer), duration of retirement, highest level of education

Habits and Lifestyle

- Exercise: type, quality (aerobic, weight bearing, etc.), duration, frequency, injury

- Sleep: duration, latency, interruption, restorative quality, aids (including effectiveness of hypnotics)

- Tobacco: product, quantity, duration (in pack-years)

- Alcohol: type, quantity (any concerns would prompt further assessment with the CAGE or similar questionnaire, which are not included in this assessment)

- Recreational activities

Living Arrangements and Support

- Community, assisted living, nursing home, other

- Environmental hazards and protection: lighting, stairs, wheelchair accessibility, relative location of frequently used rooms, rugs and uneven surfaces, grab bars and mats, smoke detectors, security alarms, telephone and emergency alert devices, neighbors, crime, etc.

- History of falls: circumstance, consequences and subsequent fear
- In-home community-based professional services (if applicable) for nursing care, housework, meals, shopping, socializing, etc.
- Health care coverage (Medicare, Medicaid, private supplemental insurance)

Transportation

- Independent: drives own vehicle
- Dependent: (e.g., private livery service, public transportation): convenience, affordability
- All necessary people and services (friends and family, groceries, doctors office, place of worship) within walking distance and accessible by ambulation

Social Network

- Relationships with spouse, children, other close relatives, friends; quality, level of practical (tasks of daily living) and emotional support
- Community affiliations with both religious and secular organizations
- Caregiving responsibilities for co-dweller(s)
- Sense of isolation or connection

End of Life Planning

- Living will or health care proxy

Adaptation

- Reaction to adversity: descriptive account (e.g., loss of loved one, relocation) extent of recovery and insecurity about future events
- Self-perception: contentment with current situation, assessment of health status, achievement of life goals, and attitude toward of future prospects.

Problem List

Before starting the group discussion, take a few minutes with your partner to review the information you've collected, and generate a problem list. Try to include at least one entry in each section below, and briefly propose specific and realistic interventions to address each problem. Before submitted your DGA, finalize a typewritten list of problems and interventions (based on your group discussion and subsequent research) using the same grid below. These lists are the most important part of the geriatric assessment; your evaluation on the DGA will be based mostly on this list and the one you generate after the second session. Please refer to the Comprehensive Geriatric Assessment for guidance.

Problems	Interventions
<u>Medical</u>	
<u>Nutritional</u>	
<u>Social</u>	

Unable to Complete. You should make every effort to complete this entire DGA. However, given the wide variability in settings and patients, some sections may be difficult or impossible to complete. If you find you are unable to obtain data, consult with your preceptor and ask for help from available staff at the facility. If you still cannot complete a section, be sure to note it below with a brief explanation.