

Student Name(s) _____

Directed Geriatric Assessment – Part II

Name _____ Date of Birth _____ Age _____

Note: To complete this portion of the Geriatric Assessment you will need the following equipment: blood pressure cuff, otoscope, ophthalmoscope, Jaeger eye chart.

Neuropsychiatric Examination

The Annotated Mini-Mental State Examination (AMMSE) and an abbreviated version of the Geriatric depression Scale (GDS) are quantitative instruments, meaning you need to assign a specific score reflecting your patient's response to a series of questions. For the AMMSE, a positive score is < 24 (out of 30), indicating the presence of cognitive impairment. (There is evidence that this threshold varies with age and education.) To perform the AMMSE you will need a blank piece of paper. The GDS indicates depression at total scores exceeding four.

Note: In addition to these examinations, practitioners commonly screen for alcoholism and evaluate for medical competency as part of the neuropsychiatric assessment. Due to the nature of your relationship with your patients, we have not included these in your DGA.

The Annotated Mini Mental State Examination (AMMSE)

Geriatric Depression Scale (Abbreviated Version)

Are you basically satisfied with your life?	Yes/no (Y)
Have you dropped many of your activities and interests?	Yes/no (N)
Do you feel that your life is empty?	Yes/no (Y)
Do you often get bored?	Yes/no (Y)
Are you in good spirits most of the time?	Yes/no (N)
Are you afraid that something bad is going to happen to you?	Yes/no (Y)
Do you feel happy most of the time?	Yes/no (N)
Do you often feel helpless?	Yes/no (Y)

(continued...)

Do you prefer to stay at home, rather than go out and do new things	yes/no (Y)
Do you feel that you have more problems with memory than most?	yes/no (Y)
Do you think it is wonderful to be alive now?	yes/no (N)
Do you feel empty and of little value to yourself and others?	yes/no (Y)
Do you feel full of energy?	yes/no (N)
Do you feel hopeless about your current situation?	yes/no (Y)
Do you think that most people are better off than you are?	yes/no (Y)
Total Points	

Scoring

0 - 4 points	normal
5 - 9 points	mild depression
10 - 15 points	moderate to severe depression

Physical Examination

As you know, a thorough physical examination is from head to toe. Given your relationship with your patient and the time allotted, however, a complete physical is not possible. So here you will perform an abbreviated, directed exam including vital signs (preferably orthostatic), vision and hearing screens (including hearing aid assessment, if applicable), otoscopic exam, upper and lower extremity mobility, gait and balance, and anthropometrics (height and weight).

Note: If you have any question regarding your patient's safety during any part of this exam, consult your preceptor before proceeding.

General Appearance

Indicate your impression of your patient's overall health status (well, moderately ill, distressed), position (supine or sitting), general locomotive capability (ambulatory, wheelchair-bound, bed-bound), dress and level of hygiene, demeanor (interactive, withdrawn, angry, absent).

Orthostatic Blood Pressure & Heart Rate

If the patient is unable to stand safely, perform only one set of measurements in the supine position. Otherwise, record the two sets of data.

Lying: BP _____ / _____ mmHg HR _____ beats/min.
Standing: BP _____ / _____ mmHg HR _____ beats/min.

Eye Exam

Visual Acuity: Have the patient wear their corrective lenses. Hold your Jaeger card 14 inches away and have the patient cover one eye at a time with his or her hand. Record the lowest correct line using the distance equivalent scale on the card.

Right (OD): 20 / _____ Left (OS): 20 / _____

Extraocular motion: intact abnormal (describe)

Pupillary light reflex: Use the light from your ophthalmoscope or otoscope to assess your patient's pupillary responses. intact abnormal (describe)

Lenses: Use the ophthalmoscope to assess the transparency/opacity of your patient's ocular lenses. OD clear cataract OS clear cataract

Retina: Use the ophthalmoscope to assess for any retinopathy (e.g. hypertensive changes, diabetic changes, macular degeneration).

OD normal abnormal (describe)

OS normal abnormal (describe)

Hearing

Auditory Acuity: If your patient wears a hearing aid, ask him or her to be sure that it is on. Walk to one side of the patient and stand about 10 feet away. Do not permit him or her to see your face. Whisper a question that you are certain can be easily answered like "what color shirt are you wearing?" If the patient cannot hear the question well enough to answer, the test is positive. Then walk to the opposite side of the patient and repeat the maneuver. An alternative is to have the patient repeat a short phrase like "Boston Redsox."
Right (AD): Normal Abnormal Left (AS): Normal Abnormal

Hearing Aids: You can grossly test the function of a hearing aid by gently cupping your hand over the ear wearing the aid. If the hearing aid is functioning properly you will hear a

screeching sound. Be sure to warn your patient beforehand, and do one side at a time (if hearing aids are bilateral).

AD hearing aid: Present Functioning Not functioning

AS hearing aid: Present Functioning Not functioning

External Auditory Canal: Carefully perform a bilateral otoscopic examination (after having the patient remove his or her hearing aids). Check for cerumen impaction by attempting to visualize both tympanic membranes.

AD canal: Clear Obstructed AS canal: Clear Obstructed

Upper Extremity and Cervical Mobility

Have the patient perform the all following maneuvers to the extent they are available: (1) touch back of head with both hands; (2) rotate head from left to right through its entire range of motion; (3) pick up your pen from his or her lap, bed or chair; (4) turn faucet on/off; (5) lift a full cup his or her to mouth; (6) tie a shoelace and (7) button/unbutton a button. Note the following: ability to hear and follow instructions, range of motion (painful and pain-free), proximal and distal upper extremity strength, and fine motor coordination and tremor.

Normal or only slightly impairment

Significant impairment (describe)

Lower Extremity Mobility, Gait and Balance (Fall Risk)

Ambulation: Ask your patient how they normally get around on foot.

ambulates without assistance requires assistance (indicate ambulation device)

Note: DO NOT perform the following *Get-up and Go* test if your patient is bed- or wheelchair-bound, or if he or she requires ambulatory assistance. (Be sure to record this fact in the “Unable to Complete” section at the end of the DGA). Also, stand close by in case your assistance is required.

Get Up and Go Test: Have the patient perform the following sequential maneuvers: (1) sit comfortably in a straight backed chair, (2) rise from the chair, (3) stand momentarily, (4) walk a short distance (about 3 meters), (5) turn around, (6) walk back to the chair, (7) turn around, (8) sit back down in the chair. Note the following: ability to hear and follow instructions, pain or abnormal movements, strength, unsteadiness, hesitancy, staggering stumbling.

Normal or only slightly impairment Significant impairment (describe)

Anthropometrics

Make every effort to actually obtain these measurements rather than asking the patient or copying it from the record.

Height _____ Weight _____ Calculated BMI (Kg/m²) _____

Functional Examination

We have positioned the functional examination at the end of Session II so your patient is made to feel that it is an extension of the physical exam (which it is) rather than a demeaning interrogation of his or her dependency. Make it clear that the questions to follow are designed to add detail to the information you just obtained and nothing more.

Activities of Daily Living Scale

For the purpose of this assignment, a patient who refuses to perform a function is considered as not performing the function, even if they are able to do so. Circle whether or not your patient functions independently in each activity.

Instrumental Activities of Daily Living Scale
Adapted from Lawton's multilevel assessment instrument

Place check in box under assessed level of functioning for each activity.

	Independent	Some Assistance	Dependent
Use of a telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel to places beyond walking distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping for groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor repair work around the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing own finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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. Note that there is an additional section for "global" problems that are not easily categorized in any of the other six sections from both DGA parts. 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 them. Please refer to the Comprehensive Geriatric Assessment for guidance.

Problems	Interventions
<u>Neuropsychiatric</u>	
<u>Physical</u>	
<u>Functional</u>	
<u>Global</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.