Department of Health

health

Comprehensive health assessment of the older person in health and aged care

Assessment template

2014

State Government Victoria

Comprehensive health assessment of the older person in the healthcare system

Assessment template

2014

Acknowledgements

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Department of Health, November 2014 (1403024)

Introduction

Older people accessing the healthcare system increasingly have a high level of medical and social complexity with associated ongoing and increasing care needs. To meet these challenges, a skilled and competent workforce must be able to accurately assess and mitigate potential clinical risks while simultaneously having regard for patient, resident or client capability, preferences and needs.

Due to the lack of available training options for health professionals to develop or update skills in comprehensive health assessment (CHA) of the older person, the Department of Health identified the need to invest in this area by developing an education and training package for the CHA of the older person.

Between 2011 and 2013 the training package was extensively tested and evaluated with more than 1,200 registered and enrolled nurses from all health service settings attending (including acute, subacute, emergency departments, district nursing services and public sector residential aged care services). Through this extensive testing and evaluation process the CHA of the older person training has led to the identification of risks for older people so they can be appropriately managed; preventing avoidable hospital admissions, potentially reducing hospital length of stay and enhancing the lives of older people.

The feedback of the training participants has informed the development of this tool.

This template has been designed to support health professionals implement the skills learned by attending the CHA of the older person training, by including evidence-based assessment in their practice and supporting an organisation-based approach to safety and quality.

This assessment document will allow you to organise and record comprehensive health assessment findings for an older person and identify issues requiring intervention or areas that may need a more focused assessment to assist in the formation of a care plan.

If any issues are identified, the use of more specific and focused assessment tools may be necessary.

Person's label/identifier

Person's details

Person's name

Current contact details

Address

Phone

Pension/VET number

Date of birth / / or age Gender:

Is the person an Aboriginal or Torres Strait Islander? ☐ Yes ☐ No

Person's primary language

Does the person have adequate English language skills to participate in a CHA? ☐ Yes ☐ No

If no – what language interpreter needs to be organised?

Are any special communication devices used/required (specifiy)

Consultation with family carer? ☐ Yes ☐ No

Family carer's name/s

Address

Phone

Next of kin/guardian

Name

Phone

Assessment section completed by:

Signature

Name:

Designation: Date:

Person's label/identifier

Advance care planning

Advance care plan (or similar)? ☐ Yes ☐ No

Location of advance care plan

Enduring medical power of attorney? ☐ Yes ☐ No

Reason for admission or referral to health service/care

Present illness (including signs and symptoms)

Relevent medical history

Person's understanding of health needs

Person's expectation of care (their goals)

Where has the person been admitted from?

Date of last admission (if applicable)

Name and details of medical power of attorney

Living arrangements

Whom do they live with?

Assessment section completed by:

Signature

Name:

Designation: Date:

Person's label/identifier

Allergies or drug intolerance

Current medication

(Including prescribed and non-prescribed medication – drug chart/Weber sheet can be attached)

Does the person have diabetes? ☐ Yes ☐ No

If yes, what type of diabetes? ☐ Type 1 ☐ Type 2

Current blood sugar level

Lifestyle

Smoking ☐ Yes ☐ No

Specify

Alcohol use (number of standards drinks per week)

Sleep: Time to bed Hours sleep Number of times up at night

What position do they sleep in (for example do they need several pillows?)

Other comments (such as use of sedation, rest periods)

Identified issues

Immunisation status

Influenza Current ☐ Yes ☐ No

Tetanus Current ☐ Yes ☐ No

Pneumococcus Current ☐ Yes ☐ No

Assessment section completed by:

Signature

Name:

Designation: Date:

Person's label/identifier

Vital signs

Temperature .....

Pulse: rate/min .....

Rhythm: ☐ regular ☐ irregular

Character: ☐ thready ☐ normal ☐ bounding

Respirations: rate/min .....

Rhythm: ☐ regular ☐ irregular

Depth: ☐ normal ☐ shallow ☐ deep

Blood pressure Lying: .....

Standing: .....

Oxygen saturation .....

Pain

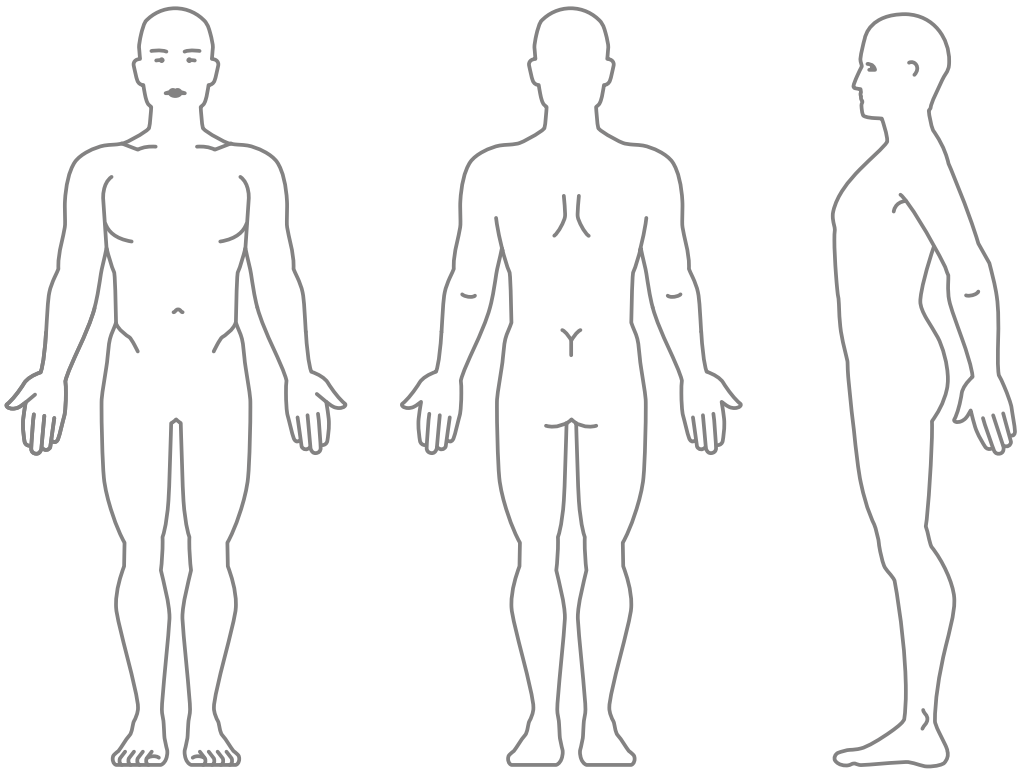
Acute ..... ☐ Yes ☐ No

Chronic ..... ☐ Yes ☐ No

What does the person perceive to be the cause of the pain? .....

.....

If pain is present, assess this using the validated pain assessment tool, that is, both at rest and on movement. Identify location of pain on diagram below.



C – character
O – onset
L – location
D – duration
S – severity
P – pattern
A – associated factors

Person's label/identifier

What relieves the person's pain? .....

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Identified issues

.....

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.....

Assessment section completed by: .....

Signature .....

Name: .....

Designation: ..... Date: .....

Neurological/cognitive function

Subjective information

(Such as their perception of their memory, whether they have had any episodes of confusion, disorientation, history of headache, dizziness/vertigo, seizures, tremors, perception of gait, balance, difficulty in swallowing, difficulty in speaking)

Conscious state – may require assessment with validated tool (Glasgow coma scale)

Orientation to time and place .....

Abstract thinking – explanation .....

Concentration – carry out a task .....

Memory:

- Immediate .....
- Recent .....
- Distant .....

Judgement – able to make day-to-day decisions .....

Cognition: ☐ Normal ☐ Impaired ☐ Test or use of validated screening tool

Name of test: ..... Score: .....

Swallowing – does the older person:

• have difficulty swallowing?	☐ Yes	☐ No
• have a gag reflex?	☐ Yes	☐ No
• have any difficulty swallowing food and fluid?	☐ Yes	☐ No
• cough while eating and drinking?	☐ Yes	☐ No
• require a texture-modified diet?	☐ Yes	☐ No

Speech: quality, comprehension, clarity, appropriateness, word finding .....

.....

Person's label/identifier

Tendon reflexes: test the following: biceps, triceps, quadriceps, achilles

0 = no response; always abnormal
1+ = a slight but definitely present response; may or may not be normal
2+ = a brisk response; normal
3+ = a very brisk response; may or may not be normal
4+ = a tap elicits a repeating reflex (clonus); always abnormal .....

Taste: test whether the older person can differentiate sweet and salty .....

Smell: test nasal patency ☐ Yes ☐ No

- Can person smell substances held under their nose? ☐ Yes ☐ No

Hearing:

- Whispered voice test ☐ Yes ☐ No
- Weber tuning fork test ☐ Yes ☐ No
- Rhinne tuning fork test ☐ Yes ☐ No

Identified issues

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Mood: ☐ Normal ☐ Depressed ☐ Other .....

Use validated depression screening tool such as the Cornell

Sad ☐ Yes ☐ No

Withdrawn ☐ Yes ☐ No

Anxious ☐ Yes ☐ No

Restless ☐ Yes ☐ No

Angry ☐ Yes ☐ No

Hostile ☐ Yes ☐ No

Identified issues

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Assessment section completed by: .....

Signature .....

Name: .....

Designation: ..... Date: .....

Person's label/identifier

Vision assessment

Does the person wear glasses? ☐ Yes ☐ No

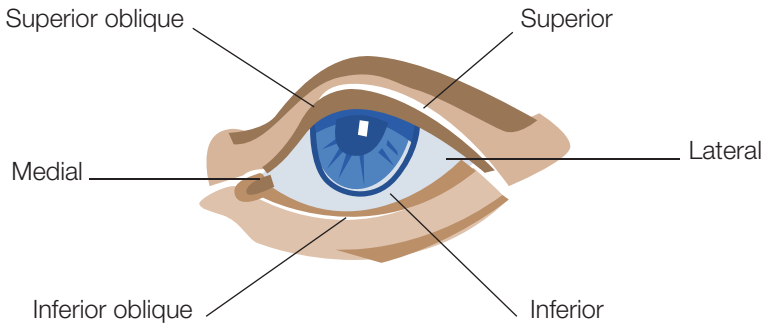
☐ Far vision

☐ Near vision (reading)

PERRLA (are pupils equal, round, reactive to light and accommodation?) ☐ Yes ☐ No

Are eyes, conjunctiva and inner eyelids free from redness, swelling, discharge and lesions? ☐ Yes ☐ No

Cardinal positions (check the six positions to which the normal eye can be turned)



Identified issues

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Assessment section completed by:

Signature

Name:

Designation: Date:

Aural assessment

Does the person wear a hearing aid? ☐ Yes ☐ No

Ear canal:

- Are the person's auditory canals clear of wax? ☐ Yes ☐ No

Tympanic membranes:

- colour (pearly grey) ☐ Yes ☐ No
- redness ☐ Yes ☐ No
- Intact? ☐ Yes ☐ No

Person's label/identifier

Identified issues

Assessment section completed by:

Signature

Name:

Designation: Date:

Physical function

(Including activities of daily living)

Can the person walk unaided? ☐ Yes ☐ No

What mobility aids does the person use?

Can the person:

Turn over in bed? ☐ Yes ☐ No

Move from supine to sit? ☐ Yes ☐ No

Move from sit to stand? ☐ Yes ☐ No

Move from bed to chair? ☐ Yes ☐ No

Can the person attend to their own personal hygiene/bathing? ☐ Yes ☐ No

What assistance does the person require with their personal hygiene/bathing?

Can the person dress themselves? ☐ Yes ☐ No

What assistance does the person need with dressing?

Identified issues

Assessment section completed by:

Signature

Name:

Designation: Date:

Person's label/identifier

Cardiovascular system

Subjective information (such as fatigue, ability to undertake activities of daily living, weakness, dyspnoea, coughing, swelling of legs and so on)

Observe:

- General appearance: .....
- Colour of lips/mucous membranes: .....
- Colour of limbs: .....
- Temperature of limbs: .....
- Oedema:
  - Location: .....
  - Severity: .....

1+ Slight pitting (2 mm), slight indentation, disappears rapidly, no obvious swelling
2+ Moderate pitting (4 mm), slight indentation, disappears rapidly
3+ Deep pitting (6 mm), may last for more than a minute, obvious swelling
4+ Very deep pitting (8 mm), lasts between two to five minutes, obvious swelling

Use of compression stockings/leg elevation .....

Nails: colour and shape ..... capillary refill time (sec) .....

Varicose veins .....

Pulses: (temporal carotid, brachial, radial, femoral, popliteal, dorsal, posterior tibial)

Check for presence right/left, rate, and rhythm

Auscultation ☐ S1 ☐ S2 ☐ Other Rate: .....

JVP .....

Identified issues

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Assessment section completed by: .....

Signature .....

Name: .....

Designation: ..... Date: .....

Person's label/identifier

Respiratory system

Subjective information (Shortness of breath, history of respiratory infections/allergies, same as for cardiovascular)

Observe:

- depth of respiration
- rhythm
- rate
- quality

Respiratory effort: ☐ at rest ☐ with activity

Colour of lips and mucous membranes .....

Skin temperature .....

Skin moisture .....

Posture .....

Shape of chest (antero-posterior: lateral ratio) .....

Accessory muscle use ☐ Yes ☐ No

Nasal flaring ☐ Yes ☐ No

Nasal patency ☐ Yes ☐ No

Nasal symmetry ☐ Yes ☐ No

Symmetry of chest ☐ Yes ☐ No

Nail shape .....

Clubbing ☐ Yes ☐ No

Colour of nail bed .....

Oro-pharynx – colour, patency .....

Breath sounds

Wheeze ☐ Yes ☐ No Location .....

Crackles ☐ Yes ☐ No Location .....

Other? .....

Cough: ☐ Yes ☐ No

If yes: ☐ Dry ☐ Moist ☐ Productive

Sputum (describe) colour, amount, consistency, odour .....

.....

Palpation of sinuses .....

Palpation of thorax .....

Tenderness .....

Person's label/identifier

Trachea mid-line ☐ Yes ☐ No

Chest expansion (cm) .....

Pulse oximetry (O^2 saturation level) .....

Identified issues

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Assessment section completed by: .....

Signature .....

Name: .....

Designation: ..... Date: .....

Gastrointestinal assessment

Subjective information (Ask about food and fluid consumption, appetite, weight gain/loss, eating patterns, nutritional supports, and so forth)

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Oral health

Teeth: ☐ Own ☐ Dentures

Are own teeth broken? ☐ Yes ☐ No

Decayed (check colour)? ☐ Yes ☐ No

Do dentures fit well? ☐ Yes ☐ No

Are gums, buccal mucosa and tongue pink and moist? ☐ Yes ☐ No

Any lesions on gums, buccal mucosa or tongue? ☐ Yes ☐ No

Lips – smooth and lesion free? ☐ Yes ☐ No

Oropharynx .....

Identified issues

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.....

Assessment section completed by: .....

Signature .....

Name: .....

Designation: ..... Date: .....

Person's label/identifier

Abdominal inspection

- contour
- movements
- symmetry
- umbilicus
- lesions
- colour
- vascularities

Bowel sounds present ☐ Yes ☐ No Frequency .....

Palpate the abdomen for:

- guarding ☐ Yes ☐ No
- tenderness ☐ Yes ☐ No

Percussion .....

Weight ..... Height .....

BMI .....

Waist circumference .....

Taste .....

Smell .....

Identified issues .....

Eating .....

Does the person need assistance with eating ☐ Yes ☐ No

What assistance does the person require with eating? .....

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Identified issues

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.....

.....

Assessment section completed by: .....

Signature .....

Name: .....

Designation: ..... Date: .....

Person's label/identifier

Dietary needs

Dietary restrictions

Dietary likes/dislikes

Identified issues

Assessment section completed by:

Signature

Name:

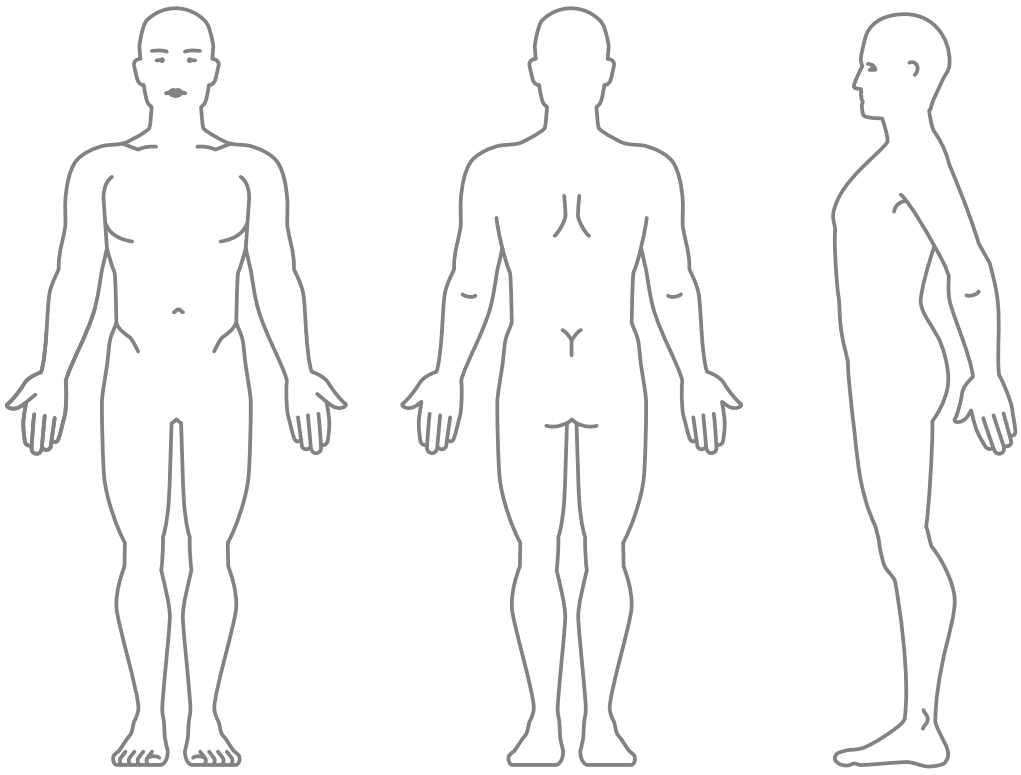
Designation: Date:

Skin

☐ Normal ☐ Other

Lesions/wounds location

Identify position of wounds/lesions/oedema on diagram below



Person's label/identifier

If wounds/lesions, asssess using validated wound assessment tool

Condition of skin – colour, dryness, texture, thickness

Foot care (especially for diabetics)

Identified issues

Continence

Urinalysis (full ward test)	☐ Yes	☐ No
Is the person urinary continent?	☐ Yes	☐ No
If 'no' type of incontinence: urge, stress, functional		
Use of continence aids	☐ Yes	☐ No
Can the person take themselves to the toilet?	☐ Yes	☐ No
Does the person have a urinary or suprapubic catheter/condom drainage or similar?	☐ Yes	☐ No
Is the person faecally continent	☐ Yes	☐ No
Usual bowel habits?		
Use of aperients? (document in medication section)	☐ Yes	☐ No
Does the person have a stoma?	☐ Yes	☐ No

Identified issues

Assessment section completed by:

Signature

Name:

Designation: Date:

Person's label/identifier

Musculo skeletal

Subjective information

Activity levels (do they exercise, how often, what sort of exercise)

Posture

- Is their body erect? ☐ Yes ☐ No
- Is their head upright? ☐ Yes ☐ No
- Normal curvature cervical/thoracic/lumbar ☐ Yes ☐ No

Balance

- Is gait coordinated, balanced and effortless? ☐ Yes ☐ No
- Is turning coordinated and easy? ☐ Yes ☐ No

Romberg test ☐ Positive ☐ Negative

Inspect the anterior, lateral and posterior surfaces of the person's body assessing:

- skin colour
- limbs
  - size and shape
  - symmetry
  - alignment
- deformity, contracture
- muscle tone (atrophy/wasting, spasticity)

Range of movement: ask the person to copy movements that you make; ask the person to copy movements against resistance

- muscles: strength, tone and movement – range of movement (ROM) [insert 0–5 scale]

0 = no evidence of movement (paralysis)
1 = barely detectable muscle contraction
2 = complete ROM or active body parts movement with gravity eliminated (poor ROM)
3 = complete ROM or active movement against resistance
4 = complete ROM or active movement against gravity and some resistance, but weak
5 = complete ROM or active movement against gravity and full resistance (normal)

- Joints: assess (get older person to copy movements with your hand placed over the joint they are moving) for:
  - crepitus
  - heat
  - redness
  - swelling
  - pain
  - deformity

Person's label/identifier

Joints to assess:

- temperomandibular joint
- neck joint
- shoulder joints
- elbow joints
- forearms
- wrist joints
- finger and thumb joints
- hip joints
- knee joints
- ankle and toe joints
- spine

Has the person fallen in last three months? ☐ Yes ☐ No

How many times? .....

Where? .....

.....

Why? (mechanism, that is, trip or collapse) .....

.....

.....

.....

Assessment section completed by: .....

Signature .....

Name: .....

Designation: ..... Date: .....

Personal profile

Include information about:

- religious beliefs
- education/literacy
- daily routine
- social activities
- family situation
- previous occupation
- pets
- grief/life experiences
- cultural issues
- hobbies

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Person's label/identifier

Sexuality assessment using a tool such as the SexAT (available from http://www.dementia.unsw.edu.au/)

Gender identification?

Perceptions of body image?

Lifestyle grooming needs?

Any difficulties/concerns?

Assessment section completed by:

Signature

Name:

Designation: Date:

Discharge summary

How does the person cope with stress?

Regular pathology tests

Areas requiring follow up and thorough assessment to identify care needs and interventions:

Areas where referrals indicated: