PATIENT CHART

Chart for George Palo Simulation #3

Download this tool and attach to chart:

* KATZ Index of Independence in Activities of Daily Living (ADL)

<https://hign.org/consultgeri/try-this-series/katz-index-independence-activities-daily-living-adl>

SBAR Report Students Will Receive Before Simulation

**Time:** 0900

**Person providing report:** Community health nurse supervisor

**Situation:** George Palo is a 90-year-old who fell and fractured the neck of his femur 8 days ago. He had an ORIF – open reduction, internal fixation repair. He did very well post-op and progressed quickly to partial, then full weight bearing. He was discharged yesterday to his daughter Maggie’s home. He will have physical therapy, occupational therapy, and visits by our community health nurses twice a week. Maggie asked us to visit as soon as possible because George is insisting he is ready to go home to his apartment.

**Background:** George took residence in his retirement community apartment about one year ago -- 2 years after Anna, his wife of 65 years, died. The community health nurse made a visit 6 months ago at the request of his daughter Maggie. She was concerned about his memory loss. He missed paying some bills and the retirement community nurse noted an increase in his BP and thought he might not be taking his meds. The nurse recommended a visit to his physician, who diagnosed him with minor neurocognitive impairment due to Alzheimer’s disease v. vascular etiology and started him on galantamine. He did well until Max, his golden retriever, died 3 months ago. Maggie requested we visit again to assess him for depression. Dr. Casey, his primary care physician, decided it was an adjustment disorder with depressed mood, and did not feel he needed antidepressant medication. With encouragement, George joined a walking group to continue being outdoors and walking and arrangements were made for George to drive with a buddy to the Humane Society to continue his volunteer activities there.

**Assessment:** Discharge vitals were T-98.6, R-18, P-80, BP 135/84. Reports from the hospital indicate that he has had no complications and is doing well with his rehab. He did not experience any delirium during hospitalization and progressed to weight bearing but uses a walker. His BP remains under control and pain is managed with tramadol. He has trazodone ordered for sleep.

**Recommendation:** Do a complete physical assessment and assess using the Katz tool to see how he is managing with activities of daily living. Report your findings to the physical therapist so you can collaborate on criteria and goals to determine when George can return to his apartment.

Hospital Discharge Summary

**Hospital Course:** George Palo, 90-year-old male, was admitted via emergency department following a fall. X-ray confirmed a right femoral neck fracture. He consented to surgical repair --open reduction and internal fixation. Surgery performed by Allen Holt, MD, and proceeded without incident. Post-operative course uncomplicated. Patient recovered well and progressed from partial to full weight bearing with assistance of walker. Transitioned from tramadol to acetaminophen for pain control. Blood pressure remains under control with atenolol 50 mg daily. All lab results within normal limits. Previously diagnosed minor neurocognitive disorder with dementia, Alzheimer’s v. vascular etiology– uncomplicated.

**Activity and Limitations:** Use of walker with all transfers and ambulation. Continue ROM activities, strengthening and endurance activities per physical therapy. Assist with transition to home and advance mobility skills (from walker to cane) and increase endurance. The patient is to continue physical and occupational therapy to assist with ambulation to independence.

**Discharge Instructions:** Patient refused transfer to an inpatient rehabilitation center; preferred rehab services in daughter’s home. Home health nurse consult for nursing care, physical therapy, and occupational therapy. Schedule post-operative follow-up with Dr. Holt in 4 weeks. Benjamin R. Casey, MD

Medication Reconciliation Form

**Source of medication list (i.e. patient, family member, primary care provider):** primary care provider

**Allergies/Sensitivities:** Penicillin

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Medication Name** | **Dose** | **Route** | **Frequency** | **Last Dose** | **Reason** | **Continue/DC** |
| Atenolol | 50 mg | po | daily | 0900 |  | C  DC |
| Galantamine | 12 mg | po | twice a day with food | 0900 |  | C  DC |
| Multivitamin | 1 tab | po | daily | 0900 |  | C  DC |
| Acetaminophen | two 325 mg tabs | po | every 4-6 hours prn for pain | none |  | C  DC |
| Trazodone | 25 mg | po | at bedtime | 2200 yesterday |  | C  DC |

|  |
| --- |
| Signature RN: Nancy L. Smith, RN  Print Name: Nancy L. Smith, RN Date: at discharge |

|  |  |
| --- | --- |
| Reviewed with patient on discharge by Nancy Smith, RN | Date: time of discharge |

Summary Report of Visit to Primary Care Physician: (6 months ago)

Mr. George Palo, age 90, came for an office visit accompanied by his daughter Maggie. Maggie had concerns about her father’s memory loss (e.g., forgetting to pay bills, take medications). I reviewed the assessments made by the community health nurse and re-assessed with same results. Brief Evaluation of Executive Dysfunction repeated with same results. Physical exam revealed healthy man for age. Lab results for CBC with Differential, Liver Function tests, RPR, TSH, B-12 Folate all were unremarkable. An MRI of the head revealed global atrophy of brain. Cognitive state has progressed from minor cognitive impairment to minor neurocognitive disorder with Alzheimer’s disease v. vascular etiology. Started on galantamine 8 mg p.o. BID. Continue same dose atenolol – 50 mg every day and go to clinic for BP monitoring. Schedule return visit in 6 months. Benjamin R. Casey, MD

Summary Report of Visit to Primary Care Physician: (3 months ago)

Mr. George Palo, age 90, came for an office visit accompanied by his daughter Maggie. Maggie had concerns about her father’s behavior. His canine companion of 13 years died recently and since that time he has become more reclusive and has self-care deficits (unkempt, poor appetite, etc.). Daughter also reported that he has called her in the middle of the night with no recollection of the call in the morning. I repeated the assessments done by the community health nurse with the same results. My impression is an adjustment disorder with depressed mood, precipitated by the loss of his dog. I encouraged Mr. Palo to get more engaged in previous social activities, as suggested by the nurse. I will defer treating him with anti-depressants unless there is no improvement. Cognitive state seems about the same as previous assessment: minor neurocognitive disorder due to Alzheimer’s disease v. vascular etiology. He has had no side effects from galantamine 8 mg p.o. BID, so it was increased to 12 mg BID with a plan to consider switching to the extended release capsule atenolol – 50 mg every day will continue.

Schedule return visit in 3 months. Benjamin R. Casey, MD

Responses from Brief Evaluation of Executive Dysfunction (from first home visit by community health nurse):

**Clock #1:**

**George's clock drawing showing a clock face with the hands of equal length pointing at 2 and 9.**

**Clock #2:**

**George's clock drawing showing a clock face with the longer hand pointing at 2 and the shorter hand pointing at 9.**

Responses for Controlled Oral Word Association Test:

Able to name 10 words with F and A, 7 words for S then said, “This is stupid.”

Responses for Trail Making Test:

1-A, 2-B, 3-C, 4-E, 5-F, 6-G, 7-H, 9-I, 10-K, 11-L, 12-M, 13-N, then “I don’t know.”

Responses from Brief Evaluation of Executive Dysfunction (from second home visit by community health nurse):

**Clock #1:**

**George's clock drawing showing a clock face with the longer hand pointing at 2 and the shorter hand pointing at 9.**

**Refused to draw/copy 2nd clock**

Responses for Controlled Oral Word Association Test:

F= fish, friend, photo, I can’t do this – I don’t know

Responses for the Trail Making Test, Oral Version:

“I can’t do this – I don’t know what you mean”

Responses from Geriatric Depression scale (from second home visit by community health nurse):

**Geriatric Depression Scale: Short Form**

Choose the best answer for how you have felt over the past week:

1. Are you basically satisfied with your life? YES / **NO**

2. Have you dropped many of your activities and interests? **YES** / NO

3. Do you feel that your life is empty? **YES** / NO

4. Do you often get bored? **YES** / NO

5. Are you in good spirits most of the time? YES / **NO**

6. Are you afraid that something bad is going to happen to you? **YES** / NO

7. Do you feel happy most of the time? YES / **NO**

8. Do you often feel helpless? **YES** / NO

9. Do you prefer to stay at home, rather than going out and doing new things? **YES** / NO

10. Do you feel you have more problems with memory than most? **YES** / NO

11. Do you think it is wonderful to be alive now? YES / **NO**

12. Do you feel pretty worthless the way you are now? **YES** / NO

13. Do you feel full of energy? YES / **NO**

14. Do you feel that your situation is hopeless? **YES** / NO

15. Do you think that most people are better off than you are? **YES** / NO

Score = 10

Answers in **bold** indicate depression. Score 1 point for each bolded answer.

A score > 5 points is suggestive of depression.

A score ≥ 10 is almost always indicative of depression

A score > 5 points should warrant a follow-up comprehensive assessment.

Source: https://web.stanford.edu/~yesavage/GDS.html

This scale is in the public domain.

The Hartford Institute for Geriatric Nursing would like to acknowledge the original author of this Try This, Lenore Kurlowicz, PhD, RN, CS, FAAN, who made significant contributions to the field of geropsychiatric nursing and passed away in 2007.