

Geriatric Functional Assessment

Background

1. Definition:

- Functional status defined as ability to complete everyday desired tasks
- Influenced by general health as well as social environment and support system.

2. General information:

- Often requires interdisciplinary approach,
- Part of comprehensive geriatric assessment to identify "frail" patients
- Should involve interviews with patient, family and caregivers

3. Benefits

- Decreases use of nursing homes and acute care hospitals
- Reduces annual medical care costs
- Decreases mortality rates
- Improves independent function
- Increases patient satisfaction
- Establishes a baseline for future comparison if decline evident

4. Goals

- Evaluate physical, psychological, social skills needed for independence
- Identify conditions that may impact functional status (and correct if possible); example, hearing aids or visual aids
- Plan ways to maintain functional status
- Identify functional status decline, which may be first sign of physical or mental problems
- Acute decline should prompt search for reversible cause

Components: 3 basic levels

1. Basic Activities of Daily Living (BADLs) “Self Care Tasks”

- Bathing
- Dressing
- Toileting
- Grooming
- Transferring
- Feeding

2. Instrumental Activities of Daily Living “Ability to Maintain Household”

- Hygiene/ Grooming
- Cooking
- Walking
- Housework
- Driving or navigating transportation
- Shopping
- Using telephone
- Managing money
- Taking medication

3. Advanced Activities of Daily Living (AADLs)
 - Differ for each individual but represent the ability to function within community and family

Quality of Life

1. Mobility
2. Ambulation and Gait assessment
 - “Get up and Go Test”³
3. Vision and Hearing Screening
4. Environment of daily living
5. Home situation, home safety evaluation
6. Mental status assessment
7. Depression screening
 - Geriatric Depression
 - Geriatric Depression Scale
8. Cognitive function assessment (MMSE)
 - Further evaluation indicated if MMSE is abnormal

Values and beliefs

1. Determinants of decisions regarding health
2. Spiritual support for patient and family
3. See also End-of-Life Care

Care Strategies to Maximize Function²

1. Maintain daily routine
2. Encourage physical activity and socialization
3. Encourage ambulation, minimize bed rest
4. Educate patient, family and caregivers on value of independent function
5. Design home environment with patient safety in mind (handrails, raised toilet seats, low beds, no throw-rugs good ambient lighting etc)
6. Utilize physical and occupational therapy to regain or improve function
7. “Mental Exercises” to keep mind active (crosswords, Sudoku, etc)

Care Strategies to Address Decline in Function²

1. Educate family and caregivers to develop realistic goals and support them when decline cannot be improved
2. Ensure adequate nutrition (supplements if poor appetite) to prevent additional decline
3. Use an interdisciplinary approach to obtain resources needed
4. Assess patient response to various interventions

References

1. <http://www.guideline.gov/content.aspx?id=12259>
2. National Guideline Clearinghouse, Assessment of function. In: Evidence-based geriatric nursing protocols for best practice. Accessed February 28, 2011
3. 3.The timed "Up & Go": a test of basic functional mobility for frail elderly persons Accessed July 16, 2011

4. Maxted, G. Functional Assessment in the Elderly. The IHS Primary Care Provider 23:149-152, 1998.
5. <http://www.depression-help-resource.com/geriatric-depression-scale.pdf> _

Authors:

Karisa Jahn, DO

Current: Kaiser Permanente Fontana Medical Center FMRP, Fontana, CA

Residency: Kaiser Permanente Riverside Medical Center FPRP, Riverside, CA

Bradley Richie, MD

Kaiser Permanente Riverside Medical Center FPRP, Riverside, CA

Editor:

Edward Jackson, MD,

Michigan State University-Sparrow Hospital FPRP