

Functional Assessment



Resident Name: Betty MCV_01



Report created on: 18/07/2024 9:26 PM by RN Agency [RN - Registered Nurse]

Meals / Drinks

MEALS / DRINKS

Requires assistance in positioning self for meal, Requires meal to be cut up , Requires extensive prompting to eat/drink

Requires supervision to drink fluids Yes
Stand by to provide verbal and or physical supervision to eat and drink Yes

Eating Aids / Utensils Details

Plate Normal plate
Cup/saucer (type other options if not shown in the list) Cup and saucer
Special cutlery Normal cutlery
Other Interventions provided

Staff to assist Betty to cut up food.
Ensure that Betty is eating and drinking adequately.
Offer alternative food that Betty likes.
Ensure that Betty avoids food that could trigger her GORD such as spicy food.
Encourage Betty to stay upright for 15 mins post meals.
Encourage Betty to eat food with high fibre.
Monitor Betty for any discomfort during meal time.

If yes to swallowing difficulty, specify mild oropharyngeal dysphagia
Does the resident require further assessment? No

To set Appointment date, use the Tasks area

Transfers

TRANSFERS

See Physio assessment for specific functional ability details

Transfers bed to chair Supervision - Staff to provide verbal direction
Detail intervention required to transfer SBA with 4WW for transfers, S/V with 4WW for mobility
Encourage use of 4WW at all times.
Other details of staff assistance / comments SBA with 4WW for transfers, S/V with 4WW for mobility
Betty is quite tall and requires assistance to raise the chair/bed for standing. Heightened falls risk and has lack of insight into inherent danger of trying to transfer without assistance.

Betty has been assessed requiring assistance with transfer due to hearing and vision impairment.
Betty has history of multiples falls in the past.
Betty also has history of depression and anxiety. However, Betty prefers to transfer herself without staff assistance.
Dignity of risk form in place to support and respect Betty preferences.

Aids used - i.e. lifting machine type, other relevant details 4WW
Recommended Seating Electric recliner / standard chair.

Postural Control and Balance: (sitting posture, static/dynamic sitting, standing posture, static/dynamic standing, balance reactions)

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Betty demonstrates reduced static and dynamic balance and poor balance reactions.
Betty moves quickly and impulsively at times leading to an increased risk of falls

Hands: (OA changes, finger, grasp and pincer grip, finger opposition, fine motor skills)

Some OA nodules noticed in hands which reduces grip strength and fine motor skills.
Fine motor skills are limited due to these arthritic changes and poor vision

Lower Limbs: (Hip stability, hip flexion, knee extension, ankle DF, arthritic/non-arthritic oedema, skin integrity)

Betty has reduced hip stability due to weakness in glute/hip muscles (possibly due to pubic rami # in May 2019 and inactivity).
Betty demonstrates reduced ankle dorsiflexion in bilateral ankles in gait reducing her foot clearance and increasing falls risk.
Betty also has poor skin integrity with increased risk of skin tears and bruising.

Mobility

LOCOMOTION

Assistance to locomotion

Supervision - Staff to provide verbal direction and/or hand resident mobility aide, fitting of prosthesis or splint if needed

Distance able to walk with physical assistance: Please provide additional instructions

SBA with 4WW for transfers, S/V with 4WW for mobility

Betty is often reluctant to seek help and assistance and chooses to walk with her 4ww (sometimes even without it) around her room and along the corridor.

Other details of staff assistance / comments

Betty demonstrates impulsive quick movements at times with increased instability.
Tendency to turn quickly unaware of surrounding objects or other residents presenting a falls risk and potential risk of injury.
Betty uses a 4WW to assist with balance when mobilising.
Betty has history of multiples falls in the past.
Betty also has history of depression and anxiety.
Betty prefers to mobilize herself without staff assistance.
Dignity of risk form in place to support and respect her preferences.
4WW.

Aids used - i.e. standing/walking machine type, other relevant details

Strategies from the Falls / Safety assessment to minimise issues related to Mobility

Betty presents as a high falls risk; Ontario scale 30/30
Management strategies - - Electric bed, ensuring at suitable height -- Ensure appropriate footwear - Ensure room is free of clutter and hazards - Provide SBA for transfers and supervision for mobility - Ensure safe use of walking aid (4WW) throughout transfers and mobility - Ensure call bell is within reach- Regular visual checks - Regular medication review - Encourage exercises to maintain current level of function Management strategies - To ensure that bed is at suitable knee height. Regular visual checks of every hour when out of bed. Regular medication review by GP. Encourage exercises/movement to maintain current level of function Ensure appropriate well-fitting footwear. Ensure Betty room is free of clutter and hazards, minimal furniture in the environment due to impaired vision. Staff to ensure that mobility aid is within reach all the time. Encourage Betty to use call bell if requires assistance. To answer call bell promptly

Functional Tolerance Observations and Recommendations: (SOB, exercise tolerance, oxygen requirements)

Betty does demonstrate some SOB when mobilising longer distances and requires prompting to slow down or rest to reduce the breathlessness.

Movement in Bed

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MOVEMENT IN BED

Assistance Movement in Bed

Supervision with verbal instruction

Detail intervention provided

Betty encouraged to use her call bell at all times when she needs assistance.

Aids used (specify)

Bed mechanics

Personal Hygiene

TICK THE BOX IMMEDIATELY BELOW IF ONE-TO-ONE PHYSICAL ASSISTANCE IS REQUIRED FOR DRESSING AND UNDRESSING, WASHING AND/OR DRYING THE BODY, DENTAL OR HAIR CARE OR SHAVING. (IF YOU HAVE TICKED FULL ASSIST, ONLY TICK ADDITIONAL INFORMATION BELOW AS NECESSARY)

Full one-to-one physical assistance is required throughout all ADL's as above

Yes

DRESSING AND UNDRESSING

Requires assistance with

Dressing and Undressing, Washing and drying the body, Grooming (dental, hair and shaving)

Anti-embolic stockings / protective bandaging use details /compression tubes

Care staff to apply compression garments, in the form of socks/stockings, size medium to be applied to Betty's bilateral legs, extending from the base of the toes to 5cm below the knee joint line. To be applied in the mornings and removed at night prior to going to bed. Compression, a minimum of 15-20mmHg, will provide graduated pressure over the lower legs and assist in the management of non-arthritis oedema in the lower limbs. The measurements, in cm, of Betty's legs are **circumference (R) calf: 34cm (R) ankle: 25 (L) calf: 34(L) ankle: 25 cms and length knee to heel: 47cm**

WASHING AND DRYING

Requires assistance with

Washing body, Washing extremities, Drying body

GROOMING

Requires assistance with

Cleaning teeth/dentures, Make up, Hair

SPECIFIC PREFERENCES

Prefers

Shower

When?

Alternate

Resident staff preference for care

Others

Please specify

No preferences

Special routines including - i.e. alternate day hygiene care

Betty like hair to be ear length.
Betty uses a brush or comb for her hair.
Betty has a skin moisturizer for her face and body BD.
Betty wears pants and top and cardigan when it is cold.
Betty wears a nightie to bed.
Betty brushes her teeth twice a day with prompting.

AM

Morning after breakfast.

Toiletries resident uses

Betty uses palmolive shampoo and fructis conditioner for her hair. Betty has a bar of soap for her body. Betty uses vegesorb for her body. Betty has olay for her face and has nivea cream as well. Betty uses a deodorant and a powder that she applies to her chest Betty uses a lipstick when she goes out.

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Detail intervention provided

Assist Betty in choosing clothes. That Betty is wearing her eyeglasses so that she can see her options of clothes. Staff to provide some assistance with undressing especially with small buttons and zippers due to Betty decreased upper limb strength and ROM with associated pain. Staff to supervise Betty in preparing her toiletries and setting up the water for her due to poor hand grip and dexterity with associated pain. Betty has hearing deficit impacting on ability to hear instructions, staff to ensure to speak clearly and loudly during showers especially that Betty is not wearing her hearing aids. Reduce background noise if required. Staff to assist in cleaning and drying other areas of Betty body such as her lower limbs, in between toes and back. Betty is still able to clean and dry her face, front body, and upper limbs. Betty has been assessed requiring assistance with personal hygiene due to hearing and vision impairment. Betty has history of multiples falls in the past and SOBOE. Betty also has history of depression and anxiety. However, Betty prefers to attend to her personal hygiene on her own. Dignity of risk form in place to support and respect her preferences. Staff to continue to encourage and remind Betty of potential consequences of not accepting assistance being risk of falls, exacerbation of pain, impact on skin integrity.

Haircare details - e.g. hairdresser name, frequency of visits, specific preferences re washing, etc.

Facility hairdresser. Every 4 months to do perm, 3 monthly for hair cut.

Nail care requirements

Staff to monitor Betty's fingernails to ensure that they are clean and short all the time. Assist Betty in trimming and filing fingernails. Podiatry to monitor toenails. Refer to podiatrist if required. Podiatrist to attend regularly every 6th weekly.

Foot care - e.g. to do with peripheral neuropathy / diabetes

Staff to monitor and check Betty feet. To check in between Betty toes for any injuries. Ensure that Betty is wearing well-fitting shoes with non slip soles

Aids used (specify)

Stationary Shower chair

Contributing Factors Limiting ADLs (Nutrition, Personal hygiene and Toileting)

Betty displays OA nodules in bilateral hands/fingers limiting her ability to manipulate small objects and fine motor skills.

PODIATRIST CARE PLAN DETAILS

Write here how often Podiatrist will see this person - e.g. x weekly

6-8/52 as required

Podiatrist plan - including Foot Hygiene

Betty's Feet and toenails are washed and checked daily for infection or inflammation, fungi etc by care staff. Any abnormality is reported to the RN. Review by Podiatrist every 6-8 weeks and nails are cut and filed and cleared of sulci.

Podiatrist recommended interventions

Wash & dry between toes thoroughly, wipe with an alcohol swab or other product as recommended if excessive moisture is present	Yes
Check the towel for any signs of discharge after drying	Yes
Check shoes, hosiery, socks for fit and foreign objects before fitting shoes	Yes
Check shoes for wear or torn linings and excessive wear	Yes
Inspect feet from heel to toe - report joint inflammation, swelling, skin breakdown or lesions	Yes

Toileting

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NUMBER OF STAFF

Specify number of staff required for toileting

x1 SB assistance

REQUIRES ASSISTANCE WITH

Physical (One to One assistance)

Full one to one physical assistance is required to position resident on and off the toilet, commode, bedpan or urinal, Clothing adjustment after toileting, Post toilet hygiene wipe / clean peri-anal area

INTERVENTION / ASSISTANCE / AIDS

Detail intervention provided

Betty has impaired field of vision impacting on spatial perception and ability to judge – will miss toilet seat• Betty has hearing deficit impacting on ability to hear instructions• Betty has decreased upper limb strength and ROM with associated pain impacting on ability to push and control descent necessary to position self on/off toilet• Betty has poor grip and dexterity with associated pain impacting on ability to grip safety rails necessary to push up and hold frame to toilet and manipulate clothing necessary to toilet• Betty has Chronic left hip pain impacting on ability and desire to engage core muscles necessary to toilet and maintain balance• Betty has decreased lower limb strength and ROM with associated stiffness in bilateral knees and ankles impacting on ability to push up and control descent necessary to position self on toilet. Betty has poor balance • Betty is falls risk with a history of falls• Betty had impaired field of vision impacting on spatial perception and ability to coordinate movement to complete toileting activities• Betty has decreased upper limb strength and ROM with associated pain impacting on ability to reach necessary to attend perianal hygiene• Betty has poor grip and dexterity with associated pain impacting on ability to grip toilet paper and adjust clothing for toilet completion• Betty has neck and left hip pain impacting on ability and desire to engage core muscles necessary to attend toilet completion activities and maintain balance• Betty has decreased lower limb strength and ROM with associated pain and stiffness in bilateral knees and ankles impacting on ability to move legs necessary to attend toilet completion activities. For the above reasons Betty requires full assistance of one nurse for all aspects of toileting and toileting completion.

Other details of staff assistance / comments

Staff to monitor Betty for signs of UTI such as urine color, odour, frequency, discomfort/pain during urination. Encourage Betty to drink adequate fluids during the day.Prompt Betty to go to the toilet during scheduled toileting regime.Ensure that incontinence is managed, and that peri-anal care is attended to. Apply skin barrier every post toileting needs. To encourage to go to the toilet prior to settling to bed.Staff monitor & record bowel movement each shift.Staff to advise RN if bowels not open for 3 days. RN to manage constipation accordingly and to report to GP if intervention is not effective. To offer prunes during breakfast. Encourage adequate fluid intake, offer fluids at each meal, M/Tea, A/Tea, Supper and after attending any ADLs /PAC etc & fibre in diet to help prevent constipation. To encourage to notify RN if there is any discomfort with voiding and passing stool. Encourage Betty to eat food high in fibre. Betty has been assessed requiring assistance with toileting care needs due to hearing and vision impairment. Betty has history of multiples falls in the past and SOBOE. Betty also has history of depression and anxiety. However, Betty prefers to attend to her toileting care regime on her own. Dignity of risk form in place to support and respect her preferences.

Aids used (specify)

Raised over the toilet seat