Functional Assessment

Resident Name: Susan MCV_02

Report created on: 09/12/2023 1:24 PM by Sandy Matthews [Nurse Consultant]

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
Requires supervision to eat food	Yes

Eating Aids / Utensils Details

Plate	Sue has a normal plate.
Cup/saucer (type other options if not shown in the list)	Mug
Other Interventions provided	Sue likes to have her breakfast in her room and lunch and dinner in the dining room. Sue prefers small size meals. Staff are required to let Sue know when mealtimes are. Staff are to physically assist Sue with her 4WW to the dining room for lunch and dinner and then assist her in positioning at the table. Staff are to assist Sue in getting ready for her meals and she needs set up assistance during mealtimes. Sue is able to feed herself but requires staff to supervise her during these times. Staff remind Sue to continue eating and to complete her meals as she can become distracted. Staff to provide a normal meal and thin fluids. Staff to monitor Sue weight Monthly.
If yes to swallowing difficulty, specify	no
Does the resident require further assessment?	No

To set Appointment date, use the Tasks area

Can resident hold a hot cup? (detail)	Sue can hold a hot cup however staff need to supervise closely as she has OA in her bilateral hands with weak grip strength, poor dexterity, stiffness, and pain..

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	Physio has recommended Supervision with 4ww for all transfers, however Sue wishes to be independent for as long as possible. Therefore, staff need to supervise Sue as much as possible and to encourage and to ensure her safety. Staff to ensure to monitor Sue whilst alone in her bedroom as she transfers without staff assistance. Staff to minimize furniture and obstacles in Susan room and in the environment to ensure safety. Sit to stand: Supervision is required, verbal prompting necessary to move Sue into standing and to aid balance when standing and have other hand over the shoulder physically moving the trunk forwards and into the stand. Ensure 4WW is positioned in front of Sue once standing. On sitting have hands in the same position and physically lower into the chair slowly.
Other details of staff assistance / comments	Dementia, Anxiety, Asthma, Spinal Canal Stenosis L4 to L5, Forearm Osteoporosis, Ischaemic Heart Disease with bilateral lower limb non-arthritic oedema, Heart Block, Macular Degeneration both eyes – left macula has marked scarring, Rotator Cuff Tear –

left shoulder, Pain (shoulders [L>R], hands), Osteoarthritis (shoulders, hands, lower back, neck, hips, knees). These diagnoses impact on Sue's ability to perform mobility related procedure.

Sue requires Supervision with transfers and locomotion.

Sue presents with moderate cognitive impairment associated with Dementia. She has a problem with initiating, planning, and sequencing skills affecting her ability to follow instructions. Although Sue can follow simple instructions, she has difficulty following complex instructions such as mobility tasks.

Sue has visual impairment to both eyes secondary to macular degeneration impacting on her visual spatial awareness which can result to falls or skin injuries.

Sue becomes easily fatigued and short of breath due to her Ischaemic Heart Disease. Staff to encourage her to take rest periods in between.

Sue has ½ cervical rotation and due to neck OA and does not scan environment for safety.

Sue has poor core strength secondary to OA in her lower back and spinal canal stenosis L4 to L5 which impact on her ability to descend and ascend during the process of sit to stand and stand to sit transfer.

Sue struggles to push through her arms to perform sit-to-stand transfer due to her OA in bilateral shoulders (L>R) with pain and left rotator cuff injury.

Sue has OA in her bilateral hands with weak grip strength, poor dexterity, stiffness, and pain affecting her ability to manoeuvrer her 4ww during mobilisation.

Sue has OA in hips and knees affecting her ability to maintain balance during the process of transfers and mobilisation related procedures increasing her risk of falling.

Sue demonstrates poor static and dynamic balance, reduced foot clearance when walking, and postural sway which further increase her risk of falling.

Aids used - i.e. lifting machine type, other relevant details	Sue mobilises with 4ww with Supervision
Recommended Seating	Chair with arm rests

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

Susan has a stooped posture with a lean to the right with increased stiffness within hip and knee joints. This has been complicated by spinal stenosis and past laminectomy and rhizolysis surgery to lumbar spinal levels of L 4-5

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

Susan has reduced dexterity, secondary to OA changes, coordination and fine motor skills and accuracy of movement with stiffness in bilateral hands, impacting with on her ability to manipulate her cutlery and condiment satchels; also impacting further this area, is her reduced ROM of upper limbs.

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

Lower limbs have evidence of dependant oedema from knees down. Skin is very tight and shiny across anterior aspect of bilateral tibia with noticeable extra swelling around right ankle.
Susan has a stooped posture with a lean to the right with increased stiffness within hip and knee joints. This has been complicated by spinal stenosis and past laminectomy and

rhizolysis surgery to lumbar spinal levels of L 4-5

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	Physio has recommended Supervision with 4ww for all mobility, however Sue wishes to be independent for as long as possible. Therefore staff need to supervise Sue as much as possible and to encourage and to ensure her safety. Ambulation: Supervision with 4WW. Staff to provide hands on support with one hand placed over the opposite hip to which the staff member stands to Sue, physically bringing Sue up into the frame and physically controlling Sue's balance, their other hand to be placed over the Sue's hand on their 4WW, physically moving the 4WW into Sue's body and physically guiding the direction of the frame, and this physical assistance is required at all time when walking.
Other details of staff assistance / comments	Dementia, Anxiety, Asthma, Spinal Canal Stenosis L4 to L5, Forearm Osteoporosis, Ischaemic Heart Disease with bilateral lower limb non-arthritic oedema, Heart Block, Macular Degeneration both eyes – left macula has marked scarring, Rotator Cuff Tear – left shoulder, Pain (shoulders [L>R], hands), Osteoarthritis (shoulders, hands, lower back, neck, hips, knees). These diagnoses impact on Sue's ability to perform mobility related procedure. Sue requires physical assistance with transfers and locomotion. Sue presents with moderate cognitive impairment associated with Dementia. She has a problem with initiating, planning, and sequencing skills affecting her ability to follow instructions. Although Sue can follow simple instructions, she has difficulty following complex instructions such as mobility tasks. Sue has visual impairment to both eyes secondary to macular degeneration impacting on her visual spatial awareness which can result to falls or skin injuries. Sue becomes easily fatigued and short of breath due to her Ischaemic Heart Disease. Staff to encourage her to take rest periods in between. Sue has ½ cervical rotation and due to neck OA and does not scan environment for safety. Sue has poor core strength secondary to OA in her lower back and spinal canal stenosis L4 to L5 which impact on her ability to descend and ascend during the process of sit to stand and stand to sit transfer. Sue struggles to push through her arms to perform sit-to-stand transfer due to her OA in bilateral shoulders (L>R) with pain and left rotator cuff injury. Sue has OA in her bilateral hands with weak grip strength, poor dexterity, stiffness, and pain affecting her ability to manoeuvrer her 4ww during mobilisation. Sue has OA in hips and knees affecting her ability to maintain balance during the process of transfers and mobilisation related procedures increasing her risk of falling. Sue demonstrates poor static and dynamic balance, reduced foot clearance when walking, and postural sway which further increase her risk of falling.

Aids used - i.e. standing/walking machine type, other relevant details	4WW
Strategies from the Falls / Safety assessment to minimise issues related to Mobility	Staff are to ensure Sue's call bell and side table are within reach, and instruct Sue to call for assistance as required. Staff are to ensure Sue is wearing safe footwear when mobilising i.e. well-fitted shoes. Staff are to ensure the area is clear area of hazards-spills, clutter, unstable furniture. To ensure Sue has access to adequate nutrition and hydration. Ensure bed height is appropriate to the needs of the resident. Staff to provide 1x physical assistance throughout all transfers and mobilityStaff to be aware that Sue may stumble when she is walking with them. If Sue loses her balance staff to gently assist her to the floor and then report to RN to assess her.

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

Susan has a diagnosis of AV block due to ischaemic heart disease with renal failure all contributing to SOBOE and fatiguing easily when undertaking functional activity.

Movement in Bed

MOVEMENT IN BED

Assistance Movement in Bed	One staff assist
Detail intervention provided	Staff to assist Sue to move in bed. For lie to sit transfers staff are to place hands under Sue's legs, moving one leg at a time, to assist with movement of legs in and out of bed. Staff to support Sue's trunk when transferring from lying to sitting over the edge of the bed.

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, Sigvaris, Size Medium, to be applied to Susan'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-arthritic oedema in the lower limbs, relating to Ischaemic Heart Disease. The measurements, in centimeters, of Susan's legs are circumference L) calf 36 cm; L) ankle 24 cm; R) calf 37 cm; R) ankle 24 cm; and length knee to ankle 35 cm. Compression garments to be reviewed in line with care plan review.

WASHING AND DRYING

Requires assistance with	Washing face, Washing body, Washing extremities, Drying face, Drying body

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GROOMING

Requires assistance with	Cleaning teeth/dentures, Make up, Hair

SPECIFIC PREFERENCES

Prefers	Shower
When?	Every Day
Special routines including - i.e. alternate day hygiene care	Sue has her own Palmolive hair shampoo. She likes her hair washed every 2-3 days and just before she goes to the hairdresser. Face Cream - Sue has Nivea soft cream that she would like to staff to help when asked to apply to her face. Sue has Vitamin E cream for her hands & legs. Underarm deodorant - Sue would like this applied after her shower or whenever she needs this done. Facial hair - Sue has a ladies electric razor she uses. She normally feels her chin & then if need to will use her electric razor. Sue needs staff to assist her with fastening her bra. Staff to assist Sue in applying coloplast under her breast after her shower each morning. Footwear - Sue prefers wearing her sandals but when its cold she wears her slip on shoes. Sue would like to be careful when helping with putting her shoes on as she has a left painful bunion near her big toe. Sue wears toe separators on right foot. Oral Health - Sue has her own teeth and brushes them with a manual tooth bush twice a day (morning and prior to settling at night).
AM	Sue prefers her shower before or straight after breakfast everyday.
Toiletries resident uses	Sue has her own body wash
Detail intervention provided	Sue requires x1 staff physical assist with all personal hygiene tasks.Sue will stand in the shower area and hold onto the rail while staff wash her. Whilst Sue is sitting on a chair after her shower staff dry her.Dementia, Anxiety, Asthma, Spinal Canal Stenosis L4 to L5, Forearm Osteoporosis, Ischaemic Heart Disease with bilateral lower limb non-arthritic oedema, Heart Block, Macular Degeneration both eyes – left macula has marked scarring, Urinary Incontinence, Rotator Cuff Tear – left shoulder, Pain (shoulders [L>R], hands), Osteoarthritis (shoulders, hands, lower back, neck, hips, knees). These diagnoses impact on Sue's ability to perform personal hygiene care task safely and effectively. Sue requires 1x physical assist with dressing, undressing, washing, drying, and grooming. Sue presents with moderate cognitive impairment associated with Dementia and has issues with planning, initiating, and sequencing skills affecting her ability to follow instructions. Sue lacks insight into her hygiene and refuses physical assistance with her personal hygiene care. Sue has visual impairment secondary to macular degeneration affecting her visual spatial awareness which increases her risk of falling or sustaining skin injuries during the process of personal hygiene care.Sue becomes easily fatigued and has poor endurance secondary to Ischaemic Heart disease. This impacts on her ability to complete the process of personal hygiene care safely and effectively. Sue has reduced neck movement associated with OA affecting her ability to engage neck during the process of brushing, washing, or drying her hair. Sue has lower back OA and spinal canal stenosis affecting her ability to put her socks and footwear on, wash and dry lower limbs effectively. Sue can perform hand behind head and hand behind back task however she is unable to sustain position as she becomes easily fatigued. She has bilateral shoulders OA (L>R) with pain affecting her ability to put on and off clothing, wash, dry, and groom head and back region. Sue has bilateral hand OA with pain, weak grip strength, and poor dexterity. These contribute to her difficulty manipulating object related to her personal hygiene care such as buttons, zips, towels, face washers, toothbrush. Sue has knees and hips OA affecting her ability to stand up and maintain her balance during the process of dressing, undressing, washing, and drying. Sue has poor balance which increases her risk of falling during personal hygiene related procedures. Therefore, staff ensure that she sits throughout the process.

Haircare details - e.g. hairdresser name, frequency of visits, specific preferences re washing, etc.	Sue attends the facilities hairdresser and has only a cut. Sue likes her hair to be washed by staff on the day of her hairdressing appointment. Sue likes her hair to be brushed.
Nail care requirements	Susan requires staff to cut her fingernails due to poor vision impacting on spatial perception and ability to coordinate scissors to be able to attend her fingernails. Sue has reduced dexterity and grip, poor coordination and accuracy of movement, impacting on her ability to manipulate equipment required to clean and cut her fingernails. Staff to check & clean nails daily, cut & file as require. Podiatrist to attend to Sue Footcare.
Foot care - e.g. to do with peripheral neuropathy / diabetes	Podiatrist for footcare.
Aids used (specify)	Sue stands in the shower.

Contributing Factors Limiting ADLs (Nutrition, Personal hygiene and Toileting

Susan has reduced dexterity, secondary to OA changes, coordination and fine motor skills and accuracy of movement with stiffness in bilateral hands, impacting with on her ability to manipulate her cutlery and condiment satchels; also impacting further this area, is her reduced ROM of upper limbs.
Spinal stenosis and facet joint OA further limit Susan's ability to reach behind and beyond her knees preventing the ability to pull on lower garments and underwear.

PODIATRIST CARE PLAN DETAILS

Podiatrist plan - including Foot Hygiene	S: nil complaint or issues reported by resident, consent gained O: elongated nails, fragile dry skin A: (Dx) unable to self-care for feet due to age related mobility restrictions. P: All nails cut, filed and sulci cleared as best as possible E: Refer to Ongoing tailored Podiatry Management plan R/V 6/52

Podiatrist recommended interventions

Apply toe props/bolsters to relieve pressure/protect, prevent corns	Yes
Apply toe padding to relieve pressure/protect	Yes
Use protective footwear to relieve pressure/protect	Yes
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

NUMBER OF STAFF

Specify number of staff required for	x1

toileting

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

Sue requires x1 staff assistance with using the toilet and toilet completion with clothing adjustment and pre and post perianal care.Wheever Sue becomes distracted during toileting tasks staff are to redirect Sue back to task.

Other details of staff assistance / comments

Dementia, Anxiety, Asthma, Spinal Canal Stenosis L4 to L5, Forearm Osteoporosis, Ischaemic Heart Disease with bilateral lower limb non-arthritic oedema, Heart Block, Macular Degeneration both eyes – left macula has marked scarring, Urinary Incontinence, Rotator Cuff Tear – left shoulder, Pain (shoulders [L>R], hands), Osteoarthritis (shoulders, hands, lower back, neck, hips, knees). These diagnoses impact on Sue's ability to perform toileting task safely and effectively.Sue requires physical assistance with use of toilet and toilet completion. Sue presents with moderate cognitive impairment associated with Dementia and has issues with planning, initiating, and sequencing skills impacting her ability to follow instructions. Sue lacks insight into her own ability and refuses care related to her toileting regime. Sue can only follow simple instructions but has difficulty following complex instructions. Sue has visual impairment secondary to macular degeneration affecting her visual spatial awareness which can result to falls or skin injuries. Sue becomes easily fatigued and short of breath due to her ischaemic heart disease affecting her ability to complete toileting related procedures safely and effectively. Sue has neck OA with reduced cervical rotation, and she fails to perform shoulder check to look behind upon sitting impacting on her ability to sit on the toilet. Sue has lower back OA and spinal canal stenosis affecting her ability to perform lumbar flexion to pull up pants after toilet use. Sue has pain in bilateral shoulders (L>R) secondary to OA and left rotator cuff injury impacting on her ability to push through her arms after using the toilet. Sue has pain in both hands, weak grip strength, and poor dexterity secondary to OA. This limits her ability to manipulate toilet paper, incontinence pad, buttons, and zips during the process of perianal hygiene and adjusting clothing. Sue has OA in her knees and hips impacting on her ability to stand up and maintain balance when adjusting her clothing before and after toilet use. Staff are required to complete this activity for her.