###### Interprofessional Case Presentation: Weekly

**Directions:** Review the RHRA with the social worker following a home visit and summarize the information on this form to guide your presentation. Continue to update form with successive visits.

*Complete and turn in all forms to clinical instructor at the end of the rotation. The student will complete an IP case presentation form for EACH resident seen.*

Resident i*nitials*: \_\_\_\_\_\_ Rutgers student name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Northgate staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_ Visit date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ New assessment \_\_\_\_\_\_ Reassessment (annual) \_\_\_\_\_\_

**Brief background and reason for visit:**

**Health history:**

**Assessment (4Ms):**

**What Matters:**

What issues are most important to the resident?

What is the residents’ preferred language?

Identify cultural and linguistically appropriate considerations (CLAS) for this resident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the resident have an Advanced Directive?  **\_\_\_\_\_\_\_\_\_** Would they like to receive information? **\_\_\_\_\_\_\_\_\_ Date information provided \_\_\_\_\_\_\_\_**

**Medications (see RHRA):**

**Copy list of medications from RHRA and include with this form. Indicate class/reason for taking, and if high risk med (BEERs).**

BP\_\_\_\_\_\_\_\_ HR\_\_\_\_\_

Blood glucose (if applicable) \_\_\_\_\_\_\_ Does the resident test BG regularly? Y/N/NA

Do they know how to use their BG monitor? Y/N/NA

|  |  |
| --- | --- |
| **Medication Issues (Describe if checked)** | **Interventions Implemented** |
| Duplication of therapy ☐ | Contact prescriber ☐ |
| Knowledge deficit ☐ | Medication education ☐ |
| Lack of organization ☐ | Pillbox ☐ |
| Nonadherence ☐ | Medication clean-up ☐ |
| Incorrect administration/use ☐ | Medication schedule changes ☐ |
| High risk (BEERS) ☐  If so, which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Risk for impaired cognition ☐  Risk for impaired mobility/fall risk ☐ | Lifestyle modifications education ☐.  Specify education\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Notes:

1. **Mentation**/cognitive assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Social support (family, significant others, church, groups). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Mood/Depression- PHQ-2/PHQ-9 score: \_\_\_\_\_\_\_\_\_\_\_\_
4. Dementia- Minicog assessment score
5. **Mobility**- (resident activity, home assessment related to falls)
6. Level of resident activity:
7. Home assessment relating to mobility
8. Fall risk: Does the patient answer YES to any of the following questions?

a) Feel unsteady when walking. Y/N

b) worried about falling. Y/N

c) has fallen in the last year Y/N

1. TUG results: (seconds) \_\_\_\_\_\_ (Greater than 12 is abnormal).
2. Pain (describe completely) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Katz ADLs: total score \_\_\_ out of 6. Areas of dependence identified
4. Lawton-Brody IADLs: total score \_\_\_ out of 8. Areas of dependence identified:
5. List Assistive devices used (Pg 3 RHRA) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Resident strengths identified and perception of health:**

**Prioritized Problem List**

1.

2.

3.

**What FLAGS/Follow up was identified on the RHRA form?**

**FLAGS**

**Interprofessional Recommendations including plan for follow up: (Describe agencies, resources recommended). (This is the plan you develop collaboratively with your staff member and instructor).**

What matters:

Medications:

Mentation

Mobility

**Progress Notes/follow up: Provide a status update regarding the issues identified above. What has been accomplished? What needs to be followed up?**

**NOTE: ALL FLAGS on the RHRA must be noted here and update provided.**

**FLAGS FOLLOW-UP DATE**