Social and Functional History

YOUR LOGO HERE

Hospital number:

NHS number:

Name:

D.O.B:

Use addressograph label

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CONTACT DETAILS *Family member/relative/Next of Kin/care giver*	
Name and relationship	**Details**
GP PRACTICE	**GP**
CARE AGENCY	

Age:		Occupation:		Driving:	

Clinical Summary

PC:

HPC:

Drug	Dose and frequency	Drug	Dose and frequency

Allergies/sensitivities:

Home oxygen? ***Cylinder*** ☐ **Concentrator** ☐ ***Other*** ☐

Hypnotics, anxiolytic, antipsychotics. Increase falls risk - confirm idicication for use.

Source	*Patient*	*Compliance aid*	*GP records*	*Relative*
✓				

Known diabetes on insulin? Check insulin dose and prescribe.
If blood glucose ≥20 = exclude DKA/HHS

Investigations in the ED (for patients managed by CEDT)

URINE APPEARANCE:

Urine	*Ketones*		*Protein*	
Catheter Y N	*Glucose*		*Leuc*	
MC&S: Y N	*Blood*		*Nitrites*	

In patients ≥ 65 years of age, urine dipstick is unhelpful in diagnosing lower UTI (cystitis without systemic signs of infection or sepsis).

If lower UTI is suspected in patients ≥ 65 years of age, ignore (or do not perform) urine dipstick and **always** send a urine sample to Microbiology for culture.

Name:	Hosp no:	DOB:

Social history [1] - MDT use

Information obtained from:

Issues highlighted by patient or caregiver and wishes for treatment and onward management

Provision of care and details:

POC: OD BD TDS QDS QDSX2 private

Property type:

What do carers assist with?

W&D Meal preparation

Transfers Toileting

Emptying commode Medication

Heating ***(gas, electric, open fire):***

Internal/external access *(steps, rails [1/2/none], lift, stairs/stairlift):*

Other

Pendant alarm/key safe present:

Location of bed:

Location of bathroom(s):

Name:	Hosp no:	DOB:

Social history [2] - MDT use

Mobility *(indoor and outdoor including distance and equipment [independent, trolley, 3WW, 4WW])*

Chair transfers *(including equipment in situ):*

Toilet transfers *(including equipment in situ):*	**Location of toilet(s)/night time toileting:**

Bed Transfers *(including equipment in situ):*

Washing and dressing *(bath, shower, wet room, strip wash, equipment in situ)*

Meal prep *(breakfast, lunch, dinner, snack, meals on wheels, farm foods)*

Shopping

Cleaning and laundry

Signed:	**Date:**

Name:	Hosp no:	DOB:

Sensory function - MDT use

Vision *(glasses, reading glasses, varifocals, bifocals, other):*

Hearing *(including use of aids, bilateral or unilateral):*

Communication

Dentition *(tooth loss, painful or bleeding gums, full set of dentures, partial):*

Oral hygiene:

Skin integrity and pressure areas on admission

PRESS Score: **Green** **Orange** **Red**

Pressure relieving equipment at home

Cognition and mood

Has there been a significant change in mood or cognition from the patient's baseline?

Specify:

Continence assessment

Type of incontinence Stress Urge Mixed

Nocturia **Y** **N** How many times a night?

Previously assessed by community continence team **Y** **N**

Patient would like to be referred for community continence assessment on discharge **Y** **N**

Assessment of swallow

Signed:	Date:

Name:	Hosp no:	DOB:

Physical functioning - MDT use

Falls history

Number of falls in last 12 months	
Date and time of last fall	
Location of last fall including direction	
Cause of fall	
Preceding symptoms	
Able to get up on own, if not why?	
Long lie, if yes, how long?	
Ability to call for help	
Fear of falling and loss of confidence	
Previous fractures secondary to falls	

Current physical function

WHO recommend 150min/week of moderate intensity physical activity or 75mins vigorous intensity for all adults

Physical activity:
How many days per week does patient engage in moderate or vigorous physical activity i.e. brisk walk

_____days

On those days, how long (mins/hrs) does the patient engage in activity?

_____mins/hrs

Timed Up and Go (TUG)

Date completed (admission):		Result:
Date completed (discharge) :		Result:
	>10 seconds may indicate an element of frailty	
	>12 seconds indicates mobility impairment	
	>20 seconds indicates that the patient requires assistance walking outside	
	>30 seconds indicates the patient is prone to falling	

FRAT Score

History of falls in the last year	Y	N
On ≥ 4 medications?	Y	N
History of stroke or Parkinson's Disease	Y	N
Reported problems with balance	Y	N
Did they use their arms to stand from a chair prior to admission?	Y	N
If ≥ 3, follow falls pathway	Total	/5

180° Turn

Date completed (admission):		Result:
Date completed (discharge) :		Result:
	6 steps = increased risk of falls	

Falls Pathway

Falls history and FRAT completed	
Staying steady booklet/alternative provided	
Gait observed and re-education provided	
Exercise sheets provided	
Community Therapy Referral	

Signed:

Date: **Bleep:**

Frailty Assessments

Multi-professional use based on preadmission (approx. 2 weeks) level of function

Patients with CFS of 7-8 are at risk of adverse outcomes: consider symptom directed care and advanced care planning. For patients who are vulnerable to moderately frail, consider completing a comprehensive personalised care plan (CGA), with involvement of the community teams and GP for follow up. Please use clinical judgement based on MDT based patient assessment.

Clinical Frailty Scale*

1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally e.g. seasonally.

3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.

5 Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. Terminally Ill - Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In severe dementia, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

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Clinical Frailty Scale (CFS) level	

Frailty Syndromes

Falls		**GP Electronic Frailty Index (eFI)** (if available from primary care records)	
Immobility			

		Frailty	**eFI**	**CFS equivalent**
Delirium				
Incontinence		**Mild**	≥ 0.12; ≤ 0.24	5
Polypharmacy		**Moderate**	≥ 0.24; ≤ 0.36	6
Recurrent hospital admissions		**Severe**	≥ 0.36	7
From a care home				

Signed:	**Date:**

Name:	Hosp no:	DOB:

MDT notes

Community Team Involvement (Community Independence Teams, District Nurses, Wellbeing Team, Safeguarding Team, Learning Disabilities Team)

Main contact:

MDT notes/CEDT plan/collateral history/discussions with NOK or caregiver