

Health Considerations Tables (HCT) for Aging Persons with a Developmental Disability

Developed by

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Special thanks to

Central Region Partnership ON
Aging & Developmental Disabilities
Central West Community Network of
Specialized Care

INTRODUCTION

The Health Considerations Tables have been developed for use by staff, family, caregivers and others who support aging persons with Developmental Disability(ies).

The purpose of the 'Tables' is to enable staff and others to compile and report valuable information pertaining to a specific individual. It will also highlight any changes the individual may be experiencing. The completed information is intended to be presented at regular medical appointment reviews as well as at acute and emergency care visits.

Note: Persons with a developmental disability may begin to develop age-related changes effecting one or more body systems at an earlier chronological age.

Acknowledgements

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Cardiovascular System

- Chambers of the heart may enlarge and become thicker
- Blood vessels may narrow and thicken
- Cardiac output may be affected impacting circulation
- Congenital heart defect/valve abnormalities, if present, may affect heart function
- Hypertension/Hypotension may develop

Note: Hypertension is not a normal aging change

Cardiovascular Functional Changes

- Any sudden or unexplained change in the individual should be investigated medically
- Heart rate may change e.g. rhythm irregularities may be noted
- 'At Rest Heart Rate' does not change with age
- Blood volume decreases so lab values may show a decrease in red and white blood cell counts
- Decreased oxygen utilization may occur
- Compromised circulation may occur
- Electrocardiogram changes may be noted
- Pain may occur/be reported
- Shortness of breath may occur
- Fatigue may be reported/noted
- Extremity swelling may be noted
- Skin changes e.g. color and temperature may be noted
- Blood clots may occur
- Fluid retention may occur
- Hypertension may lead to heart failure, renal failure, or stroke

Cardiovascular System Questions and Consideration

- Is there a history of cardiac disease
- Is there a change in vital signs
- Is there a pacemaker or other implanted device in place
- Is the individual taking any regular or new cardiac medication e.g. nitroglycerin for chest pain
- Is the individual on other regular medication(s) and is a list available... please provide
- Are there pain indicators such as 'crushing', 'stabbing', 'burning', 'heaviness', 'throbbing', 'radiating'
- Is there a time when the pain started and how long did it last
- Is there any change in the individual's alertness/awareness
- Is there nausea and/or vomiting
- Is the individual perspiring
- Is the individual dizzy

Is the following information known/available:

| | | | |
|-----------------------------|-----|----|-------------------------------|
| Power of Attorney for Care | Yes | No | Where is the information kept |
| Public Guardian and Trustee | Yes | No | Name and Contact information |
| Family Member | Yes | No | Name and Contact information |

Is the 'End of Life Care Directive' for the individual known Yes No Where is it kept

Did you know that for individuals with a developmental disability

- There is a higher incidence of hypertension in certain cultures e.g. non-Hispanic blacks and African American males
- 43% of individuals with developmental disabilities also have hypertension (National Centre for Chronic Diseases)
- There is no change in the resting heart rate with aging

Dermatological System

- Dry skin
- Atopic dermatitis
- Seborrheic dermatitis
- Impetigo
- Alopecia
- Skin lesions
- Thinning and atrophy of the epidermis
- Increased vascular fragility
- Decreased size and function of sweat glands
- Decreased sebaceous secretions
- Loss or change in skin pigmentation
- Reduced number of nerve cells
- Reduced blood supply to nail beds

Dermatological Functional Changes

- **Any sudden or unexplained change in an individual should be investigated medically**
- Loss of elasticity, fat and connective tissue may occur
- Thinning and dryness of skin may lead to tears, risk of irritation, rashes
- Skin may bruise more easily
- Decreased oil production may occur
- Skin and underlying tissue injury may result from prolonged pressure, leading to pressure sores, ulcers
- Delayed healing process may occur
- Decreased sensation may be present which may increase risk of injury
- There may be less ability to perspire, leading to inability to sense temperature changes
- Changes in circulation can occur
- Increased risk of sunburn may occur
- Changes in nail beds or shape of fingers may indicate underlying disease

Dermatological System Questions and Consideration

- Is there a history of any skin conditions or disease e.g. allergies, hives, psoriasis, eczema
- Is there any change in vital signs
- Is there a change in any area of the skin e.g. redness, swelling, odour, discharge
- Is there a noticeable lesion or rash
- Is there any unexplained bruising
- Are there any pain indicators
- Is a current medication list available... Please provide

Is the following information known/available:

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Did you know that for individuals with a developmental disability

- Decreased response of sweat glands to temperature regulation demand can increase the risk of heat stroke
- Skin injuries heal more slowly
- Application of bland lotions is important to retain moisture in aging skin

Endocrine System

- Changes in Thyroid gland
- Changes in Parathyroid glands
- Changes in Adrenal glands
- Changes in pancreas or production of insulin (diabetes)
- Changes in menstrual cycle

Endocrine Functional Changes

- Any sudden or unexplained change in the individual should be investigated medically
- Hyperthyroidism (overactive gland) may occur and can lead to weight loss
- Hypothyroidism (underactive thyroid gland) may occur and can lead to weight gain
- Changes in Thyroid Stimulating Hormone levels (TSH) may be reported
- Three cardinal signs of Diabetes:
 - Polydipsia (increased thirst)
 - Polyphagia (increased hunger)
 - Polyuria (increased voiding)
- Changes in blood glucose levels, (high or low) may be reported
- Increased symptoms relating to Pre-menstrual Syndrome may occur such as menstrual cycle irregularity, hot flashes
- Increased or diminished bleeding and clotting may occur
- Amenorrhea (absence of menstruation) may occur
- Increased irritability or behavioural changes may be noted and may be related to menstrual changes

Endocrine System Questions and Consideration

- Is there a history of any endocrine disease
- Is there a change in vital signs
- Is there a change in the individual's alertness/awareness
- Is there a change in the level of consciousness
- Is there a change in speech/communication (may be r/t blood glucose levels)
- Is there a change in balance
- Is there any evidence of polydipsia, polyphagia, or polyuria
- Is there any nausea and/or vomiting
- Is there any change in sleep, awake, or rousable status
- Are there any pain indicators
- Is a current medication list available ... Please provide

Is the following information known/available:

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Did you know that for individuals with a developmental disability

- An intolerance to heat and cold may indicate an underlying thyroid condition
- Development of tremors or nervous behaviour may be a symptom of an endocrine disorder
- Weight loss or gain may be associated with thyroid disease
- Thyroid disease may lead to an irregular heart rate

Gastrointestinal System

- Dental changes
- Decreased number of taste buds
- Reduction of muscular strength for chewing
- Decreased amount of saliva production
- Decreased gastro-mucosal production (decreased acid production)
- Thickened gastric mucosa
- Decreased time in emptying esophagus and stomach contents
- Small intestine changes may affect absorption
- Large intestine changes lead to weakened muscles in the large bowel, decreased bowel motility, rectal prolapse, volvulus (a twist in the bowel leading to obstruction), irritable bowel syndrome
- Gallbladder function changes e.g. bile thickens, bile volume and flow may be reduced
- Pancreatic changes lead to decreased insulin secretion
- Liver function changes, possibly due to decreased liver size, may lead to reduced ability to detoxify

Gastrointestinal Functional Changes

- **Any sudden or unexplained change in the individual should be investigated medically**
- Loss of dentition may occur
- Chewing difficulties leading to special dietary considerations may occur
- Decreased saliva production may occur leading to swallowing difficulties
- Gum deterioration including infection associated with gum disease, poor oral hygiene, and cell degeneration may occur
- Potential nutritional compromise could include decreased appetite, decreased fluid intake, decreased hunger and weight loss
- An increased risk of vitamin depletion can occur
- Constipation may occur
- Gastro Esophageal Reflux Disease (GERD) may develop
- An increased risk of gastric ulcers and Helicobacter Pylori may occur
- Pain may occur
- Hemorrhoids, Rectal Prolapse and Rectal Bleeding can develop

Gastrointestinal System Questions and Consideration

- Is there a history of Gastrointestinal disease such as irritable bowel, colitis, Crohn's disease, gastroesophageal reflux, hiatus hernia or ulcer
- Is there any change in vital signs
- Are there any pain indicators of abdominal shielding or guarding
- Are there any complaints of abdominal discomfort e.g. distension, swelling, firmness, tenderness, pain
- Is there any change in the individual's level of alertness/awareness
- Is there any nausea and/or vomiting
- Is there any change in bowel pattern e.g. regularity, amount, consistency
- Is the date of the last bowel movement known
- Have there been any recent bowel infections, tests, or surgeries
- Is a current medication list available ... Please provide
- Have there been any recent medication changes

Is the following information known/available:








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Did you know that for individuals with a developmental disability

- Gastrointestinal disease is the third leading cause of death
- Constipation is a common condition, if ignored, can lead to significant health problems
- The **Bristol Stool Chart** is the recommended standard for monitoring, recording and reporting bowel function
- A high percentage experience obesity
- Have higher rates of tooth extractions compared to the general population

Bristol Stool Chart

| | | | |
|--------|---|--|---|
| Type 1 |  | Separate hard lumps, like nuts (hard to pass) | Type 1 and 2 indicate constipation |
| Type 2 |  | Sausage-shaped but lumpy | |
| Type 3 |  | Like a sausage but with cracks on the surface | Type 3 and 4 are the easiest to pass |
| Type 4 |  | Like a sausage or snake, smooth and soft | |
| Type 5 |  | Soft blobs with clear-cut edges | Type 5-6 may indicate diarrhea |
| Type 6 |  | Fluffy pieces with ragged edges, a mushy stool | |
| Type 7 |  | Watery, no solid pieces. Entirely Liquid | Type 7 may be a sign of cholera or food poisoning, etc. |

Genitourinary System

- Urinary tract infections
- Inguinal hernia
- Ureteral reflux
- Change in kidney function
- Bladder cancer
- Incidence of testicular cancer
- Enlarged prostate
- Bladder and/or kidney stones

Genitourinary Functional Changes

- **Any sudden or unexplained change in the individual should be investigated medically**
- A change in urinary output (increased or decreased) may occur
- Urinary incontinence may occur
- Nocturia (increased nighttime voiding) may occur
- Urinary tract infections may occur
- Urinary retention may occur
- Changes in urine (odour, colour, blood, concentration, mucous) may be reported
- Confusion (mental, restlessness, agitation) may be noted and can be due to urinary infection
- Pain and discomfort may be reported
- An increased risk of dehydration can occur

Genitourinary System Questions and Consideration

- Is there a history of any urinary system abnormality such as kidney or bladder disease
- Is there a history of any bladder, prostate or kidney surgery
- Is there any change in vital signs
- Is there any change in the individual's alertness/awareness/confusion
- Is there a change in colour or odour of the urine
- Is there any new or previous history of urinary incontinence
- Is there any voiding difficulty (hesitancy, straining, reduced flow, dribbling, or history of incomplete emptying)
- Is there any change in fluid intake or output
- Are there any fluid restrictions
- Is there any increased restlessness
- Are there any complaints of pain or other pain indicators
- Is there any evidence of lower abdomen distension
- Is there any tenderness or guarding of the abdomen
- Is a current medication list available... Please provide

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Did you know that for individuals with a developmental disability

- Mild heart failure or varicose veins can produce nocturia
- Early symptoms of enlarged prostate may be caused by urinary tract infection
- Hematuria may be a symptom of an enlarged prostate or kidney stones or bladder infection
- If there is a known history of urinary system abnormality such as kidney or bladder disease there may be no urinary output (anuria)

Mental Health System

- Mental Health Illness, new or previously diagnosed can include depression, psychosis, anxiety
- Changes in mental status
- Changes in cognitive function
- Changes in behaviour
- Changes in mood
- Changes in social/recreational involvement

Mental Health Functional Changes

- Any sudden or unexplained change in the individual should be investigated medically
- Emotional instability may occur
- Impaired memory may be noted
- Increased anxiety may occur
- Increased behaviour concerns may develop
- Increased negative talk or statements may be observed
- Expressed feelings of worthlessness, hopelessness, powerlessness may be heard
- Altered perceptions may be observed
- Increased headache complaints may be reported
- Sleep disturbances may occur
- Increased irritability may be noted
- Weight changes may be recorded
- Reduced ability to perform motor activities and ability to follow instructions may be observed

Mental Health System Questions and Consideration

- Is there any known mental health diagnosis
- Is there any change in vital signs
- Is there a change in the individual's alertness/awareness
- Is there a noted change in speech/communication
- Is there an observed change in sleep habit e.g. awake, insomnia, rousable status
- Is the individual speaking in or engaging in any self-harm talk, or self-harm behaviour
- Are there any pain indicators (complaint or observation)
- Have there been any recent medication changes... Please provide name of med and date of change
- Is a current medication list available... Please provide
- Has there been a weight change (loss or gain)
- Is there a loss of engagement in social or recreational activities/interests
- Has there been any recent trauma or personal loss

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Did you know that for individuals with a developmental disability

- Many have mental health problems e.g. 3-6 x greater than in the general population
- Mental health disorders increase in individuals with a profound developmental disability. The most common are mood disorders and challenging behaviours
- Ageism means discrimination based on age and is extremely prevalent in this population

Musculoskeletal System

- Increased risk for bone density loss
- Bone demineralization (decreased mineral content)
- Reduction of cartilage surface of joints
- Potential changes in spinal cord/column
- Thinning of inter-vertebral discs in spinal column
- Loss of cartilage in vertebral column
- Generalized symmetrical deterioration of muscle mass
- Loss of elasticity in muscle tissue

Potential Resulting Conditions

- Chronic pain
- Arthritic changes
- Osteoporosis
- Fractures/Dislocations
- Scoliosis, Kyphosis (curvature of the spine)
- Spinal Stenosis
- Degenerative Disc Disease

Musculoskeletal Functional Changes

- **Any sudden or unexplained change in the individual should be investigated medically**
- Loss of generalized muscle strength may occur
- Increased risk of falls may occur
- Increased risk of fractures may occur
- Calcium deposits in the joints, resulting in limited range of motion or joint deformity may develop
- Increased risk of osteoporosis may occur
- Increased risk of arthritic and rheumatoid conditions may occur
- Decreased mobility may be observed/experienced
- Risk of skin tissue breakdown may be greater
- Disc degeneration may occur
- Diminished height (approximate height loss of 2 inches during 20-70 years of age) may be noted
- Pain may increase

Musculoskeletal System Questions and Consideration

- Is there any history of musculoskeletal disease or disorder
- Is there a change in vital signs
- Is there any change in mobility
- Is there any change in balance
- Is there any change in breathing pattern
- Is there any change in sleep/awake pattern
- Is there any pain reported or observed
- Is there any report of or suspicion of fall(s)
- Is there any explained or unexplained bruising
- Is there any change in muscle strength (of limbs)
- Is there any deformity or swelling of joints visible or palpable
- Is a current list of medication available... Please provide

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Did you know that for individuals with a developmental disability

- Thirty (30 %) also have a musculoskeletal abnormality

Neurological System

- Potential decrease in the size and weight of the brain (brain atrophy)
- Neuron loss or atrophy in the brain and spinal cord
- Atrophy of neuron supporting cells decrease, which results in impaired nerve connections, slowed electro-chemical reactions, neural dysfunction
- Synaptic (nerve to nerve transmission) is affected by (decreased) changes in neurotransmitter levels of dopamine, serotonin, and acetylcholine. Many neural processes slow down.
- Plaque deposits are found in greater concentration in the older brain.

Potential Resulting Conditions

- Epilepsy (seizure disorder)
- Dementia
- Hypotonia (decreased muscle tone)
- Stroke
- Pain

Neurological Functional Changes

- Any sudden or unexplained change in the individual should be investigated medically
- Slowed reflexes and reaction time in response to neural commands may occur
- Decreased sensation may be reported, noted
- Diminished spatial orientation of movement may result in poor balance, and, slowed movements may be seen in the aging person
- Cognitive function may remain intact such as language function and attention; however, thinking and task performance may decline
- A decrease in short term memory and immediate memory/recall may occur
- A decreased sensitivity to environmental temperature changes may occur
- Changes in sleep patterns may occur
- Strokes, dementia and major depression can occur
- In general: aging changes occur over a long period of time
- An unexplained change in personality and/or significant rapid onset cognitive decline is unusual in the normal aging process

Neurological Questions and Consideration

- Is there a history of any neurological disease
- Is there any change in vital signs
- Is there a change in the individual's alertness/awareness
- Is there any medical condition that might impact their level of consciousness e.g. blood sugar levels or kidney function
- Is there a change in speech/communication
- Is there a change in vision
- Is there a change in balance
- Is there nausea and/or vomiting
- Is there a change in breathing pattern
- Is there a change in the sleep, awake, rousable status
- Is there difficulty performing motor activities upon instruction
- Are there any pain indicators
- Are there reports or suspicion of a recent fall or head injury
- Is there any explained or unexplained bruising
- Is there any change in muscle strength (limbs)
- Is a current medication list available... Please provide

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Did you know that for individuals with a developmental disability?

- 20% also have a seizure disorder
- 30% also have communication disorders
- Incidence of mental health problems is 3-6 x greater than in the general population
- The aging process begins earlier and there is a higher mortality rate compared to the general population

Respiratory System

- Decrease in lung elasticity thus less lung capacity
- Decrease in number of alveoli (air sacs)
- Increase in size of alveoli
- Increase in diameter of alveolar ducts and bronchioles
- Decreased cilia lining in the respiratory tract
- Hypotonia (decreased respiratory muscle strength)
- Calcification of costal cartilages (rib, white elastic substance attached to bone)
- Increase in chest diameter

Potential Resulting Conditions

- Asthma
- Bronchitis
- Chronic Obstructive Lung Disease
- Pneumonia

Respiratory Functional Changes

- **Any sudden or unexplained change in the individual should be investigated medically**
- Changes in lung capacity can occur
- Decreased gas exchange may occur
- Decreased oxygen saturation level may be reported
- Decreased exercise tolerance may be observed
- Decreased cough reflex may occur
- Increased potential for airway obstruction may occur
- Increased risk of aspiration may occur
- Increased risk of respiratory infections may be noted/reported
- Obstructive sleep apnea may occur
- Pain may be reported/observed

Respiratory Questions and Consideration

- Is there a history of respiratory disease
- Is there a change in vital signs
- Are there any respiratory medications ordered e.g. inhalers or nebulizer
- Is there a history of allergies
- Is there a change in the individual's alertness/awareness
- Is there a change in breathing e.g. shallow, rapid, laboured
- Is there a cough e.g. dry, productive, persistent
- Is there a gag reflex or any trouble swallowing
- Is there evidence of or a history of choking or aspiration
- Are there changes in oxygenation e.g. blueness around lips or nail beds
- Is there nausea and/or vomiting
- Is there pain during inspiration or expiration
- Is a current medication list available... Please provide

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Did you know that for individuals with a developmental disability

- Respiratory disease is the most common cause of death

Sensory System

Vision

- Decreased visual acuity
- Macular degeneration
- Cataracts
- Glaucoma
- Rigidity of lens
- Decreased lacrimal secretions (tears)
- Decreased number of cones in the retina

Smell

- Loss of sense of smell and taste

Hearing

- Sensorineural/Conductive hearing decline
- Hearing disorders
- Tinnitus
- Vertigo
- Otitis media (middle ear infections)
- Decreased elasticity of tympanic membranes

Potential Resulting Conditions

- Partial or complete blindness
- Glaucoma
- Cataracts
- Partial or complete hearing loss or presbycusis (age related hearing loss)
- Infections

Sensory Functional Changes

Vision

- Visual changes increase discomfort in the elderly
- Retinal detachment due to accidental or self injury can occur
- Decreased vision leads to loss of functional independence
- Environmental safety concerns can be related to vision loss
- Emotional impact (e.g. depression) related to vision loss may occur
- An increased risk of falls and injury r/t vision loss may occur
- Social and recreational participation may be a result of vision decline

Smell

- Decline in smell can negatively impact a stable nutritional state
- The inability to taste food may result in appetite decline
- Emotional stability can be negatively impacted

Hearing

- Increased risk of potential for foreign objects in ears
- Increased infections
- Increased cerumen impaction (wax build-up) may affect hearing acuity
- Increased risk of falls /other accidents due to impaired hearing
- Pain (resulting from ear infection)
- Behavioural changes related to hearing loss e.g. confusion, decline in communication
- Social isolation
- Depression
- Age-related hearing loss (presbycusis)

Sensory Questions and Consideration

- Are there any known sensory diseases or disorders (vision, hearing, smell)
- Is there any change in vital signs
- Is there a change in mental or emotional status
- Is there a change in the individual's alertness/awareness
- Is there any change in vision
- Is there any change in speech or communication
- Is there a change in balance
- Is there any change in appetite
- Are there any pain indicators
- Is there a recent fall
- Is a current medication list available... Please provide

Is the following information known/available:

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| Family Member | Yes | No | Name and Contact information |

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Did you know that for individuals with a developmental disability

- 20% have a hearing disability
- There is an increased growth of nasal and ear hair
- There is an increased growth of facial hair in women
- Encouraging chewing using molars can reduce the buildup of ear wax

APPENDICES**Forms**

- Cardiovascular System
- Dermatological System
- Endocrine System
- Gastrointestinal System
- Genitourinary System
- Mental Health System
- Musculoskeletal System
- Neurological System
- Respiratory System
- Sensory System

Assessment Tools

- Bristol Stool Chart with description
- Pain Assessment Tools
- Skin, Hair, and Nails Assessment
- Skin Care Assessment (Braden Scale)

Resources**Glossary of Terms/Definitions**

Cardiovascular System Questions

Name of Individual

Birthdate

CHECKLIST

- ☐ Is there a history of cardiac disease
- ☐ Is there a change in vital signs
- ☐ Is there a pacemaker or other implanted device in place
- ☐ Is the individual taking any regular or new cardiac medication e.g. nitroglycerin for chest pain
- ☐ Is the individual on other regular medication(s) and is a list available... please provide
- ☐ Are there pain indicators such as 'crushing', 'stabbing', 'burning', 'heaviness', 'throbbing', 'radiating'
- ☐ Is there a time when the pain started
and how long did it last _____
- ☐ Is there any change in the individual's alertness/awareness
- ☐ Is there nausea and/or vomiting
- ☐ Is the individual perspiring
- ☐ Is the individual dizzy

Is the following Information known/available:

Power of Attorney for Care ☐ Yes ☐ No

Where is the information kept _____

Public Guardian and Trustee ☐ Yes ☐ No

Name and Contact Information _____

Family Member ☐ Yes ☐ No

Name and Contact Information _____

Is the 'End of Life Care Directive' for the individual known ☐ Yes ☐ No

Where is it kept _____

Name of the
person filling in
the form

| | | |
|--|-----------|--|
| | Signature | |
| | Date | |

Dermatological System Questions

Name of Individual

Birthdate

CHECKLIST

- ☐ Is there a history of any skin conditions or disease e.g. allergies, hives, psoriasis, eczema
- ☐ Is there any change in vital signs
- ☐ Is there a change in any area of the skin e.g. redness, swelling, odour, discharge
- ☐ Is there a noticeable lesion or rash
- ☐ Is there any unexplained bruising
- ☐ Are there any pain indicators
- ☐ Is a current medication list available... Please provide

Is the following Information known/available:

Power of Attorney for Care ☐ Yes ☐ No

Where is the information kept _____

Public Guardian and Trustee ☐ Yes ☐ No

Name and Contact Information _____

Family Member ☐ Yes ☐ No

Name and Contact Information _____

Is the 'End of Life Care Directive' for the individual known ☐ Yes ☐ No

Where is it kept _____

Name of the
person filling in
the form

| | | |
|--|-----------|--|
| | Signature | |
| | Date | |

Endocrine System Questions

Name of Individual

Birthdate

CHECKLIST

- ☐ Is there a history of any endocrine disease
- ☐ is there a change in vital signs
- ☐ Is there a change in the individual's alertness/awareness
- ☐ Is there a change in the level of consciousness
- ☐ Is there a change in speech/communication (may be r/t blood glucose levels)
- ☐ Is there a change in balance
- ☐ Is there any evidence of polydipsia, polyphagia, or polyuria
- ☐ Is there any nausea and/or vomiting
- ☐ Is there any change in sleep, awake, or rousable status
- ☐ Are there any pain indicators
- ☐ Is a current medication list available ... Please provide

Is the following Information known/available:

Power of Attorney for Care ☐ Yes ☐ No

Where is the information kept _____

Public Guardian and Trustee ☐ Yes ☐ No

Name and Contact Information _____

Family Member ☐ Yes ☐ No

Name and Contact Information _____

Is the 'End of Life Care Directive' for the individual known ☐ Yes ☐ No

Where is it kept _____

Name of the
person filling in
the form

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| | Signature | |
| | Date | |

Gastrointestinal System Questions

Name of Individual

Birthdate

CHECKLIST

- ☐ Is there a history of Gastrointestinal disease such as irritable bowel, colitis, Crohn's disease, gastroesophageal reflux, hiatus hernia or ulcer
- ☐ Is there any change in vital signs
- ☐ Are there any pain indicators of abdominal shielding or guarding
- ☐ Are there any complaints of abdominal discomfort e.g. distension, swelling, firmness, tenderness, pain
- ☐ Is there any change in the individual's level of alertness/awareness
- ☐ Is there any nausea and/or vomiting
- ☐ Is there any change in bowel pattern e.g. regularity, amount, consistency
- ☐ Is the date of the last bowel movement known
- ☐ Have there been any recent bowel infections, tests, or surgeries
- ☐ Is a current medication list available ... Please provide
- ☐ Have there been any recent medication changes

Is the following Information known/available:

Power of Attorney for Care ☐ Yes ☐ No

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Public Guardian and Trustee ☐ Yes ☐ No

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Family Member ☐ Yes ☐ No

Name and Contact Information _____

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Genitourinary System Questions

Name of Individual

Birthdate

CHECKLIST

- ☐ Is there a history of any urinary system abnormality such as kidney or bladder disease
- ☐ Is there a history of any bladder, prostate or kidney surgery
- ☐ Is there any change in vital signs
- ☐ Is there any change in the individual's alertness/awareness/confusion
- ☐ Is there a change in colour or odour of the urine
- ☐ Is there any new or previous history of urinary incontinence
- ☐ Is there any voiding difficulty (hesitancy, straining, reduced flow, dribbling, or history of incomplete emptying)
- ☐ Is there any change in fluid intake or output
- ☐ Are there any fluid restrictions
- ☐ Is there any increased restlessness
- ☐ Are there any complaints of pain or other pain indicators
- ☐ Is there any evidence of lower abdomen distension
- ☐ Is there any tenderness or guarding of the abdomen
- ☐ Is a current medication list available... Please provide

Is the following Information known/available:

Power of Attorney for Care ☐ Yes ☐ No

Where is the information kept _____

Public Guardian and Trustee ☐ Yes ☐ No

Name and Contact Information _____

Family Member ☐ Yes ☐ No

Name and Contact Information _____

Is the 'End of Life Care Directive' for the individual known ☐ Yes ☐ No

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|--|-----------|--|
| | Signature | |
| | Date | |

Mental Health System Questions

Name of Individual

Birthdate

CHECKLIST

- ☐ Is there any known mental health diagnosis
- ☐ Is there any change in vital signs
- ☐ Is there a change in the individual's alertness/awareness
- ☐ Is there a noted change in speech/communication
- ☐ Is there an observed change in sleep habit e.g. awake, insomnia, rousable status
- ☐ Is the individual speaking in or engaging in any self-harm talk or behaviours
- ☐ Are there any pain indicators (complaint or observation)
- ☐ Have there been any recent medication changes... Please provide name of med and date of change
- ☐ Is a current medication list available... Please provide
- ☐ Has there been a weight change (loss or gain)
- ☐ Is there a loss of engagement in social or recreational activities/interests
- ☐ Has there been any recent trauma or personal loss

Is the following Information known/available:

Power of Attorney for Care ☐ Yes ☐ No

Where is the information kept _____

Public Guardian and Trustee ☐ Yes ☐ No

Name and Contact Information _____

Family Member ☐ Yes ☐ No

Name and Contact Information _____

Is the 'End of Life Care Directive' for the individual known ☐ Yes ☐ No

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| | Date | |

Musculoskeletal System Questions

Name of Individual

Birthdate

CHECKLIST

- ☐ Is there any history of musculoskeletal disease or disorder
- ☐ Is there a change in vital signs
- ☐ Is there any change in mobility
- ☐ Is there any change in balance
- ☐ Is there any change in breathing pattern
- ☐ Is there any change in sleep/awake pattern
- ☐ Is there any pain reported or observed
- ☐ Is there any report of or suspicion of fall(s)
- ☐ Is there any explained or unexplained bruising
- ☐ Is there any change in muscle strength (of limbs)
- ☐ Is there any deformity or swelling of joints visible or palpable
- ☐ Is a current list of medication available... Please provide

Is the following Information known/available:

Power of Attorney for Care ☐ Yes ☐ No

Where is the information kept _____

Public Guardian and Trustee ☐ Yes ☐ No

Name and Contact Information _____

Family Member ☐ Yes ☐ No

Name and Contact Information _____

Is the 'End of Life Care Directive' for the individual known ☐ Yes ☐ No

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| | Date | |

Neurological System Questions

23

Name of Individual

Birthdate

CHECKLIST

- ☐ Is there a history of any neurological disease
- ☐ Is there any change in vital signs
- ☐ Is there a change in the individual's alertness/awareness
- ☐ Is there any medical condition that might impact their level of consciousness e.g. blood sugar levels or kidney function
- ☐ Is there a change in speech/communication
- ☐ Is there a change in vision
- ☐ Is there a change in balance
- ☐ Is there nausea and/or vomiting
- ☐ Is there a change in breathing pattern
- ☐ Is there a change in the sleep, awake, rousable status
- ☐ Is there difficulty performing motor activities upon instruction
- ☐ Are there any pain indicators
- ☐ Are there reports or suspicion of a recent fall or head injury
- ☐ Is there any explained or unexplained bruising
- ☐ Is there any change in muscle strength (limbs)
- ☐ Is a current medication list available... Please provide

Is the following Information known/available:

Power of Attorney for Care ☐ Yes ☐ No

Where is the information kept _____

Public Guardian and Trustee ☐ Yes ☐ No

Name and Contact Information _____

Family Member ☐ Yes ☐ No

Name and Contact Information _____

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Respiratory System Questions

Name of Individual

Birthdate

CHECKLIST

- ☐ Is there a history of respiratory disease
- ☐ Is there a change in vital signs
- ☐ Are there any respiratory medications ordered e.g. inhalers or nebulizer
- ☐ Is there a history of allergies
- ☐ Is there a change in the individual's alertness/awareness
- ☐ Is there a change in breathing e.g. shallow, rapid, laboured
- ☐ Is there a cough e.g. dry, productive, persistent
- ☐ Is there a gag reflex or any trouble swallowing
- ☐ Is there evidence of or a history of choking or aspiration
- ☐ Are there changes in oxygenation e.g. blueness around lips or nail beds
- ☐ Is there nausea and/or vomiting
- ☐ Is there pain during inspiration or expiration
- ☐ Is a current medication list available... Please provide

Is the following Information known/available:

Power of Attorney for Care ☐ Yes ☐ No

Where is the information kept _____

Public Guardian and Trustee ☐ Yes ☐ No

Name and Contact Information _____

Family Member ☐ Yes ☐ No

Name and Contact Information _____

Is the 'End of Life Care Directive' for the individual known ☐ Yes ☐ No

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Sensory System Questions

Name of Individual

Birthdate

CHECKLIST

- ☐ Are there any known sensory diseases or disorders (vision, hearing, smell)
- ☐ Is there any change in vital signs
- ☐ Is there a change in mental or emotional status
- ☐ Is there a change in the individual's alertness/awareness
- ☐ Is there any change in vision
- ☐ Is there any change in speech or communication
- ☐ Is there a change in balance
- ☐ Is there any change in appetite
- ☐ Are there any pain indicators
- ☐ Is there a recent fall
- ☐ Is a current medication list available... Please provide

Is the following Information known/available:

Power of Attorney for Care ☐ Yes ☐ No

Where is the information kept _____

Public Guardian and Trustee ☐ Yes ☐ No

Name and Contact Information _____

Family Member ☐ Yes ☐ No

Name and Contact Information _____

Is the 'End of Life Care Directive' for the individual known ☐ Yes ☐ No








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| | Date | |

Assessment Tools - Bristol Stool Chart with description

Bristol Stool Chart

| | | | |
|--------|---|--|---|
| Type 1 |  | Separate hard lumps, like nuts (hard to pass) | Type 1 and 2 indicate constipation |
| Type 2 |  | Sausage-shaped but lumpy | |
| Type 3 |  | Like a sausage but with cracks on the surface | Type 3 and 4 are the easiest to pass |
| Type 4 |  | Like a sausage or snake, smooth and soft | |
| Type 5 |  | Soft blobs with clear-cut edges | Type 5-6 may indicate diarrhea |
| Type 6 |  | Fluffy pieces with ragged edges, a mushy stool | |
| Type 7 |  | Watery, no solid pieces. Entirely Liquid | Type 7 may be a sign of cholera or food poisoning, etc. |

Assessment Tools - Pain Assessment Tools

Pain Assessment



Pain Assessment.pdf

Assessment Tools - Skin, Hair, and Nails Assessment

Skin is the body's external protection. It regulates body temperature and it acts as a sensory organ for pain, temperature, and touch. Note that skin includes hair, scalp and nails.

Inspection of skin includes: visualization, touch, and smell.

Skin hair and nails can be affected by changes in circulation, nutrition, hydration, oxygenation, and trauma.

The basics of assessment include observation for dryness, breaks, sores, rashes, redness, infection, colour and inadequate hygiene.

Skin: check for colour, (ivory to pink in light skin and light to dark brown in dark skin); temperature, (which is influenced by blood flow), moisture (wetness & oiliness), texture (smooth, rough, hardened, edematous/swollen, evidence of lesion

Hair: check for distribution, thickness, lubrication, (hormone disorders may affect distribution and growth e.g. thyroid disease). Scalp disease can result in hair loss. Thinning of hair is often related to endocrine disorders including diabetes. Poor nutrition can cause stringy, dull, dry and thin hair.

Nails: check for colour, cleanliness, thickness, shape. Nails should be smooth, rounded, cuticle without inflammation. Nail beds should be pink in whites, brown or black dark-skinned persons

Callus: common to toes and fingers is a thickening of the epidermis

Corns: result of pressure and friction, found on bony prominences

Assessment Tools - Skin Care Assessment (Braden Scale)

BRADEN PRESSURE ULCER RISK ASSESSMENT

Note: Bed- and chairbound individuals with impaired ability to reposition themselves should be assessed for risk of developing pressure ulcers. Patients with established pressure ulcers should be reassessed periodically.

Indicate
appropriate
number below

| | | | | | |
|--|--|---|--|--|---------------------|
| SENSORY PRECEPTION Ability to respond meaningfully to pressure-related discomfort | 1. COMPLETELY LIMITED – Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation, OR limited ability to feel pain over most of body surface. | 2. VERY LIMITED – Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness, OR has a sensory impairment which limits the ability to feel pain or discomfort over ½ of body. | 3. SLIGHTLY LIMITED – Responds to verbal commands but cannot always communicate discomfort or need to be turned, OR has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities. | 4. NO IMPAIRMENT – Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort. | |
| MOISTURE Degree to which skin is exposed to moisture | 1. CONSTANTLY MOIST – Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned. | 2. OFTEN MOIST – Skin is often but not always moist. Linen must be changed at least once a shift. | 3. OCCASIONALLY MOIST – Skin is occasionally moist, requiring an extra linen change approximately once a day. | 4. RARELY MOIST – Skin is usually dry; linen only requires changing at routine intervals. | |
| ACTIVITY Degree of physical activity | 1. BEDFAST – Confined to bed. | 2. CHAIRFAST – Ability to walk severely limited or nonexistent. Cannot bear own weight and/or must be assisted into chair or wheelchair. | 3. WALKS OCCASIONALLY – Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair. | 4. WALKS FREQUENTLY – Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours. | |
| MOBILITY Ability to change and control body position | 1. COMPLETELY IMMOBILE – Does not make even slight changes in body or extremity position without assistance. | 2. VERY LIMITED – Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently. | 3. SLIGHTLY LIMITED – Makes frequent though slight changes in body or extremity position independently | 4. NO LIMITATION – Makes major and frequent changes in position without assistance. | |
| NUTRITION Usual food intake pattern *NPO: Nothing by mouth. *IV: Intravenously. *TPN: Total parenteral nutrition. | 1. VERY POOR – Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO ¹ and/or maintained on clear liquids or IV ² for more than 5 days. | 2. PROBABLY INADEQUATE – Rarely eats a complete meal and generally eats only about ½ of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement OR receives less than optimum amount of liquid diet or tube feeding. | 3. ADEQUATE – Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally refuses a meal, but will usually take a supplement if offered, OR is on a tube feeding or TPN ³ regimen, which probably meets most of nutritional needs. | 4. EXCELLENT – Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation. | |
| FRICTION AND SHEAR | 1. PROBLEM – C- Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation leads to almost constant friction. | 2. POTENTIAL PROBLEM – Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down. | 3. NO APPARENT PROBLEM – Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times. | | |
| <p>NOTES: Patients with a total score of 18 or less are considered to be at risk of developing pressure ulcers. (19-23 = no risk, 15-18 = low risk, 13-14 = moderate risk, 10-12 = high risk, ≤ to 9 = very high risk)</p> | | | | | <p>TOTAL SCORE:</p> |

Resources

National Centre for Chronic Disease Prevention www.cdc.gov > chronicdisease

Public Guardian and Trustee Information

Pain Assessment and Management Tool developed on McMaster University, by Sharon Kaasalainen R.N. Ph.D. McMaster University 2008

Glossary of Terms/Definitions

Atopic dermatitis: a condition which makes skin red and itchy

Alopecia: hair loss from some areas of the body, usually the scalp

Atrophy: wasting away/degeneration of cells

Adrenal glands: small glands located on top of each kidney; hormone producing e.g. cortisol (stress)

Amenorrhea: absence of menstruation (one or more menstrual periods)

Anuria: failure of kidneys to produce urine

Alveoli: tiny air sacs of the lungs

Apnea: cessation of respiration

Cilia: slender protuberances (tiny hairs) that project from a larger cell body; common in the lung

Costal cartilage: elastic tissue connecting the sternum to the ribs

Cataract: tissue clouding the lens of the eye causing decrease in vision

Cones in retina: photoreceptor cells in retina which respond to light

Cerumen: ear wax which protects skin of the ear canal

Dermatology: the branch of medicine which deals with skin

Dentition: condition of teeth of an individual

Distension: enlargement/ballooning typically in the abdomen (not an illness per se)

Degenerative disc disease: age related deterioration of discs between vertebral spaces

Eczema: patches of inflamed, itchy, red, cracked skin (affects 31.6% of U.S. population)

Glaucoma: a group of eye conditions which damage the optic nerve (increased pressure), (a leading cause of blindness in persons over 80 years of age)

Hypertension: high blood pressure

Hypotension: low blood pressure (less than 90/60)

Hyperthyroidism: overactive thyroid; thyroid gland produces too much thyroxine hormone, affects metabolism, can cause weight loss and irregular rapid heart rate

Glossary of Terms/Definitions

Hypothyroidism: underactive thyroid, doesn't produce enough thyroid hormone

Hypotonia: low/decreased muscle tone often with decreased muscle strength

Impetigo: a highly contagious skin infection marked by red sores on face

Inguinal hernia: a protrusion of intestine through a weak area in the abdominal muscle

Kyphosis: a spinal disorder marked by outward curvature of the spine; a rounding of the upper back, often called 'Round Back'

Lacrimal Secretion: serous glands in each eye known as lacrimal fluid; intended for lubrication of the surface of the eye; becomes tears when produced in excess

Macular degeneration: a medical condition which may result in blurred or no vision in the centre of the visual field, (loss of central vision)

Neurotransmitters: chemicals that act as messengers. They pass nerve signals from nerve to nerve or from a nerve to a body organ

Nocturia: night waking due to a need to urinate

Neurology: the branch of medicine which deals with disorders of the nervous system

Otitis: inflammation of the ear; (external/outer), (media/middle), (interna /inner)

Plaque: yellow, insoluble, intracellular particles from dead cells (i.e. as seen in Alzheimer disease)

Psoriasis: a skin condition that speeds up the life cycle of skin cells, (form scales, red patches)

Parathyroid: four (4) tiny glands in the neck which control the body's calcium level, (parathyroid hormone)

Pancreas: a gland with both an endocrine and digestive function; insulin producing and digestive enzyme

Polydipsia: excessive thirst

Polyuria: abnormally high production or passage of urine

Polyphagia: excessive hunger, not resolved with food intake

Presbycusis: the most common sensorineural hearing loss caused by aging of the auditory system

Glossary of Terms/Definitions

Retinal: a thin tissue layer on the inside back wall of the eye

Retinal detachment: is the presence of fluid under the retina, (the fluid passes through a tear)

Synaptic transmission: nerve to nerve transmission

Seborrhea: (i.e. dermatitis), a common skin problem, red/itchy patches with white scales like dandruff, can affect face, nose, ears, eyelids

Scoliosis: sideways curvature of the spine

Spinal stenosis: narrowing of the spaces within the spine

Sebaceous: a gland in the skin which secretes oily or waxy matter (sebum); lubricates hair & skin

Thyroid gland: a small gland in the neck which secretes hormones that regulates energy level, metabolism, growth and body temperature

Thyroid Stimulating hormone: (TSH) a pituitary hormone that stimulates the thyroid gland to produce thyroxine which stimulates metabolism in almost every tissue in the body.

Tinnitus: the perception of noise or ringing in the ears; affects 10-20% of the population; can be a symptom of age-related hearing loss

Ureteral reflux: urine that flows backward from the bladder to the ureter(s) and sometimes to the kidneys

Vertigo: a sensation of spinning or swaying; a dizziness

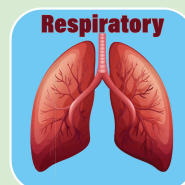
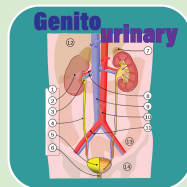
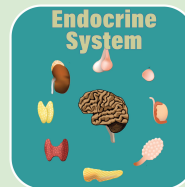
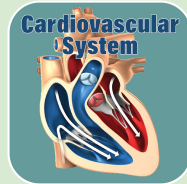
Notes

Notes

Aging Related Health Considerations for Persons with a Developmental Disability

Electronic copy can be found in:

<https://sites.google.com/pclcap.ca/healthconsiderationstable>



CRPADD

Central West Network of Specialized Care