

GRACE Interdisciplinary Team Suggestions

Revised 03/22/03

Contents

- A. Dementia
- B. Depression
- C. Difficulty Walking and Falls
- D. Urinary Incontinence
- E. Malnutrition and Weight Loss
- F. Chronic Pain
- G. Visual Impairment
- H. Hearing Impairment
- I. Medication Management
- J. Health Maintenance
- K. Advance Care Planning
- L. Caregiver Burden

A. Dementia

Review with PCP

100. Review and confirm diagnosis and potential contributing causes; update problem list in computerized medical record as appropriate.
101. Evaluate for potentially treatable causes of memory impairment including CMP, B12, TSH, and Head CT (without contrast).
109. Other: _____.

120. Consider discontinuing the following medication(s) that may contribute to cognitive impairment: _____.
121. Consider treatment with cholinesterase inhibitor.
122. Consider treatment with Vitamin E.
123. Consider treatment with aspirin for prophylaxis against stroke.
124. Consider treatment with antidepressant for coexisting depression.
125. Consider treatment with antipsychotic for delusions and/or agitation.
139. Other: _____.

140. Consider Geriatrics Consult in the IU – Center for Senior Health for further evaluation and management of memory impairment and/or dementia.
141. Consider Neuropsychological Consult in the IU – Center for Senior Health for further evaluation of memory impairment and/or dementia.
142. Consider Neurology Consult in the IU – Center for Senior Health for further evaluation and management of memory impairment and/or dementia.
143. Consider Geriatric Psychiatry Consult in the IU – Center for Senior Health for further evaluation and management of depression and/or agitation.
149. Other: _____.

A. Dementia

Routine Team Interventions

- 200. Recommend testing to assess driving skills and safety.
- 201. Assess and monitor social supports and caregiver issues.
- 202. Discuss advance directives and long-term planning with patient and family.
- 209. Other: _____.

- 220. Help patient and caregivers in providing an environment at home that provides a moderate level of stimulation.
- 221. Emphasize the importance of good nutrition.
- 222. Help patient and caregivers set up a feasible medication administration system and process for monitoring compliance.
- 223. Encourage regular physical activity.
- 224. Advise patient not to drive.
- 225. Provide information on support groups to patient, family, and caregivers.
- 226. Provide respite to caregiver as available and needed.
- 229. Other: _____.

- 240. Provide education and materials on memory loss and/or dementia to patient and family.
- 241. Provide information and counseling on the use of memory aids.
- 242. Provide education to family and caregivers regarding behavioral issues and provide checklist to reduce behavioral problems.
- 243. Provide home safety checklist.
- 244. Provide education to family, family, and caregivers on wandering.
- 245. Provide education to patient, family, and caregivers on safe driving.
- 246. Provide information on community resources to patient, family, and caregivers.
- 249. Other: _____.

B. Depression

Review with PCP

100. Review and confirm diagnosis and potential contributing causes; update problem list in computerized medical record as appropriate.
101. Evaluate for possible metabolic causes of depression (CMP, TSH, and B12).
109. Other: _____.

120. Consider discontinuing the following medication that may be contributing to depression:
_____.
121. Consider treatment with supportive counseling or problem solving therapy.
122. Consider treatment with antidepressant.
123. Consider changing antidepressant treatment to the following: _____.
139. Other: _____.

140. Consider Geriatrics Consult in the IU – Center for Senior Health for further evaluation and management of depression.
141. Consider Geriatric Psychiatry consult in the IU – Center for Senior Health for evaluation and management of depression.
142. Consider Midtown Older Adult Services Consult for further evaluation and management of depression.
149. Other: _____.

B. Depression

Routine Team Interventions

- 200. Monitor for suicidal ideation and/or psychosis.
- 201. Monitor for caregiver stress.
- 202. Monitor depressive symptoms.
- 209. Other: _____.

- 220. Assist in obtaining membership to Senior Connection.
- 221. Encourage participation in local senior center and social activities.
- 222. Recommend decreasing caffeine intake since this may contribute to anxiety.
- 223. Assist in obtaining a Senior Companion.
- 224. Encourage participation in volunteer activities.
- 229. Other: _____.

- 240. Provide education and materials on depression to patient and family.
- 241. Provide information on stress reduction.
- 242. Provide information to patient and family on support groups.
- 249. Other: _____.

C. Difficulty Walking and Falls

Review with PCP

100. Review and confirm diagnosis and potential contributing causes; update problem list in computerized medical record as appropriate.
101. Evaluate and treat for potential causes of difficulty walking and/or falls (detailed history and cardiovascular, neurologic, and musculoskeletal exam).
102. Evaluate for possible causes of difficulty walking and/or falls including CBC, CMP, TSH, and B12 level.
103. Consider Head CT or MRI.
104. Further evaluate cardiopulmonary status due to patient complaint of DOE.
109. Other: _____.

120. Consider discontinuing the following medication that can contribute to difficulty walking and/or falls: _____.
121. Optimize pain management to allow for ambulation and exercises.
122. Consider treatment and/or prevention for osteoporosis.
139. Other: _____.

140. Consider Geriatrics Consult in IU – Center for Senior Health for further evaluation and management of difficulty walking and/or falls.
141. Consider Neurology Consult in IU – Center for Senior Health for further evaluation and management of difficulty walking and/or falls.
142. Consider Physical Therapy Consult for evaluation and treatment of gait instability, appropriateness of assistive device, home safety and/or exercise program.
143. Consider Ophthalmology Consult for problems with vision.
144. Consider Audiology Consult for hearing difficulty.
145. Consider Podiatry Consult for foot problems.
146. Consider Physical Medicine & Rehabilitation Consult in the IU – Center for Senior Health for further evaluation and management of difficulty walking and/or falls.
147. Consider referral to outpatient Cardio-Pulmonary Rehab program.
149. Other: _____.

C. Difficulty Walking and Falls

Routine Team Interventions

- 200. Monitor orthostatic vital signs.
- 209. Other: _____.

- 220. Recommend no alcohol.
- 221. Recommend increasing fluid intake to 6-8 large glasses per day.
- 222. Recommend exercise program for balance, strengthening and endurance.
- 223. Recommend regular walking program.
- 224. Recommend use of protective hip padding.
- 225. Recommend changing footwear to a type that is supportive with a low heel.
- 226. Recommend using furniture with elevated seating and arm rests for assistance in elevation from sit to stand.
- 227. Assist patient in obtaining emergency response system.
- 228. Assist patient in obtaining assistive devices and medical equipment: (specify).
- 229. Other: _____.

- 240. Provide education and materials on falls and falls prevention.
- 241. Provide patient education materials on exercise.
- 242. Provide patient education materials on foot care.
- 243. Provide home safety checklist.
- 244. Provide education and information on weight loss strategies including healthy diet and exercise.
- 249. Other: _____.

D. Urinary Incontinence

Review with PCP

100. Review and confirm diagnosis and potential contributing causes; update problem list in computerized medical record as appropriate.
101. Evaluate for potential causes of urinary incontinence (detailed history and pelvic, rectal, and neurologic exam).
102. Obtain measurement of post-void residual volume by catheterization or portable ultrasound.
103. Obtain laboratory studies including CMP, urinalysis and culture.
104. Obtain renal ultrasound if residual urine exceeds 100-200 mL.
109. Other: _____.

120. Recommend discontinuing the following medication that may contribute to urinary incontinence: _____.
121. Consider treatment with topical estrogen if atrophic vaginosis.
122. Consider treatment with bladder relaxant: _____.
139. Other: _____.

140. Consider Geriatrics Consult in the IU – Center for Senior Health for further evaluation and management of urinary incontinence.
141. Consider Women’s Health: Continence Care Center Consult for further evaluation and management of urinary incontinence.
142. Consider Urogynecology Consult for further evaluation and management of urinary incontinence.
143. Consider Urology Consult in the IU – Center for Senior Health for further evaluation and management of urinary incontinence.
149. Other: _____.

D. Urinary Incontinence

Routine Team Interventions

- 200. Ask patient to provide a voiding record of all voids or incontinence episodes for 2-7 days.
- 209. Other: _____.

- 220. Recommend decreasing caffeine ingestion.
- 221. Instruct in toileting schedule to prevent incontinence.
- 222. Instruct caregiver in prompted voiding regimen.
- 223. Instruct in pelvic muscle exercises.
- 224. Recommend use of a urinal and/or bedside commode.
- 225. Instruct in intermittent self-catheterization.
- 229. Other: _____.

- 240. Provide education and materials on urinary incontinence and skin care.
- 241. Provide list of foods that may irritate the bladder and contribute to incontinence.
- 242. Provide patient education on pads and special undergarments.
- 249. Other: _____.

E. Malnutrition and Weight Loss

Review with PCP

100. Review and confirm diagnosis and potential contributing causes; update problem list in computerized medical record as appropriate.
101. Further evaluate for potential causes of malnutrition and/or weight loss (detailed history and exam).
102. Obtain laboratory studies including serum albumin and cholesterol.
103. Evaluate for possible causes of malnutrition and/or weight loss including CBC, CMP, and TSH.
104. Evaluate for possible GI cause with barium swallow, upper GI x-ray or EGD.
105. Evaluate for possible anxiety and/or depression.
106. Evaluate for possible malignancy including mammography and pelvic exam with pap smear (if female), prostate exam and PSA (if male), CXR (if smoker), stool hemocult and flexible sigmoidoscopy or colonoscopy.
109. Other: _____.

120. Discontinue special diet: _____ (low-salt, low-fat, or diabetic) that may be contributing to malnutrition and/or weight loss.
121. Eliminate as possible the following medications that may decrease appetite: _____.
122. Consider daily multivitamin.
123. Consider nutritional supplement.
139. Other: _____.

140. Consider Geriatrics Consult in the Center for Senior Health for further evaluation and management of malnutrition and/or weight loss.
141. Consider Dietitian Consult for further evaluation and management of malnutrition and/or weight loss.
142. Consider Pharmacist Consult to assess medications and food ingestion that may be contributing to anorexia, malnutrition and/or weight loss.
143. Consider Occupational Therapy Consult for assistance with eating and special utensils.
144. Consider Dental Consult for oral examination and/or denture check.
149. Other: _____.

E. Malnutrition and Weight Loss

Routine Team Interventions

- 200. Monitor eating habits, dietary intake and weight.
- 209. Other: _____.

- 220. Suggest increasing socialization at meals (family, friends, and neighbors).
- 221. Arrange for meals at congregate meal site.
- 222. Arrange for home delivered meals.
- 223. Provide social services assistance to address poverty and ensure access to food.
- 229. Other: _____.

- 240. Provide education and materials on nutrition and meal preparation.
- 249. Other: _____.

F. Chronic Pain

Review with PCP

100. Review and confirm diagnosis and potential contributing causes; update problem list in computerized medical record as appropriate.
101. Further evaluate for organic causes of pain (detailed history and exam).
102. Consider the following diagnostic tests for further evaluation of pain: _____.
103. Evaluate for depression as possible contributor to chronic pain.
109. Other: _____.

120. Consider scheduled dose analgesic and prn medication for breakthrough pain.
121. Consider the following suggested changes in pain medication regimen: _____.
122. Consider treatment with the following non-opioid analgesic medication(s) for chronic pain:
_____.
123. Consider treatment with antidepressant for depression.
124. Consider supportive counseling or group therapy for patient and/or caregiver.
125. Consider alternative modalities such as acupuncture, massage, heat, cold, relaxation and distraction techniques.
126. If patient is on narcotics, initiate prophylactic bowel regimen and monitor for constipation.
139. Other: _____.

140. Consider Geriatrics Consult in the IU – Center for Senior Health for further evaluation and management of chronic pain.
141. Consider Physical Medicine and Rehabilitation Consult in the IU – Center for Senior Health for further evaluation and management of chronic pain.
142. Consider Physical Therapy Consult for treatment of pain, rehabilitation of impaired range of motion, specific muscle weakness, etc.
149. Other: _____.

F. Chronic Pain

Routine Team Interventions

- 200. Educate patient regarding the use of numerical scale for quantitative assessment of pain.
- 201. Educate patient and caregiver in use of pain log to record pain intensity, medication use, and response to treatment and associated activities.
- 209. Other: _____.

- 220. Encourage regular exercise, walking, and physical activity.
- 229. Other: _____.

- 240. Provide education and materials on pain and pain management to patient and caregiver.
- 241. Provide education to patient and caregivers on the potential side effects of prescribed pain medications.
- 249. Other: _____.

G. Visual Impairment

Review with PCP

- 100. Review and confirm diagnosis and potential contributing causes; update problem list in computerized medical record as appropriate.
- 109. Other: _____.

- 120. Consider discontinuing the following medication(s) due to complaint of dry eyes possibly related to anticholinergic side effects: _____.
- 121. Consider treatment with artificial tears or lubricant ointment for complaint of dry eyes.
- 139. Other: _____.

- 140. Consider Ophthalmology Consult for visual impairment.
- 141. Consider Ophthalmology Consult and regular follow-up for cataracts, glaucoma, macular degeneration, diabetes, and/or hypertension.
- 149. Other: _____.

G. Visual Impairment

Routine Team Interventions

- 200. Ensure medications are easily identifiable and understood.
- 209. Other: _____.

- 220. Review proper use and cleaning of eye glasses, contacts, etc.
- 221. Provide home safety evaluation to reduce risk of falls.
- 222. Recommend increasing natural lighting in home and reduce glare.
- 223. Recommend and facilitate acquisition of motion-detecting switches for lights in the home.
- 224. Provide referral to community resources for the visually impaired.
- 225. Assist in obtaining talking books.
- 226. Provide referral and encourage involvement in a support group.
- 227. Provide referral for assistance with activities of daily living as needed.
- 228. Provide social services help to identify financial assistance for glasses.
- 229. Other: _____.

- 240. Provide education and materials on visual impairment to patient and family.
- 241. Provide information on community resources for the visually impaired
- 249. Other: _____.

H. Hearing Impairment

Review with PCP

- 100. Review and confirm diagnosis and potential contributing causes; update problem list in computerized medical record as appropriate.
- 101. Evaluate for potential causes of hearing impairment (detailed history and ear, head and neck, cranial nerve and neurologic exam).
- 109. Other: _____.

- 120. Remove cerumen impaction.
- 121. Consider discontinuing furosemide and using an alternative diuretic since this drug may contribute to hearing loss.
- 139. Other: _____.

- 140. Consider Audiology Consult for further evaluation of hearing impairment.
- 141. Consider Otolaryngology Consult for further evaluation and treatment of hearing impairment.
- 149. Other: _____.

H. Hearing Impairment

Routine Team Interventions

- 200. Further evaluate hearing loss with Hearing Handicap Inventory for the Elderly – Screening Version.
- 209. Other: _____.

- 220. Recommend use of assistive listening device.
- 221. Recommend use of amplifier for television and/or telephone.
- 222. Provide social services help to identify financial assistance for hearing aids.
- 229. Other: _____.

- 240. Provide education and materials on hearing loss and techniques to improve communication to patient and family.
- 241. Provide information on community resources available to patients and families for the hearing impaired.
- 249. Other: _____.

I. Medication Management

Review with PCP

100. Review and confirm all current prescription drugs, over-the-counter preparations, herbs and vitamins being used by the patient; update medication list in computerized medical record as appropriate.
101. Identify one or more indications for each medication prescribed.
102. Review and confirm specific medications prescribed by specialists caring for patient.
103. Monitor patient for adverse side effects that may occur with the following medication(s): _____ (adverse side effect).
104. Consider laboratory studies including BUN, creatinine, and serum albumin.
105. Obtain drug levels for the following medication(s): _____.
109. Other: _____.

120. Simplify medication regimen as possible, including the use of medications with less frequent dosing intervals.
121. Consider prescribing a less expensive drug than the following medication due to financial constraints of patient: _____; suggested alternative: _____.
122. Consider the following nonpharmacologic intervention(s): _____ (for disease or problem).
123. Consider decreasing the dose of the following medication(s) due to potential risk: _____ (risk); suggested dose: _____.
124. Consider decreasing the dose of the following medication(s) due to altered pharmacology: _____ (decreased renal elimination/decreased hepatic metabolism/protein-bound drug/other); suggested dose: _____.
125. Consider discontinuing the following medication(s) due to potential risk: _____ (risk).
126. Consider changing the following medication(s): _____; suggested alternative(s): _____.
139. Other: _____.

140. Consider Geriatrics Consult in the IU – Center for Senior Health for further evaluation and management of polypharmacy.
148. 141. Obtain Pharmacist Consult for evaluation, recommendations, and assistance with medication adherence.
149. Other: _____.

I. Medication Management

Routine Team Interventions

- 200. Develop a medication list for the patient; review with patient and place a copy in the medical record.
- 201. Provide copy of medication list to specialists and other providers of care for patient.
- 209. Other: _____.

- 220. Instruct patient and/or caregiver on the purpose of each medication and give careful instructions on how they are to be taken.
- 221. Instruct patient and/or caregiver on the potential adverse side effects of each medication.
- 222. Recommend patient dispose of old medications.
- 223. Assist patient in gaining access to pharmacy.
- 224. Provide assistance to patient and/or caregiver in medication adherence techniques (e.g., daily organizer).
- 225. Provide financial counseling for assistance related to prescription drug costs.
- 239. Other: _____.

- 240. Provide education and materials on medication use to patient and/or caregiver.
- 249. Other: _____.

J. Health Maintenance

Review with PCP

100. Review and confirm all past and current health maintenance interventions; update computerized medical record as appropriate.
101. Review goals of care, life expectancy, and advance directives for appropriateness of health maintenance interventions.
109. Other: _____.

120. Consider annual influenza vaccination.
121. Consider pneumococcal vaccination for all persons over age 65, and consider revaccination every five years for those over the age of 75.
122. Consider tetanus series if not previously vaccinated and provide a booster every ten years.
123. Consider checking cholesterol for those with history of coronary artery disease, hypertension, diabetes, or stroke, and for those who are currently smoking.
124. Consider daily multivitamin, vitamin D (400 IU) and vitamin E (400 IU).
125. Consider treatment with aspirin if no contraindication for patients with coronary artery disease, transient ischemic attacks, stroke, or multiple risk factors for vascular disease.
126. Consider annual or biennial mammography and annual clinical breast examinations as long as a woman has a life expectancy of 5- to 10-year.
127. Consider fecal occult blood tests annually and flexible sigmoidoscopy every 5 years.
128. Consider cessation of screening pap smears if patient has had repeated pap smears negative.
129. Consider cessation of screening pap smears if s/p hysterectomy for non-malignant lesions.
130. Consider temporary resumption of pap smear screening if new sexual relationships.
131. Consider evaluation for osteoporosis among postmenopausal women by bone mineral density measurement.
132. Consider supplementation with calcium (1500 mgs daily) and vitamin D (400 IU daily) for osteoporosis prevention.
133. Consider counseling women regarding risks and benefits of estrogen replacement.
134. Consider allendronate, raloxifene, or calcitonin for the treatment of osteoporosis.
139. Other: _____.

140. Consider Women's Health: Menopause Clinic for further evaluation and management of osteoporosis.
141. Consider Endocrinology Consult for further evaluation and management of osteoporosis.
142. Consider Dental Consult for oral examination and/or denture check.
143. Consider Podiatry Consult for diabetic patients.
149. Other: _____.

J. Health Maintenance

Routine Team Interventions

- 200. Perform further alcohol screening by taking detailed history of alcohol use and administering CAGE questionnaire.
- 209. Other: _____.

- 220. Counsel patients to wear seat belts, and to avoid alcohol use when driving.
- 221. Counsel patients regarding use of smoke detectors, to avoid hazardous use of cigarettes (e.g. in bed), and to reduce tap water temperature to 120 degree F or 130 degree F.
- 222. Counsel patients regarding measures to reduce the risk of falling.
- 223. Encourage regular exercise.
- 224. Encourage participation in local senior center and social activities.
- 225. Assist in obtaining membership to Senior Connection.
- 229. Other: _____.

- 240. Provide education and materials to patient and/or caregiver on health maintenance.
- 241. Provide education and materials regarding vaccination.
- 242. Provide education and materials regarding cancer screening.
- 243. Provide education and materials on osteoporosis prevention and treatment.
- 244. Provide information on strategies to stop smoking.
- 245. Provide information on strategies to stop drinking.
- 246. Provide education and materials regarding safety measures.
- 249. Other: _____.

K. Advance Care Planning

Review with PCP

100. Consider patient conference to elicit patient values and overall goals for health care.
101. Consider discussing patient's spirituality and how this affects patient's approach to health care decision-making.
102. Consider patient conference for advance care planning to elicit patient preferences and understanding of the relative burdens and benefits of specific treatments and outcomes.
103. Recommend review issues of DNR status, artificial nutrition and hydration, and/or hospitalization for acute illness.
104. Consider evaluation of patient's decision-making capacity.
105. Consider evaluation of patient's legal competency.
109. Other: _____.

120. Document patient goals for care and preferences.
121. Document DNR status.
122. Consider initiating guardianship proceedings.
139. Other: _____.

140. Consider Geriatrics Consult in the IU – Center for Senior Health to assist in eliciting goals of care and preferences, and/or determining decision-making capacity or legal competency.
141. Consider Palliative Care Consult in the IU – Center for Senior Health to assist in eliciting goals of care and preferences.
142. Consider Neuropsychology Consult in the IU – Center for Senior Health to assist in determining decision-making capacity and/or legal competency.
143. Consider Geriatrics Psychiatry Consult in the IU – Center for Senior Health to assist in determining decision-making capacity and/or legal competency.
149. Other: _____.

K. Advance Care Planning

Routine Team Interventions

- 200. Monitor for changes in patient goals for care and preferences.
- 201. Monitor for changes in advance directives and DNR status.
- 202. Monitor for changes in decision-making capacity.
- 203. Monitor functional capacities and social support needs.
- 209. Other: _____.

- 220. Ensure copy of current advance directives are in medical record.
- 221. Encourage patient to identify a Health Care Representative and/or Durable Power of Attorney for Health Care and complete appropriate documentation with copy to medical record.
- 222. Encourage patient to discuss preferences with designated Health Care Representative and provide a written statement concerning important values and preferences.
- 223. Assist with obtaining additional health care benefits: _____.
- 223a. Provide ongoing assistance with Medicaid spend-down.
- 224. Assist with financial management: _____.
- 225. Assist in obtaining legal services: _____.
- 226. Assist in obtaining alternative housing: _____.
- 227. Assist in obtaining in-home services: _____.
- 228. Facilitate admission to nursing home.
- 229. Facilitate family conference regarding: _____.
- 230. Assist in obtaining transportation services.
- 231. Other: _____.
- 232. Other: _____.

- 240. Provide education and materials related to advance care planning to patient and family.
- 241. Provide education, materials and forms on advance directives and documenting preferences for a Health Care Representative or in a Living Will.
- 249. Other: _____.

L. Caregiver Burden

Review with PCP

- 100. Monitor caregiver for signs of increased stress, depression and physical decline.
- 101. Consider family conference to identify help from secondary sources such as family members and friends.
- 109. Other: _____.

- 120. Consider recommending to caregiver that he or she obtain regular medical care and assist in identifying a primary care physician.
- 121. Consider recommending supportive counseling for caregiver.
- 139. Other: _____.

- 140. Consider Geriatrics Consult in the IU – Center for Senior Health for comprehensive geriatrics evaluation of spouse or elderly caregiver.
- 149. Other: _____.

L. Caregiver Burden

Routine Team Interventions

- 200. Monitor need for supportive counseling and/or medical referral.
- 201. Monitor need for increased assistance and/or respite services.
- 209. Other: _____.

- 220. Provide referral to community resources for education and support groups (e.g., Alzheimer's Association).
- 221. Provide referral to respite care and encourage use of these services.
- 229. Other: _____.

- 240. Provide education and materials on common issues related to the caregiver role.
- 241. Provide education and materials to caregiver regarding patient's illness.
- 242. Provide information on community resources to assist in caregiving.
- 243. Provide information about respite care services (e.g., home health aide, respite stay in nursing home, etc.).
- 249. Other: _____.