



FRACTURED HIP CLINICAL PATHWAY Blaylock Discharge Planning Risk Assessment Screen

GREY BRUCE HEALTH SERVICES
 Lion's Head Markdale Meaford Owen Sound
 Southampton Tobermory Wiarton

PATIENT ID _____

Circle all that apply and total. Refer to scoring index for recommendations regarding discharge planning.

Age	55 years or less	0	Functional Status	Independent in activities of daily living and instrumental activities of daily living	0	
	56-64 years	1		<i>Dependent in:</i>		
	65-79 years	2		Eating/Feeding	1	
	80+ years	3		Bathing/Grooming	1	
Living Situation/Social Support	Lives only with spouse	0		Toileting	1	
	Lives with family	1		Transferring	1	
	Lives alone with family support	2		Incontinent of bowel function	1	
	Lives alone with friend's support	3		Incontinent of bladder function	1	
	Lives alone with no support	4		Meal Preparation	1	
	Nursing home/residential care	5		Responsible for own medication administration	1	
Number of Previous Admissions/ Emergency Room Visits	None in the last 3 months	0	Handling own finances	1		
	One in the last 3 months	1	Grocery Shopping	1		
	Two in the last 3 months	2	Transportation	1		
	More than two in the last 3 months	3	Behaviour Pattern	Appropriate	0	
Number of Active Medical Problems	Up to three medical problems	0		Wandering	1	
	Three to five medical problems	1		Agitated	1	
	More than five medical problems	2		Confused	1	
Number of Drugs	Fewer than three drugs	0	Other	1		
	Three to five drugs	1	Mobility	Ambulatory	0	
	More than five drugs	2		Ambulatory with mechanical assistance	1	
Cognition	Oriented	0		Ambulatory with human assistance	2	
	Disoriented to some spheres (person, place, self, time) some of the time	1	Nonambulatory	3		
	Disoriented to some spheres (person, place, self, time) all of the time	2	Sensory Deficits	None	0	
	Disoriented to all spheres (person, place, self, time) and some of the time	3		Visual or hearing deficits	1	
	Disoriented to all spheres (person, place, self, time) all of the time	4		Visual and hearing deficits	2	
	Comatose	5				

Total Score: 8 **Signature:** [Signature] **Date:** July 11 07

Scoring Index	
0-10	Probable outpatient physiotherapy or occupational therapy follow up, refer to Discharge Planner
11-19	May require CCAC services, refer to Case Manager
>20	May require alternative level of care, refer to Discharge Planner