

**Functional
Status
Assessment for
Seniors in the
Emergency
Department**



**FSAS-ED
Rating sheet**

**Functional
Status
Assessment of
Seniors in
Emergency
Department
(FSAS-ED)**

| |
|--|
| ADDRESS LABEL <i>M^s Côté</i> |
|--|

CONTEXTUAL FACTORS

Gender: Male Female

Age: 70

ED arrival date and time: 2015/04/15 8 AM

Description of the event prompting the current visit to the ED:

Back and right leg pain + oedema resulting from a fall

Date of the event prompting the current visit to the ED: 2015/04/12

Diagnostic in ED: Lumbar sprain and acute arthritis

Medical history and associated conditions: HBP, CAD, rheumatoid arthritis, Osteoporosis

Daily medication: Refer to medical chart. Uses a pill organizer.

History of falls: None

Primary care or attending physician (name, specialty): Dr Tremblay

Preferred spoken language: French English Other: _____

Situation: Living alone Living with spouse Other: _____

Dwelling type (according to tasks/responsibilities related to it and services offered):

House Apartment (or condominium)
 Residence with services Other: _____

Dwelling features: (specify):

Inside stairs Handrail # of steps: 15
 Outside stairs Handrail # of steps: _____
 Elevator Other equipment: _____

Adaptive equipment:

Bathtub/shower Toilet
 Bedroom Other: _____

Mobility aid:

Cane Walker *For the past 3 days*
 Wheelchair Other: _____

Communication aid:

Glasses Hearing aid Other: _____

Community services (that are not part of the services provided by type of dwelling, nor by family or friends)

Frequency of assistance (daily, weekly, monthly, occasional):

Home care (ADLs) _____
 Home care (IADLs) _____
 Housekeeping Privately hired-Weekly
 Meal delivery service _____
 Specialized transit _____
 Nursing care _____
 Social support _____
 Other: Snow removal

Informal support network (family member or friend who is willing, able and available to provide care): Husband drives the car and recently helps for meal preparation

Leisure activities (formal and informal, associations, spiritual life):

Cooking for her daughter

Productive activities (volunteering, work, etc.):

None

ACTIVITIES AND PARTICIPATION

By comparing

- the usual level of functioning, prior the current visit to ED
- the current level of functioning, or from the event that motivates this visit to ED

How would you describe the functioning of the person?

Basic activities of daily living:

| | | Not applicable/ Substitution | | | | |
|--|--------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | | With help | | | | |
| With difficulty | Without help | | | | | |
| | With help | | | | | |
| Without difficulty | Without help | | | | | |
| | | | | | | |
| 1. Changing body position (and transferring) | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Walking, around on same level (inside home) | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Moving on different levels (inside home) | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Moving around in various places (outside home) | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Using transportation | Before | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Washing and drying oneself | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Toileting | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Dressing | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Eating and drinking | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Managing medication | Before | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Instrumental activities of daily living :

| | | Not applicable/ Substitution | | | | |
|---------------------------------|--------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | | With help | | | | |
| With difficulty | Without help | | | | | |
| | With help | | | | | |
| Without difficulty | Without help | | | | | |
| | | | | | | |
| 11. Acquisition of necessities | Before | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Meal preparation | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Household tasks | Before | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Basic economic transactions | Before | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

By comparing

- the usual level of functioning, prior the current visit to ED
- the current level of functioning, or from the event that motivates this visit to ED

How would you describe the functioning of the person?

Communication:

| | | Not applicable/ Substitution | | | | | |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| With difficulty | | With help | | | | | |
| | | Without help | | | | | |
| Without difficulty | | With help | | | | | |
| | | Without help | | | | | |
| 15. Understanding verbal and non-verbal messages | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Producing messages | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Use of devices and techniques | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Applying knowledge, general tasks and interaction :

| | | Not applicable/ Substitution | | | | | |
|--------------------------------------|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| With difficulty | | With help | | | | | |
| | | Without help | | | | | |
| Without difficulty | | With help | | | | | |
| | | Without help | | | | | |
| 18. Basic learning | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Applying knowledge | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Solving problems | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Making decisions | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. General tasks and demands | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 23. Interpersonal interactions | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

BODY FUNCTIONS

| Level of Impairment | | | | | Severe |
|---|---------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| | | | | Moderate | |
| | | Absent | | | |
| 24. Global mental functions | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Sleep functions | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Emotional functions | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Basic thought functions (content and control) | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Vestibular functions | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Sensory functions and pain | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Cardio-respiratory system | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Digestive system | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Movement-related functions | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 33. Skin functions | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Current | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ENVIRONMENTAL FACTORS

| | Barrier | | | Remarks |
|--|-------------|-------------------------------------|-------------------------------------|---|
| | Facilitator | | | |
| 34. Products (personal consumption) | Before | <input type="checkbox"/> | <input type="checkbox"/> | <i>Pain medication</i> |
| | Current | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 35. Products, technology (mobility) | Before | <input type="checkbox"/> | <input type="checkbox"/> | <i>No equipment or adaptation at home</i> |
| | Current | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 36. Natural environment | Before | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Current | <input type="checkbox"/> | <input type="checkbox"/> | |
| 37. Support and relationships (informal) | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Husband unable to provide physical assistance + daughter not available</i> |
| | Current | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 38. Support and relationships (formal) | Before | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>No Home Support Services in place</i> |
| | Current | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 39. Housing services and policies | Before | <input type="checkbox"/> | <input type="checkbox"/> | <i>Interior stairs to access bathroom and bedroom</i> |
| | Current | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 40. Transportation services | Before | <input type="checkbox"/> | <input type="checkbox"/> | <i>Medical transportation available</i> |
| | Current | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

OCCUPATIONAL THERAPY

ADDRESS LABEL
Ms Côté

♀ or ♂ 70 years of age, visited the Emergency Department on Date 2015/04/15

Reason Back and leg pain resulting from a fall

OT referral by Dr Patenaude

Seen in OT to document current functional status compared with functioning before the decision to consult in ED and the impact on the patient's safe return home.

- Source: Functional Status Assessment of Seniors in Emergency Department (FSAS-ED)
 Interview with subject or caregiver
 Medical record Observations Other: _____

ANALYSIS

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Recommendations (and reasons):

| | |
|--|--|
| <input type="checkbox"/> Discharge home | <input type="checkbox"/> Admission for assessment by the geriatric consultation team |
| <input type="checkbox"/> No referral or service required | Treatment plan/ methods |
| <input type="checkbox"/> Day hospital | <i>Recommandations:</i> |
| <input type="checkbox"/> Day centre | |
| <input type="checkbox"/> Liaison nurse | <i>1- Transfer to transient functional recovery unit</i> |
| <input type="checkbox"/> Service social | <i>2- Physiotherapy re: exercice program</i> |
| <input checked="" type="checkbox"/> UTRF* (Carré Royal) <input type="checkbox"/> Convalescence <small>*functional rehabilitation transition unit</small> | <i>3- If transient Unit is not available, transfer to convalescence bed</i> |
| <input type="checkbox"/> Referral to CLSC : <input type="checkbox"/> Nurse | |
| <input type="checkbox"/> Social service <input type="checkbox"/> HSW / RCA | |
| <input checked="" type="checkbox"/> OT/PT <input type="checkbox"/> Dietician | |
| <input type="checkbox"/> Equipment: _____ | |
| <input type="checkbox"/> Community resources: | |
| <input type="checkbox"/> Meals on wheels <input type="checkbox"/> Housekeeping (Coop) | |
| <input type="checkbox"/> Escort/transport. <input type="checkbox"/> Other: _____ | |

Assessment completed by: Nathalie Veillette erg. Date: 2015/04/15