

Reasons for a home visit

- Missed appointments
- Patient safety concerns
 - o Environment
 - o Medications
 - o Abuse
 - o Mobility
- Evaluation of geriatric syndromes
 - o Frailty
 - o Falls
 - o Cognitive Impairment
- Care coordination
 - o Caregivers
 - o Other professionals
 - o Transitions
- Terminal Illness

The home visit

Before:

- Confirm appointment
- Bring essential equipment*

During:

- Assess environment
 - o Neighborhood
 - o Home*
- Medical Assessment
 - o Geriatric ROS
 - o Medication Review
 - o Gait Assessment
 - o Cognitive testing
- Functional Assessment
 - o ADL/IADL review*
 - o Durable Medical Equipment*
 - o Assistive devices
 - o Emergency equipment
- Social Assessment:
 - o Caregivers*
 - o Advanced Directives

After:

- Next appointment
- Refer to home care
 - o if skilled need*
- Community referrals
 - o Food resources
 - o Transportation
 - o Med management
 - o Day programs
 - o Case management
- Family follow-up

**see reverse*

For additional copies:

Carla.Perissinotto@ucsf.edu
UCSF Division of Geriatrics



This work is licensed under the Creative Commons Attribution-NoDerivs 3.0 Unported License. To view a copy of this license, visit

<http://creativecommons.org/licenses/by-nd/3.0/>

Equipment Needed for visit

Medical:

- stethoscope
- blood pressure cuff
- pulse ox
- otoscope
- cerumen curette
- thermometer
- reflex hammer
- gloves
- alcohol swabs
- alcohol based soap

Optional:

- venipuncture supplies
- specimen cups
- catheters
- wound supplies
- pocket talker

Forms:

- lab slips
- radiology forms
- MOCA
- PHQ-9, GDS
- POLST, Adv. Directives
- DMV FORMS

Home Assessment

Outside

- Neighborhood safe? Clean?
- Easy to enter house or bldg? Are there stairs or locks?
- Handicap Accessible?

Inside

- Clutter, clean, other residents, fall risks (carpets)
- Kitchen: adequate/fresh food? clean? safety issues (ex. burned pots, poor lighting)
- Bathroom: bars for shower/toilet? raised toilet seat? Shower bench?
- Bedroom: clutter? safety? ease of transfers? hospital bed?
- Other: lighting? smoke alarms? electrical cords? other fall hazards? is phone accessible and working?
- Safety concerns: is phone working/accessible?

Medication Review:

- Ask to see bottles, medi-set, etc. Include PRNs, OTCs, supplements
- Record each medication, reconcile any discrepancies
- Discuss medication indications and side effects, including BEERS list review, and age appropriateness

ADL/IADL Review:

*determine if independent or dependent and *who* assists

- ADL: bathing, dressing, toileting, feeding, transferring
- IADL: telephone, shopping, traveling, finances, cleaning, med management

Caregiver assessment

- Are they paid? Family members?
- Agency or Private
- Hours worked. Back-up plan
- Caregiver Stress, burnout risk
- Caregiver skill level

Durable Medical Equipment

- Mobility: cane, walkers, wheelchair, -home safety: hospital bed, mattress, bathroom equipment, grab bars
- Assess if patient has other emergency equipment: lifeline, visible POLST or pre-hospital DNR, working phone, contact numbers

Determining if there is a skilled need

- Must need RN, PT, OT or speech
- Must be homebound*
 - o considerable and taxing effort to leave home
 - o need help to leave home (assistive device)
 - o may leave home for medical treatment or short, infrequent non-medical reasons, ie religious services
- Reasons for referral:
 - o recent discharge
 - o new unstable diagnosis
 - o new medications or medication concerns
 - o need for lab tests
 - o safety concerns
 - o falls