

UNIVERSITY OF FLORIDA GUIDE TO GERIATRIC ASSESSMENT

**Table 2. – The “Get Up and Go” Test for
Gate Assessment in Elderly Patients**

Have patient sit in a straight-back high-seat chair

- Instructions for patient
- Get up (without use of armrest, if possible)
- Stand still momentarily
- Walk forward 10 ft (3m)
- Turn around and walk back to chair
- Turn and be seated

Factors to note

- Sitting balance
- Transfers from sitting to standing
- Pace and stability of walking
- Ability to turn without staggering

Activities of Daily Living (ADL)

PHYSICAL ADLs

Bathing
Dressing
Toileting
Transfers
Continence
Feeding

ADL Score ____ / 6

INSTRUMENTAL ADLs

Using the telephone
Shopping
Food preparation
Housekeeping
Laundry
Transportation
Taking medicine
Managing money

IADL Score ____ / 8

PRESSURE ULCERS: STAGES

Stage 1: Erythema not resolving 30 min. after relief of pressure

Stage 2: Superficial skin layer broken or blistered

Stage 3: Ulceration to subcutaneous tissue

Stage 4: Ulceration to muscle, bone, or joint

Arterial Blood Gases and Aging:
the lower limit of normal for pO_2 is $100 - (0.325 \times \text{age})$

NUTRITION SCORE

	Yes
I have an illness or condition that makes me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables, or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost everyday.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
Total: <input type="text"/>	

0 – 2 **GOOD**
3 – 5 **MODERATE NUTRITIONAL RISK**
6 + **HIGH NUTRITIONAL RISK**

Estimated Creatinine Clearance

$$CL_{Cr} = \frac{140 - \text{age}}{72} \times \frac{Wt_{kg}}{Cr_s \text{ (mg / 100ml)}} \quad [X .85 \text{ for women}]$$

Acute Urinary Incontinence: Causes

D – Delirium

R – Restricted mobility and retention

I – Infection, inflammation, and impaction (fecal)

P – Pharmaceuticals and polyuria

Chronic Urinary Incontinence: Treatment Approaches

Type

Stress

Primary Treatments

Pelvic floor (Kegel) exercise
Alpha agonists/Estrogen
Biofeedback, behavior training
Surgical bladder-neck suspension

Urge

Bladder relaxants
Estrogen (if vaginal atrophy present)
Training procedures (e.g., biofeedback, behavioral)
Surgical removal of irritating lesions

Overflow

Surgical removal of obstruction
Intermittent catheterization (if practical)
Indwelling catheterization

Functional

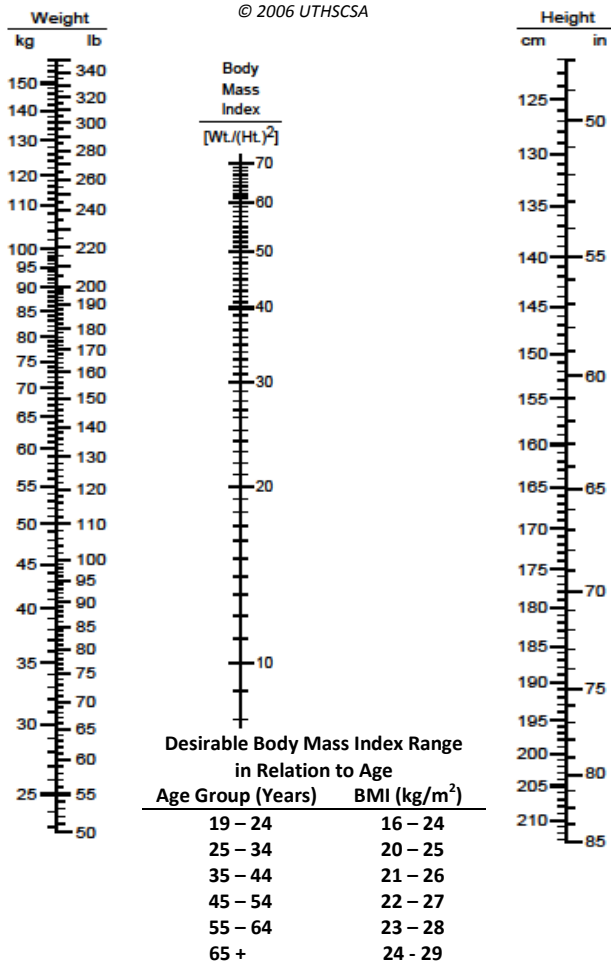
Behavior therapies (e.g., Schedule toileting)
Environmental manipulations
Incontinence undergarments and pads
External collection devices
Bladder relaxants (selected patients)
Indwelling catheters (selected patients)

Adapted from Ouslander *Urol* 36 (supp) 25 1990

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NOMOGRAM FOR BODY MASS INDEX

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Yesavage Geriatric Depression Scale (GDS) – Short Form

1. Are you basically satisfied with your life?	Yes	No
2. Have you dropped many of your activities and interests?	Yes	No
3. Do you feel that your life is empty?	Yes	No
4. Do you often get bored?	Yes	No
5. Are you in good spirits most of the time?	Yes	No
6. Are you afraid that something bad is going to happen to you?	Yes	No
7. Do you feel happy most of the time?	Yes	No
8. Do you often feel helpless?	Yes	No
9. Do you prefer to stay at home, rather than going out and doing new things?	Yes	No
10. Do you feel you have more problems with memory than most?	Yes	No
11. Do you think it is wonderful to be alive now?	Yes	No
12. Do you feel pretty worthless the way you are now?	Yes	No
13. Do you feel full of energy?	Yes	No
14. Do you feel that your situation is hopeless?	Yes	No
15. Do you think that most people are better off than you are?	Yes	No

NORMS

Score _____ / 15	Normal	3 ± 2
"depressed" answers: No on 1, 5, 7, 11, 13, Yes on others	Mildly Depressed	7 ± 3
	Very depressed	12 ± 2

Adapted from Sheikh & Yesavage, *Clin Gerontol* 5:165 1986

CAM (CONFUSION ASSESSMENT METHOD)

1. Acute onset and fluctuating course
2. Inattention
3. Disorganized thinking
4. Altered state of consciousness

1 and 2 plus either 3 or 4 = probable delirium

Adapted from Inouye et al: *Ann Intern Med* 113:941, 1990

Mini-Mental State Questionnaire

Max Score

Score

Orientation

5 _____ (Year) (Season) (Date) (Day) (Month)

5 _____ (State) (County) (Town) (Building) (Floor)

Registration

Name three objects

3 _____ Record number of trials to learn

Attention and Calculation

Series 7's (Stop after 5 answers)

5 _____ Or Spell "World" backwards

Recall

3 _____ Recall 3 objects above

Language

2 _____ Name a pencil and a watch

1 _____ Repeat "No ifs, ands, or buts"

3 _____ Follow a 3-step command

1 _____ Read and obey "close your eyes"

1 _____ Write a sentence

1 _____ Copy intersecting pentagons



Score: _____ (30 Possible)

Adapted from Folstein et al: *J Psych Res* 12:189 1975