

**GERIATRIC EVALUATION & MANAGEMENT (GEM) UNIT**  
**PALLIATIVE CARE UNIT (PCU)**  
**MS4 ORIENTATION**

**DOOR CODE: 1-3-5-7-9**

**Students:** 4<sup>th</sup> year medical students are assigned to this dual rotation for a week.

**Interdisciplinary Team:** Our approach to care in both GEM rehabilitation and PCU is through an interdisciplinary team.

**GEM/PC Weekly Schedule:**

<b>Monday</b>	7:30	Preround
	8-9	Morning Report (at VA)
	9--9:30	PCU walking/teaching rounds
	9:30-10	Residents work time
	10-11	GEM walking/teaching rounds
	11-11:30	Neurology rounds with Dr Nadeau (select a neuro patient to discuss)
	12 Noon	Noon Conference (Internal Medicine)
	1:30-4	Resident work time
<b>Tuesday</b>	7:30	Preround
	8-9	Morning Report
	8 am-10	Resident work time
	10-11	<b>GEM Interdisciplinary Team Rounds (RM 374)</b>
	11-11:30	Teaching session (GEM attending or PharmD)
	12-1	Noon Conference
	1:15-4	Resident work time
<b>Wednesday</b>	7:30	Preround
	8-9	Morning Report (combined VA and Shands)
	9-9:30	PCU walking/teaching rounds
	9:30-10:00	Residents work time
	10:00-11	GEM sit down rounds
	11-11:30	Dr Meuleman: Teaching rounds
	12-1	Noon Conference
	1:15-4	Resident work time
<b>Thursday</b>	7:30	Preround
	8-9:00	Resident work time
	9:00-10:00	GEM Fellow/Attending sit down rounds
	10:00 – 11:00	<b>PCU Interdisciplinary Team Meeting with optional palliative teaching time</b>
	11- 12N	Grand Rounds at UF
	1:15-4	<b>GEM Family/CARE PLAN meetings/Resident work time</b>

**PLEASE REMEMBER :**

- Control-Alt-Delete to Lock your computer when you walk away from your workstation
- Use Hand Sanitizer upon entering and after exiting the patient rooms. (We are being monitored for compliance under long-term care facility guidelines.)
- Sign out your patients to Cross-cover before leaving for the day

**INTERDISCIPLINARY TEAM MEETINGS:** a roundtable discussion of individual patient's short/long term goals, barriers to progress, develop a discharge plan, and determine if continued rehab/restorative care is medically necessary.

GEM team meeting - Tuesdays at 10 a.m.

PCU team meeting - Thursdays at 10 a.m.

**NOTES IN CPRS (Computerized Patient Record System)**

If it has been more than 90 days since you last used your VA computer access, your account likely has been temporarily deactivated. You will need to contact the VA Help Desk at (352) 374-6093 on the first day of your rotation in order to reset your account. You can also call this number if you have forgotten your password.

## Required system access training:

<https://mix.office.com/watch/178ci6muswx86>

If you have never logged into a VA computer, you will need to contact the VA Education office at (352) 379-7486 **before your rotation begins** in order to set up your computer access.

- Progress notes due twice weekly in SOAP format.
- Use the note title: **MEDICAL STUDENT DOCUMENTATION**.
- You can create a template similar to the attached (**see last page**). Please remember to use the GICS format in Assessment. Be sure to add the Resident to your note, and add the verbiage "medical changes were discussed with the patient and/or family". Include "Disposition" in notes and address plan (i.e. continue rehab then home, PCU for end-of-life care, home with Hospice, etc).
- Reminder: Add Hospice/Palliative Care as initial diagnosis for PC patients. Then follow with remaining diagnoses.
- Medical Students can copy the template for H&P (attached), but place this under the **MEDICAL STUDENT DOCUMENTATION** title as above.
- All medications ordered will need a diagnosis to support prescribing it.
- Please address any psychotropic medications and pain issues in your notes
- **PAIN MEDICATIONS** – please add the pain location for both scheduled and prn medications. If there is no location identified (i.e. cognitively impaired, delirious patient or pain "all over", then state "generalized pain", but something more than "pain" needs to be indicated.
- Diabetic Patients: Chemsticks often checked less frequently i.e. QAM or BID
- Avoid Dangerous Abbreviations (reference VA website, Clinical tab, Documentation section - "Dangerous Abbreviations")

## DISCHARGING A PATIENT

- Follow the same format as a hospital discharge.
- Enter the Discharge Date and Time in CPRS as soon as you anticipate a discharge.
- Don't forget the MRSA swab prior to d/c.
- Resident to complete CLC Medicine Discharge (T). Remember to address Education portion of instructions and address Outcome of Education (patient understands, family understands education, etc).
- Enter Clerk order to request schedule 2 wk. follow up appt. with PCP.
- Fellow or Resident will complete Discharge Summary – DUE Within 24 hrs, or next working day if holiday or weekend discharge.
- Enter Discharge Medication orders and wound care supplies 24 hours in advance for Pharmacy to prepare.
- Reminder for Palliative Care patients – if going home with Hospice, veteran will need a two (2) week supply of medications
- Reminder to de-access PICCs/IV/Ports prior to discharge

## **GUIDELINES FOR PHYSICAL THERAPY, OCCUPATIONAL THERAPY & RECREATIONAL THERAPY WELLNESS PROGRAM REFERRALS**

### **Physical therapy**

- ◆ Adaptation to a new disability
- ◆ Significant impairment of ROM , weakness
- ◆ Gait or balance disturbance
- ◆ Need for an assistive devices: i.e. cane, crutches, walker, or specialty shoes
- ◆ **Need for manual wheelchair** – routine or current wheelchair not a good fit/ride
- ◆ Assessment of seating or positioning problems with a wheelchair
- ◆ Mobility or transfers are difficult
- ◆ Home equipment: long shower head, shower bars, trapeze, wedge pillow, shower bench, raised toilet seat, bedside commode, hospital bed, specialty mattress
- ◆ Falls, joint replacement,
- ◆ Pain: joint pain, muscle pain
- ◆ Home modifications: ramps, bath rails, toilet, doorways widened, outside terrain(types, even/uneven)

### **Occupational Therapy**

- ◆ Evaluations for impairments of activities of daily living (ADLs) bathing, dressing, eating, toileting, transfers, walking/stairs, grooming
- ◆ or instrumental activities of daily living (IADLs) money management, medications management, cooking, cleaning, shopping, driving/public transportation
- ◆ Adaptation to a new disability
- ◆ Displays limited judgment about safety
- ◆ Fabrication of splints or Orthotics.
- ◆ Needs for adaptive equipment for work
- ◆ Home assessments for safety and/or modifications: ramps, bath rails, toilet, doorways widened, outside terrain(types, even/uneven)
- ◆ Evaluation for functional capacity
- ◆ Evaluation for memory or cognitive decline
- ◆ **Need for wheelchair –power wheelchair or scooter**, current wheelchair not a good fit/ride
- ◆ Home equipment: long shower head, shower bars, trapeze, wedge pillow, shower bench, raised toilet seat, bedside commode, hospital bed, specialty mattress
- ◆ Falls, joint replacement,
- ◆ Pain: joint pain, muscle pain

### **Recreation Therapy/ Wellness Program**

- ◆ Socialization skills for community re-entry
- ◆ Fitness clinic
- ◆ Pool Therapy (at the VA)
- ◆ Geriatric Wellness (at the VA)

### **Speech:**

- ◆ Comprehension and coherent expression
- ◆ Cognitive evaluation
- ◆ Dysphasia/Adaptive communication technology

### ADDITIONAL INFO. FOR PALLIATIVE H&P

You will need the following information from your patient in order to complete the template Palliative Care H&P. This list may be helpful to you when you are speaking with the patient.

- 1) Has patient completed Advanced Directives (check upper right corner box for info) - if not, tell patient Social Worker will assist veteran with completion
- 2) Does patient have a Durable Power of Attorney established? - SW will assist if not done
- 3) Who is the Primary next of kin/what relationship to the patient (cover sheet)  
Contact information (see cover sheet)
- 4) Does patient have decision making capacity?
- 5) Obtain information concerning social/living history i.e.:
  - Occupation
  - Military History (branch, years, served in Vietnam??)
  - Education
  - Religion (cover sheet)
  - Living arrangements
  - Habits (etoh/tobacco/illicit drugs)
- 6) Any skin issues/pressure ulcers/wounds? - need of Wound consult?
  - Continent of bowel?
  - Sleep habits?
- 7) What is the patient's functional status?
  - ADLs: independent/dependent/requires some assistance
  - Bed mobility:
  - Ambulation:
  - Transfers:
- 8) Palliative Performance Scale: Estimated Survival (see completed Palliative consult)
- 9) Anticipated/Preferred Site of Terminal Care: (see completed Palliative consult)
- 10) Psychotropic Med use: please document reason for use of benzos - situational anxiety, agitation, etc.

ADDITIONAL INFO. FOR GEM H&P

The following criterion is unique to the geriatric patient and will need to be included in your admission H&P:

Use of OTC/Herbals?

Immunizations

Ability to Perform ADLs: dependent/independent/needs assistance

Feeding

Bathing/Grooming

Dressing

Transferring

Ambulating

Geriatric Review of Systems (in addition to routine ROS):

Recent change in appetite?

Recent weight change?

Skin issues?

Continent

Bowel:

Bladder:

Sleep Habits:

Vision:

Hearing:

Memory Problems:

Mood:

Motor:

Gait:

Sensory:

Sexuality:

Muscle Function:

Strength

Wasting

Tremor

ROM

Contractures

Neurological

Gait

GU

Rectal

Depression Screen (two item)

Little interest or pleasure in doing things?

Feeling down or hopeless?

Barriers to Rehabilitation?

Psychotropic Drugs: list drug and reason for treatment

Skin: wound consult needed for skin wounds

Education: documentation education provided to veteran/family

Document Method of Education: verbal/written

Response to Education: full understand/partial understanding

Medications: indications, risks, benefits, side effects, reason for Tx (pain).

Disposition/Discharge Plan - anticipate home? Nsg home? ALF?

**Geriatric Evaluation & Management (GEM)  
Palliative Care (PC)  
Clinical Rotation**

This is the note title that will be available in CPRS for your use:

**MEDICAL STUDENT DOCUMENTATION**

Listed below is the suggested format for your use in preparing notes while on your GEM/PC clinical rotation. You are welcome to create a template of the following, and just paste it into the above note title when preparing notes for our service.

Hospital Course:

Subjective:

Objective:

Physical Exam:

Labs/Micro:

Imaging:

Assessment/Plan: (problem list)

- 1.
- 2.
- 3.

FEN:

Prophy:

Code Status:

Intravenous Lines, Ports or other indwelling catheters/tubes:

Dispo:

"Discussed medications/plan of care with patient and/or family including reasons for use of psychotropic and/or narcotic medications. Patient has been educated about the medications including the risks/benefits/side effects/alternatives, and questions have been answered to their satisfaction".

Active Inpatient Medications: list meds here

Discussed above plan with Medical Resident.

Rev: 9/17/15