

Prehospital Screening av eldre pasienter

- OsloMet bacheloroppgave av:
 - Nepomuceno, Michael
 - Ravndal, Gaute
 - Studsrud, Joachim

Identification of Seniors At Risk (ISAR)

		Hospital use only
1. Before the illness or injury that brought you to the Emergency, did you need someone to help you on a regular basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO	1 0
2. Since the illness or injury that brought you to the Emergency, have you needed more help than usual to take care of yourself?	<input type="checkbox"/> YES <input type="checkbox"/> NO	1 0
3. Have you been hospitalized for one or more nights during the past 6 months (excluding a stay in the Emergency Department)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	1 0
4. In general, do you see well?	<input type="checkbox"/> YES <input type="checkbox"/> NO	0 1
5. In general, do you have serious problems with your memory?	<input type="checkbox"/> YES <input type="checkbox"/> NO	1 0
6. Do you take more than three different medications every day?	<input type="checkbox"/> YES <input type="checkbox"/> NO	1 0

TOTAL: _____

Triage Risk Screening Tool (TRST)

1. History of cognitive impairment (poor recall or not oriented)
2. Difficulty walking / transferring or recent falls
3. Five or more medications
4. ED use in previous 30 days or hospitalization in previous 90 days
5. Lives alone **and/or** no available caregiver
6. ED staff professional recommendations:
 - Nutrition / weight loss
 - Failure to cope
 - Sensory deficits
 - Other _____
 - Incontinence
 - Medication issues
 - Depression / low mood

If 2 or more factors identified: Referral to GEM Nurse Referral to GEM Nurse not indicated
 Referral to Social Work when GEM nurse not available

Screeningverktøy i ambulansepraksis

Medisinske funn

Ikke-medisinske funn

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graph TD; A[Medisinske funn] --> B[Positivt screenet pasient]; C[Ikke-medisinske funn] --> B; B --> D[Tverrfaglig samarbeid]; D --> E[Henvisning til Geriatrisk utrednings- og behandlingsenhet];
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Positivt screenet pasient

Tverrfaglig samarbeid

Henvisning til Geriatrisk
utrednings- og behandlingsenhet