



GERIATRIC EDUCATION SERIES RISK

RISK CASE STUDY – MS. ROCKWOOD

PCP referred Ms. Rockwood, an 85-year-old lady, to the Geriatric Assessment Outreach Team to review cognition, function, mobility, risk, medication review and falls. She lives with her dog and a friend in a three-bedroom bungalow.

PAST MEDICAL HISTORY	MEDICATIONS
Hypertension/CAD	Ramipril 5mg 1 tab daily
Seizure disorder	Pregabalin 50 mg 1 tablet nightly
Anxiety	Clonazepam 0.5 mg 1 tablet twice daily Paroxetine 20 mg 1.5 tablets daily
NIDDM	
Dyslipidemia	

COMPREHENSIVE GERIATRIC ASSESSMENT

Physical Environment:

- The home is cluttered, dirty and in disrepair
- **For Equipment:** there are 2 bathtub grab bars, loose tub clamp-on bar, loose towel rack in the main bathroom
- **For Accessibility:** there are three-steps with a loose railing to enter home, loose scatter rugs within the home
- And the client smokes in bed

Social Environment:

- There is limited contact with the family: she has 1 daughter who visits every few months, and she's estranged from her 4 other children
- Client has lived with her friend for many years, and has no other friends
- Home Care was involved in the past for physiotherapy and personal support services

Medical:

- **Diabetes:** she does not feel that she needs diabetic management so discontinued her diabetic medications
- **Weight loss:** client reported a poor appetite, she's lost 10 pounds over the past 6 months, she only eats when hungry, and may only eat one meal daily for the past 2 years, she's unable able to recall food intake over the past 24 hours but reported good fluid intake throughout the day
- **Pain:** she reported constant 10/10 back pain
- **Incontinence:** she's been wearing incontinence briefs for many years, and is unable to confirm date of onset, there is an odor of urine in the home

Mobility:

- There's been a gradual decline over the past 3-4 years, with a sudden decline in past 3 months and she now requires the use of a 4-wheeled walker
- She only leaves the home for medical appointments for the past year, and she needs to take a break after 4-5 steps
- During the assessment, she used furniture for support when walking, walked better with walker, and



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testing revealed decreased bilateral leg strength and poor balance

Falls:

- She has a history of falls for the past 4 years, falls are occurring 2-3 times per month for the past 3 months, there were no injuries with the falls but she is unable to get up on own, she feels that her legs give out which cause the falls

Cognition:

- Client reported changes over the past 3 years, daughter concurred that cognition is getting worse
- During assessment, client had difficulty providing details to the assessment questions, she was repetitive, perseverated at times and lacked insight into her limitations. She was able to articulate her thoughts and understood instructions.
- Her MoCA score was 19+1/30 which is a decline from her past MoCA score of 27/30 in 2014.
- Risk factors for cognitive impairment are vascular and family history

Function:

- For the past 3 years, she has been independent with her ADLs and dependent on her friend for IADLs due to cognitive and mobility impairments as well as pain. There's been a recent decline in ADLs over the past few weeks due to her uncontrolled pain.
- There are issues with medication mismanagement: she manages medications out of bottles but a pill count revealed missed doses

Future planning:

- Client is declining in-home support and refuses to apply for LTC, because she wants to remain at home with her dog

Financial vulnerability:

- Client is giving her friend her bank card to pay bills and groceries and the client is less interested in managing her money recently.

Potential emotional and physical abuse:

- During the assessment, tension was noted between the client and her friend. The friend was verbally terse with the client. Police has been called in the past by a neighbor because the friend was yelling at the client, police offered to remove the friend from the home but the client declined. The friend is known to police for drug and alcohol use and public intoxication.

DISCUSSION QUESTIONS

IDENTIFY/ SCREEN/ASSESS	1. What is the client at risk of (concern, context, cause, consequence)? 2. Who is concerned?
INTERVENE	3. What strategies and interventions would you recommend?
APPLY	4. How would you apply this to your work context?