

The “BIG 10”

Basics in Geriatrics

1. Aging is not a disease
2. Medical conditions in geriatric patients are commonly chronic, multiple, and multifactorial
3. Reversible and treatable conditions are often under-diagnosed and undertreated in geriatric patients
4. Functional ability and quality of life are critical outcomes in the geriatric population
5. Social history, social supports, and patient preferences are essential aspects of managing geriatric patients
6. Geriatric care is multidisciplinary
7. Cognitive and affective disorders are prevalent and commonly undiagnosed at early stages
8. Iatrogenic illnesses are common and many are preventable
9. Geriatric care is provided in a variety of settings ranging from the home to long-term care institutions
10. Ethical issues and end-of-life care are critical aspects of the practice of geriatrics

*Based on the recommendations developed by the Emory University Division of Geriatric Medicine and Gerontology
Supported by the Donald W. Reynolds Foundation*

© 2011 Florida Atlantic University

Recommendations for Geriatric Screening and Assessment



The Charles E. Schmidt
College of Medicine
Florida Atlantic University



Recommendations for Geriatric Screening and Assessment

Geriatric Assessment Domains	BIG 10 Principle	Recommended Screens	Further Assessment for Positive Screen*
SOCIAL	Social Support	5, 9 Do you live alone? Do you have a caregiver? Are you a caregiver?	<ul style="list-style-type: none"> Consider referral to a social worker Refer to Area Agency on Aging
	Elder Neglect/Abuse	5, 6 Do you ever feel unsafe where you live? Has anyone ever threatened or hurt you? Has anyone been taking your money without your permission?	<ul style="list-style-type: none"> Consider referral to a social worker and/or Adult Protective Services
	Advance Directives	10 Would you like information or forms for a power of attorney for health care? Would you like information on a living will?	<ul style="list-style-type: none"> Discussion on advance directives Physician Orders for Life-Sustaining Treatment (POLST)
FUNCTIONAL	Functional Status	4, 6 Do you need assistance with shopping or finances? Do you need assistance with bathing or taking a shower?	<ul style="list-style-type: none"> Instrumental ADL Scale Basic ADL Scale
	Driving	4, 6 Do you still drive? If yes: While driving, have you had an accident in the past 6 months? Driving concerns by family member?	<ul style="list-style-type: none"> Vision testing Consider Occupational Therapy and/or formal driving evaluation
	Vision	1, 3, 4 Do you have trouble seeing, reading, or watching TV? (with glasses, if used)	<ul style="list-style-type: none"> Vision testing Consider referral for eye exam
	Hearing	1, 3, 4 Do you have difficulty hearing conversation in a quiet room? Unable to hear whisper test 6 inches away?	<ul style="list-style-type: none"> Check for cerumen in ear canals and remove if impacted Consider Audiology referral
GERIATRIC SYNDROMES	Medications	2, 8 Do you take 5 or more routine medications? Do you understand the reason for each of your medications?	<ul style="list-style-type: none"> Match medications with diagnoses Consider reducing doses, stopping drugs, adherence aides, and/or consultation with a pharmacist
	Fall Risk	2, 3, 6 Have you fallen in the past year? Are you afraid of falling? Do you have trouble climbing stairs or rising from chairs?	<ul style="list-style-type: none"> "Get Up and Go" test Consider full Fall Assessment Consider Physical Therapy Evaluation Consider Home Safety Assessment
	Continence	2, 3 Do you have any trouble with your bladder? Do you lose urine or stool when you do not want to? Do you wear pads or adult diapers?	<ul style="list-style-type: none"> Consider full Continence Assessment 3 IQ Questionnaire (women) AUA 7 symptom inventory (men)
	Weight Loss	2, 3 Weight < 100 lbs, or Unintentional weight loss \geq 10 pounds over 6 months?	<ul style="list-style-type: none"> Nutritional Health Questionnaire Consider dietician referral for nutritional evaluation
	Sleep	2, 3 Do you often feel sleepy during the day? Do you have difficulty falling asleep at night?	<ul style="list-style-type: none"> Epworth Sleepiness Scale or Pittsburgh Sleep Index Consider referral for sleep evaluation
	Pain	2, 3 Are you experiencing pain or discomfort?	<ul style="list-style-type: none"> Pain Assessment
	Alcohol Abuse	3, 5 Do you drink > 2 drinks / day?	<ul style="list-style-type: none"> CAGE Questionnaire
COGNITION AND AFFECT	Depression	7 Do you often feel sad or depressed? Have you lost pleasure in doing things over the past few months?	<ul style="list-style-type: none"> Geriatric Depression Scale or PHQ – 9 Consider screening for suicide risk
	Cognition	7 Self-reported memory loss? Cognitive screen positive? (3-item recall and Clock Draw test "Mini-Cog") Confusion Assessment (CAM) for delirium	<ul style="list-style-type: none"> Mini Mental State Exam Consider Neuropsychological testing

* Items in (red) are recommended for initial comprehensive geriatric assessment