

BASIC HEAD-TO-TOE ASSESSMENT WITH GERIATRIC FOCUS

HCP25

**PROGRAM GUIDE FOR
PROFESSIONAL NURSES**

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**BASIC HEAD-TO-TOE ASSESSMENT WITH GERIATRIC FOCUS
HCP 25**

**OUTLINE OF COURSE CONTENT
CONTINUING EDUCATION**

Title of Educational Activity

BASIC HEAD-TO-TOE ASSESSMENT WITH GERIATRIC FOCUS

Contact Hours 3

The presenters for our programs are the script writers who write the program guide and the script for the programs.

The facilitator/subscriber/purchaser of our program can also be considered the presenter as he/she directs the class and the participants through the guide and the video. The distribution of handouts, glossary of terms, taking of the pretest/post test and discussion of correct answers takes about 30 minutes. Each part of the video has a pretest/post test to be distributed, completed and discussed. The discussion questions take approximately 10-15 minutes to discuss adequately. Questions are provided for each part of the video. There is a Case Study that takes approximately 20 minutes to discuss.

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**OUTLINE OF COURSE CONTENT
CONTINUING EDUCATION (continued)**

Objectives	Content (Topics)	Time Frame	Faculty	Teaching Method
<i>List objectives in Operational and Behavioral terms</i>	<i>List each topic area covered and provide a description or outline of the content to be presented</i>	<i>State the time frame for the topic area</i>	<i>List the faculty persons or presenter for each topic</i>	<i>Describe the teaching method (s) used for teaching</i>
<p>Part I</p> <p>1. Identify techniques utilized in performing a thorough physical examination in the order in which they are performed.</p> <p>2. Differentiate between changes in the skin resulting from the normal aging process, photo-aging, and skin cancer.</p> <p>3. Discuss the changes that occur in the sensory organs and the impact that these changes have on the mental status of the older client.</p>	<p>Part I</p> <p>Techniques of observation, palpation, percussion and auscultation discussed and demonstrated in actual examinations. Environmental factors that affect ability to perform adequate assessment.</p> <p>Normal aging and malignant changes defined and demonstrated. How to differentiate between dehydration and normal skin changes described and demonstrated. Examples are shown of several normal conditions.</p> <p>Normal aging changes in vision, hearing and mouth presented and their effects on physical and mental health.</p>	<p>Part I</p> <p>25 minutes for video presentation utilizing the techniques in performing actual examination on individuals. 10 – 15 minutes for discussion of questions Appendix A</p> <p>Examples shown during actual assessment</p> <p>10 minute discussion of terms in glossary.</p> <p>Part of video presentation.</p>	<p>Part I</p> <p>Script writer</p> <p>On site facilitator to review glossary of terms</p> <p>On site facilitator Script writer</p> <p>Script writer On site facilitator</p>	<p>Part I</p> <p>Video presentation</p> <p>Review of definitions given in glossary of terms.</p> <p>Video presentation of examples. Glossary of terms and discussion questions.</p> <p>Video presentation. Glossary of terms and discussion questions.</p> <p>Video presentation provides mechanism to actually see changes that are considered normal. Handouts can be kept and used for reference in future.</p> <p>Video and discussion questions</p>

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CONTINUING EDUCATION (continued)**

Objectives	Content (Topics)	Time Frame	Facility	Teaching Method
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Part I 4. Discuss assessment of the cardiovascular system. (Assessment of lower extremity cardiovascular system is continued in Part II)	Part I Changes that occur in the cardiovascular system as a result of the aging process. Performing an orthostatic hypotension evaluation of the blood pressure.	Part I Part of video presentation	Part I Script Writer On site facilitator	Part I Video presentation allows for visualization of correct techniques for assessment. Discussion of aging changes and their effects on cardiovascular system provide insight for those caring for the elderly.
5. Discuss assessment of the respiratory system and normal aging changes that occur.	Assessment of system. Normal aging changes.	15 minutes	Script writer	Video presentation provides techniques for assessing elderly client.
Part II 1. Identify the correct procedure for performing an abdominal assessment	Part II Methods of dividing the abdomen into segments to standardize examination and reporting. Technique for performing assessment. Emphasis placed on changes in normal aging findings.	Part II	Part II Script writer	Part II Utilizing older adults for demonstrations allows for display of many of the normal changes that occur.
2. Differentiate between arterial and venous insufficiency / occlusion.	Method of assessing peripheral pulses in older adults. Assessment of edema. Signs and symptoms of some of most commonly seen changes that occur in older adults.		Script writer On site coordinator	Video presentation demonstrates the technique. Discussion questions provide differentiation of symptoms.

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**OUTLINE OF COURSE CONTENT
CONTINUING EDUCATION (*continued*)**

Objectives	Content (Topics)	Time Frame	Facility	Teaching Method
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Part II 3. Discuss changes occurring in the musculo-skeletal system, their assessment, and significance in mobility interference. 4. Utilize information learned to develop plan of care for elderly patient.	Part II Difference between senile gait and normal gait. Importance of identifying older adults at risk for falling. Conditions that frequently occur in older adults that affect the ability to perform the activities of daily living.	Part II 25 minute for video presentation of examination using older individuals 20 minutes for discussion of case study in Appendix C	Part II Script writer On site coordinator Script writer On site coordinator	Part II Discussion of changes that occur allows for understanding of limitations / behavior and potential interventions that allow for assistance or performance of activities of daily living. Application of information learned in case study indicates that learning has occurred.

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PROGRAM DESCRIPTION

A thorough physical assessment is necessary for all clients whether in long term care or home health. Our focus is to take the professional through a comprehensive physical assessment, divided into upper body, lower body and putting it all together; discussing the necessary information to document the findings correctly. Inclusive is additional information regarding normal changes of the aging client. *Video running time: 50 minutes (3 contact hours), includes learning guide.*

OBJECTIVES

1. Identify techniques utilized in performing a basic head-to-toe geriatric assessment in the order of performance.
2. Identify three of the most commonly occurring changes in the skin as a normal part of the aging process.
3. Differentiate between squamous cell carcinoma, basal cell carcinoma, and malignant melanoma.
4. Explain how to check for dehydration to distinguish it from loosening of the skin which occurs as a normal part of the aging process
5. Describe the changes that occur in the skin as a result of photo aging.
6. Analyze the impact that sensory organ changes have on the older client's mental status.
7. Explain how to perform the "whisper test".
8. Explain the importance of performing an examination of the mouth on the elderly client.
9. Identify the correct technique for performing an orthostatic hypotension evaluation of the blood pressure.
10. Identify normal aging changes in the respiratory system.
11. Identify the landmarks used to describe the four quadrants of the abdomen when performing an abdominal assessment
12. Identify the organs located in each quadrant that can be examined.
13. List the order of examination for the abdomen and explain why that differs from the normal order used in most other systems.
14. Identify at least three reasons constipation occurs more frequently in older adults.

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OBJECTIVES *(continued)*

15. Differentiate between symptoms of arterial and venous insufficiency.
16. Identify three causes of edema in the older adult.
17. Explain differences between senile gait and normal gait.
18. Identify two reasons it is important to identify the older adults at risk for falling.
19. Name two tests that can easily be done to determine the risk for falling.
20. Name the most frequently occurring chronic condition that affects the older adult's ability to perform the activities of daily living.

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GLOSSARY OF KEY TERMS

Actinic keratosis – dry, rough, adherent scaly lesions that occur on sun-exposed skin of adults.

Actinic lentiginos – circumscribed, brown maculae resulting from chronic exposure to sunlight. Also known as liver spots.

Actinic purpura – well demarcated, vividly purple maculae or patches from blood that has leaked through capillaries and spread into the dermis.

Adventitious sounds – added sounds superimposed on usual breath sounds, examples are crackles.

Aponuerosis – expanded tendon consisting of a fibrous or membranous sheet serving as a means of attachment for flat muscles at their origin or insertion.

Arrhythmias – alteration or abnormality in the rhythm of heartbeat in either time or force

Atherosclerosis – progressive narrowing of the lining of arteries due to accumulation of lipids and fibrous tissue.

Auscultation – technique of examination that involves listening to internal organs generally done with the aid of a stethoscope.

Baroreceptor – a neural receptor that is sensitive to changes in pressure

Borborygmi – sounds produced by movement of gas in the intestinal tract. “Rumbling” sounds heard without the use of a stethoscope.

Basal cell carcinoma – most common type of skin cancer. Locally invasive but does not metastasize. Occurs more frequently in sun-exposed areas.

Bronchial breath sounds – louder and higher in pitch heard over the mannerism characterized by longer expiratory sounds than inspiratory.

Broncho-vesicular breath sounds – heard evenly throughout both inspiration and expiration are intermediate and are heard between the scapula posteriorly and in the first and second interspace anteriorly.

Bruits – murmur-like sound heard on auscultation over an artery that is of vascular nature not cardiac

Capillary refill – time it takes for color to return to capillaries after pressure applied causing blanching

Cherry angioma – bright red, domed vascular lesions, occurring on the trunk of the body.

Crackles – either fine soft, high-pitched and brief or coarse, louder, lower in pitch, and longer, intermittent, nonmusical and brief.

Dehydration – describes the state of the body when there is inadequate fluid volume in the tissues.

Dementia – deterioration or loss of intellectual faculties, reasoning power, memory and will

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GLOSSARY OF KEY TERMS *(Continued)*

Dermal-epidermal junction – the location where the dermis and epidermis connect. Becomes flattened with age.

Dorsalis pedis pulse – pulse felt on the anterior surface of the foot.

Dorsiflexion – bending the foot toward the dorsum or upper surface.

Edema – excessive accumulation of fluid in the interstitial tissue spaces.

Embolism – occlusion of a blood vessel by an embolus.

Extraocular movements – movement of the eyes resulting from movement of the muscles.

Femoral pulse – pulse felt in the groin area.

Hyper pigmentation – increased coloring of skin resulting from an increase in melanocyte cells in the dermis that give color (pigmentation) to the skin.

Hypoalbuminemia – low serum albumin.

Hypoxia – decreased oxygen in the blood stream.

Inspection – technique used in examination

Integumentary System – largest organ system of the body, consists of the skin, hair and nails.

Interspace – space between the ribs also called intercostal space

Intertriginous – skin fold areas such as under the breasts, groin area where two skin surfaces rub against each other.

Macules – circumscribed, flat, nonpalpable change in skin color an example is a freckle

Malleolus – ankle bones

Manubrium – upper portion of the sternum

Melanocytes – cells that give color to the skin

Melanoma – malignant skin cancer capable of metastasizing. Characterized by irregularly shaped and colored lesions that increase in size.

Midclavicular line – an artificial line drawn from the middle of the clavicle.

Mitral regurgitation – flaps of mitral valve do not close properly and let blood leak back into the left atrium.

Mitral stenosis – flaps of mitral valve do not open enough to allow enough blood to flow between the left atrium and ventricle.

Orthostatic hypotension – low blood pressure resulting from change in position

Palpation – use of touch in examination

Papules – palpable elevated solid mass in the skin

Pectineal line – the line on the posterior surface of the femur running downward from the lesser trochanter.

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GLOSSARY OF KEY TERMS *(Continued)*

Percussion – the act of striking or firmly tapping the surface of the body with a finger or a small hammer to elicit sounds or vibratory sensations, used to assist in diagnosis.

Plantar flexion – flexion of the foot under toward the sole of the foot

Polycythemia – increased number of red blood cells

Popliteal fossa – a diamond shaped area behind the knee joint

Popliteal pulse – superficial pulse felt in the popliteal area

Posterior tibial – pulse felt in the posterior medial malleolus area

Poupart's ligament – inguinal ligament. Lower portion of the aponeurosis of the external oblique muscle extending from the anterior-superior spine of the ilium to the tubercle of the pubis and the pectineal line.

Pruritis – itching, an uncomfortable sensation due to irritation of a peripheral sensory nerve.

Pseudoscars – whitish, depigmented patches

Rectus abdominus – muscle of the anterior abdominal wall which has vertical fibers

Rhonchi – low pitched breath sounds with a snoring quality, longer than crackles and musical

Seborrheic keratosis – common, benign tumor generally pigmented that occurs more frequently on the trunk and face.

Senile gait – altered gait in older individuals characterized by reduced stride, toe-floor clearance, arm swing and hip and knee rotation. Both feet are on the ground for a greater part of the gait.

Squamous cell carcinoma – malignant tumor of epithelial keratinocytes. Results from exposure to sunlight or to ionizing radiation.

Striae – streak or narrow band sometimes referred to as stretch marks

Telangiectasia – dilated groups of capillaries forming elevated, dark red, wart-like spots varying in size from 1 to 7 mm.

Thrombus – blood clot formed within the heart or blood vessel

Varicose veins – abnormally dilated and tortuous veins resulting from interference with venous drainage or weakened walls.

Vesicular breath sounds – soft, low pitched and heard throughout most of the lung fields. Heard through inspiration and continue uninterrupted through about one third of expiration.

Vesicles – small, up to 0.5cm, circumscribed superficial elevation of the skin formed by free fluid in a cavity within the skin layers an example would be herpes simplex.

Wheezes – high pitched sounds with a hissing or shrill quality

Xerosis – condition of unusually dry skin seen in the elderly

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The Nursing Process

The nursing process is a systematic method of problem solving. It is based on the scientific method. The nursing process is called "process" because it is ongoing. These are the steps of the nursing process:

Assessment: This is the systematic, ongoing collection of information from multiple sources. Assessment is done when a nurse interviews a client and the client's significant others. A physical assessment of the client is also completed observing the following: laboratory data, daily client actions, assessing the client's ability to carry out daily activities, symptoms and the client's response to treatment. In long term care, resident assessment instruments are used to provide a comprehensive multi-disciplinary assessment.

Problem Identification or Nursing Diagnosis: Assessment data leads to identifying client strengths and client problems. These may be actual problems the client currently experiences, or potential problems that may occur with that client in the future. Problems are stated and related to a cause or influencing factor.

Planning: The systematic steps that the nurse will enact, with others, to assist the client to meet the goals (or outcomes) that are set. For each problem, a measurable, specific goal is identified. The plan includes nursing actions, based on aspects of nursing theory, nursing science, other sciences, and research findings. The beliefs and values of the nursing profession as well as the values of the client are taken into account.

Implementation: Carrying out the plan.

Evaluation: This is the systematic process of examining each client goal-related outcome to determine if it were met and to revise the plan accordingly. Evaluation may also identify the resources that are needed for the client or the health care provider in their continuing plan of care.

Professional Nursing Roles

As the nurse carries out the nursing process, the nurse enacts a variety of professional roles. These are:



These roles may overlap. In the clinician role, the nurse may provide direct "hands on" care, or may assess a client's needs and direct others to provide services to meet those needs. The nurse may conduct patient and family teaching in a teaching role. The nurse may also teach other health professionals when a multidisciplinary team addresses the client's needs. The nurse is a client advocate when collaborating with the client, finding resources for the client, and acting on behalf of the client. The nurse is a leader when planning and assigning the care of a client to others, maintaining overall responsibility and accountability for that care, assisting other members of the health care team to set and meet goals or when providing resources to other health care providers.

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PRE TEST / POST TEST

PART 1

1. Of the techniques used in conducting a physical assessment which is the first to be done?
 - A. auscultation
 - B. observation
 - C. palpation
 - D. percussion

2. Which of the following are changes in the skin that are part of the normal aging process?
 - A. actinic lentigines
 - B. seborrheic keratosis
 - C. cherry angioma
 - D. all of the above
 - E. none of the above

3. Of the following which is the most rapidly growing malignant skin cancer?
 - A. actinic keratosis
 - B. basal cell carcinoma
 - C. melanoma
 - D. squamous cell carcinoma

4. Loosening of the skin in an elderly patient is most easily differentiated from dehydration by:
 - A. comparing the skin on the back of the hand and the forearm
 - B. comparing the skin on the back of the hand and on the forehead or sternum
 - C. measuring the elastin levels present in the skin
 - D. measuring the depth of the dermal-epidermal junction

5. Of the following, which is not a characteristic of photoaged skin?
 - A. actinic purpura
 - B. irregular pigmentation changes
 - C. telangiectasia
 - D. wrinkling

6. Normal aging changes in which of the following systems are frequently associated with older adults being considered withdrawn and uncommunicative.
 - A. auditory
 - B. integumentary
 - C. visual
 - D. A and C

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PRE TEST / POST TEST

PART 1 (continued)

7. Of the following statements, which is not associated with the correct performance of the “whisper test”?
 - A. use words that have unequally accented syllables
 - B. occlude one ear at a time
 - C. cover your mouth so that the patient cannot lip read
 - D. record results as “whisper test heard at ____ inches”
8. Of the following, which is not an important reason to perform an examination of the mouth in an elderly person.
 - A. identify cancer of the tongue
 - B. ability to maintain good nutrition is essential
 - C. most older people have dentures
 - D. it is a good place to see dehydration
9. Which of the following statements is not true about blood pressure evaluation to determine risk for orthostatic hypotension?
 - A. should be done after lying down for 15 minutes
 - B. should be taken in both arms in all positions
 - C. have individual sit for at least one minute before checking sitting blood pressure
 - D. have individual stand for one to three minutes before taking the standing blood pressure
10. Which of the following are normal changes in the respiratory system associated with aging?
 - A. the thorax becomes more rigid therefore the diaphragm is more involved in normal breathing
 - B. asymmetry of the thoracic cavity is normal
 - C. hyperresonant notes are heard throughout the lung fields
 - D. None of the above

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DISCUSSION QUESTIONS

PART 1

1. Discuss the reasons for completing a thorough history on a patient in conjunction with a physical assessment.
 - A. gives health care providers information to determine state of health and ability to function
 - B. helps establish a baseline for future assessments
 - C. helps focus on problem areas first so as not to tire elderly out
 - D. gives you opportunity to observe individual and begin evaluation of mental status, hygiene, dress, grooming, physical limitations

2. Discuss environmental conditions to be considered while performing a physical assessment and why they are important.
 - A. good lighting
 - ◆ It is important to not have the elderly person facing a window where there may be glare affecting ability to see.
 - ◆ It is important that you be able to see changes in skin color
 - B. quiet environment
 - ◆ Many older individuals have hearing difficulty and cannot distinguish sounds if there are distracting noises in area
 - ◆ You may not be able to auscultate
 - C. privacy
 - ◆ Individual may be embarrassed
 - ◆ May not answer questions truthfully-doesn't want roommate to hear

3. Discuss the changes that occur as a part of the normal aging process in blood pressure and their attributing factors.
 - A. Systolic pressure rises slowly starting in early adulthood and continuing on to old age.
 - B. Diastolic pressure rises slowly in early adulthood but begins to decrease at about age 60.
 - C. Changes are attributed to atherosclerosis, renal impairment, hormonal defects and blunted baroreceptors.

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PRE TEST / POST TEST

PART 2

1. The following are used as landmarks to divide the abdomen into quadrants for examination.
 - A. an imaginary line from the sternum through the umbilicus to the pubis, then a second horizontal line across the abdomen through the umbilicus
 - B. an imaginary line vertical line from the midclavicle to the middle of Poupart's ligament, and a second horizontal line across the abdomen through the umbilicus
 - C. an imaginary line from the midclavicle to the pubis, then a horizontal line through the epigastrium
 - D. an imaginary line from the sternum to the middle of Poupart's ligament and a second horizontal line through the epigastrium
2. All of the following can be examined in the right upper quadrant of the abdomen except:
 - A. liver and gall bladder
 - B. duodenum
 - C. spleen
 - D. hepatic flexure
3. Which of the following can be examined in the left lower quadrant
 - A. left ureter
 - B. stomach
 - C. sigmoid colon
 - D. A and C
4. The following order is used to examine the abdomen
 - A. Inspection, palpation, auscultation, percussion
 - B. Inspection, percussion, palpation, auscultation
 - C. Auscultation, inspection, palpation, Percussion
 - D. Inspection, auscultation, palpation, percussion
5. Of the following, which are common causes of constipation in the elderly patient.
 - A. inadequate fluid intake, exercise, long term laxative use
 - B. inadequate fluid intake, lack of exercise, mental stress or depression
 - C. lack of exercise, depression, occasional laxative use
 - D. lack of exercise, edema, mental stress

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PRE TEST / POST TEST

PART 2 (continued)

6. All of the following are associated with arterial insufficiency except:
 - A. absent pulses, cool temperature of both extremities, thin shiny skin
 - B. edema, absent pulses, warm temperature to skin, quick capillary refill
 - C. absent pulses, thin shiny skin, cool temperature to skin, thickened nails
 - D. unilateral swelling of an extremity, dependant edema, hyperpigmentation of skin above medial malleolus

7. Which of the following may be causes of edema in the older adult?
 - A. congestive heart failure
 - B. hypoproteinemia from malnutrition
 - C. prolonged dependency
 - D. All of the above

8. Which of the following best describes “senile gait”?
 - A. weight distribution shifts from heel, middle foot to the first and second toes
 - B. short uncertain steps with narrow based gait
 - C. reduced stride, toe-floor clearance, arm swing and hip and knee rotation, with both feet on the ground for greater part of gait cycle
 - D. wide-based waddling gait seen in women

9. Which of the following are important reasons to identify older adults at risk for falling:
 - A. high cost of medical care
 - B. affects ability to function
 - C. frequently is the beginning of the downhill spiral leading to death
 - D. All of the above

10. All of the following can be done to determine an individual’s risk of falling. Which two can be done in almost any setting with minimal equipment?
 - A. Get up and Go, Barthel functional evaluation index
 - B. Functional reach, Get up and go
 - C. Tinetti balance and Lawton and Brody I.A.D.L. Scale
 - D. None of the above

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DISCUSSION QUESTIONS

PART 2

1. Discuss elements of assessment of pedal edema.
 - A. Accurate and thorough history is invaluable.
 1. When did it start? Sudden or gradual onset?
 2. What aggravates / alleviates it?
 - Sitting for long periods of time with dependency of extremities.
 - Worse at night and either gone or better in morning
 - B. Is it pitting or non-pitting?
 1. Pitting edema scale
 - +1 slight pitting of foot or leg
 - +2
 - +3
 - +4 deep pitting with loss of normal foot and leg contours
 - C. Any associated symptoms?
 - D. Previous occurrence and treatments used.
 - E. Current medication and activity history.
2. Discuss how to differentiate between arterial and venous occlusion / insufficiency.
 - A. Arterial
 - Assess arterial pulses – femoral, popliteal, dorsalis pedis, posterior tibial (diminished or absent pulse may indicate partial or total obstruction proximally).
 - Compare temperature of feet and legs (use backs of fingers) Bilateral coldness may be due to environment.
 - Capillary refill should be instantaneous
 - Skin is thin and shiny
 - Nails thickened
 - Decreased or absent hair on lower legs and toes

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DISCUSSION QUESTIONS *(Continued)*

PART 2

B. Venous

- Edema of lower extremities usually chronic in nature which gets worse at the end of the day
 - Hyperpigmentation of skin around and just above the medial malleolus
 - Stasis dermatitis (scaling and pruritis) and hyperemic ulcers in the same area
 - Varicose veins
3. Discuss effects of aging and arthritis on mobility and gait.
- Decreased proprioception - awareness of where one's body position is in relation to space
 - Slower movement
 - Steps become short, uncertain and even shuffling
 - Stiffened joints - arthritic changes make it more difficult for the elderly person to flex their joints and adjust for body position changes, with increasing difficulty after extended periods of disuse.
 - Impaired vision
 - Fear of falling
 - Problems of the hips, legs and feet

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ANSWER SHEET

PRE TEST / POST TEST

PART 1

1. B
2. D
3. C
4. B
5. A
6. D
7. A
8. C
9. B
10. A

PART 2

1. A
2. C
3. D
4. D
5. B
6. C
7. D
8. C
9. D
10. B

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CASE STUDY TO BE USED BY ON SITE PRESENTER FOR DISCUSSION

(This must be completed by all RN's attending the program to comply with ANCC guidelines)

Mrs. Brown, 73 was admitted to your facility post total hip surgery (right) for rehabilitation. You are assigned to perform her initial nursing assessment. Discuss those areas of her assessment that you will concentrate on and your reasoning for doing so.

A. Mental status

- Ability to follow directions and assist in rehabilitation
- Ability to participate in developing own plan of care

B. Nutritional status

- Adequate nutrition is needed for tissue repair
- Adequate nutrition needed for immune system to function to prevent or respond to infection
- Observation for infection in wound
- Energy needed for physical activities needed for rehabilitation

C. Peripheral vascular status

- Need baseline for evaluation of any changes that might occur such as arterial occlusion or deep vein thrombosis
- Post operative anticoagulants used to decrease potential for development of deep vein thrombosis.

D. Overall condition of the skin and specifically the wound site

- Skin changes in the elderly predispose them to development of pressure ulcers
- Condition of skin is good indicator of nutritional and hydration status
- Temperature and color of skin in good indicator of peripheral vascular status
- Need baseline observation of wound to determine presence or absence of infection. Frequently older adults do not have elevated temperatures when infection is present.

E. Fall Risk Assessment

- Orthostatic evaluation – will help determine risk for falling due to orthostatic hypotension which may have been contributing factor in original fall.
- Prevent future falls
- Fear of falling may lead to social isolation, as she may not want to go out of house.
- Assessment of urinary tract functioning (Incontinence and or need to urinate during night)
- Desire to urinate during night is frequent cause of falls due to orthostatic hypotension
- Urine on the floor may cause fall

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CASE STUDY TO BE USED BY ON SITE PRESENTER FOR DISCUSSION

(This must be completed by all RN's attending the program to comply with ANCC guidelines)

(Continued)

F. Current medication

- May interfere with ability to follow plan of care
- Confusion
- Withdrawal symptoms
- Anticoagulants used post operatively to decrease potential for deep vein thrombosis
- Need to insure that pro-times are done
- Observation for signs and symptoms of bleeding

G. Assessment of respiratory

- Pneumonia is frequent post operative complication . Assessment will give base line for future evaluation and detect changes occurring.

NATIONAL EDUCATIONAL VIDEO, INC.™

BASIC HEAD-TO-TOE ASSESSMENT WITH GERIATRIC FOCUS HCP 25

RESOURCE ADVISOR

BETTY GAMEL, MS, ARNP, RN, CS was a graduate from Aultman Hospital School of Nursing in Canton, Ohio. She completed her undergraduate nursing program at Florida International University in Miami, Florida and her graduate program at the University of South Florida in Tampa, Florida in Gerontologic Nursing. She has over (20) years of nursing experience in acute and long term care and served as a hospital safety officer for several years and has received a certificate in Health Care Safety Management from the American Hospital Association. Presently, Ms Gamel is Director of Senior Services at Naples Community Hospital in Naples, Florida.

NEVCO® video educational programs are prepared using specific criteria designed by National Educational Video, Inc.™ All educational programs are coordinated and reviewed under the direction of the NEVCO® Director of Education, who is a master's prepared nurse.

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BASIC HEAD-TO-TOE ASSESSMENT WITH GERIATRIC FOCUS HCP 25

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While NEVCO® strives to remain current with federal and state regulatory requirements, the information contained in this program is always subject to governmental amendment. Therefore, we suggest that you contact your state and federal authorities for any possible revisions to regulatory requirements.

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BASIC HEAD-TO-TOE ASSESSMENT WITH GERIATRIC FOCUS HCP 25

Participant Evaluation of Objectives

Please evaluate this program by circling the number that best represents how well this program met the following objectives:

	<u>4=Excellent</u>	<u>3=Good</u>	<u>2=Average</u>	<u>1=Poor</u>
1. Identify techniques utilized in performing a thorough physical examination in the order in which they are performed.	4	3	2	1
2. Identify three of the most commonly occurring changes in the skin as a normal part of the aging process.	4	3	2	1
3. Differentiate between squamous cell carcinoma, basal cell carcinoma, and malignant melanoma.	4	3	2	1
4. Explain how to check for dehydration to distinguish it from loosening of the skin which occurs as a normal part of the aging process	4	3	2	1
5. Recognize the changes that occur in the skin as a result of photoaging.	4	3	2	1
6. Understand the impact that changes occurring in the sensory organs have on the older client's mental status.	4	3	2	1
7. Explain how to perform the "whisper test".	4	3	2	1
8. Explain why it is important to do an examination of the mouth on the elderly client.	4	3	2	1
9. Identify the correct technique for performing an orthostatic hypotension evaluation of the blood pressure.	4	3	2	1
10. Identify normal aging changes in the respiratory system.	4	3	2	1
11. Identify the landmarks used to describe the four quadrants of the abdomen used when performing an abdominal assessment	4	3	2	1

Participant Evaluation of Objectives (continued)

	<u>4=Excellent</u>	<u>3=Good</u>	<u>2=Average</u>	<u>1=Poor</u>
12. Identify the organs located in each quadrant that can be	4	3	2	1

examined.

13. List the order of examination for the abdomen and explain why that differs from the normal order used in most other systems.	4	3	2	1
14. Identify at least three reasons for constipation occurring more frequently in older adults.	4	3	2	1
15. Differentiate symptoms between arterial and venous insufficiency.	4	3	2	1
16. Identify three causes of edema in the older adult.	4	3	2	1
17. Explain differences between senile gait and normal gait.	4	3	2	1
18. Identify two reasons behind the importance of identifying older adults at risk for falling.	4	3	2	1
19. Name two tests that can easily be done to determine risk for falling.	4	3	2	1
20. Name the most frequently occurring chronic condition that affects the older adult's ability to perform the activities of daily living.	4	3	2	1

Do you feel you met your personal objectives? _____

Time required to complete this program? _____ minutes

COMMENTS: _____

Return this form to the facilitator who distributed the learning materials.

Thank you.



NEVCO® Account # _____

REQUEST FOR CERTIFICATES FOR CONTACT HOURS

TYPE the NAMES, LICENSE NUMBERS AND JOB TITLES (RN, LPN, MSW, CNA, PT, etc.) of the people who are to be issued a certificate for contact hours for attending the continuing education program:

(Facility Name)

(Title and Number of Video Program)

This request must be submitted along with the completed roster and evaluation sheets for the above named program.

NAME	LICENSE NO.	JOB TITLE
1.		
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TIB Bank Center
 599 9th Street N., Suite 207
 Naples, Florida 34102-5625
 (800) 252-5604 Fax (888) 877-7255
www.nevcoeducation.com

FACILITATOR'S EVALUATION

(NEVCO® Video Education Program)

Must be completed by the facilitator

EVALUATION OBJECTIVES:

- (1) To assess extent to which the program was appropriate, adequate and effective.
- (2) To identify, continue to develop and evaluate effective quality assurance activities.

Title of Program _____ Date _____

Place of Employment _____ Job Title _____

Please evaluate the presentation by circling the number that best describes your rating.

4 – Excellent 3 – Good 2 – Average 1 – Poor

ORGANIZATION OF COURSE

Material was organized to facilitate learning	4	3	2	1
The amount of material covered was adequate and accurate	4	3	2	1
There was effective use of time to cover the subject	4	3	2	1

CONTENT OF THE FACILITATOR'S GUIDE

List total number of objectives in this facilitator's guide _____

List by number the objectives that were met _____

The test material reflected the objectives listed	4	3	2	1
Content can be used to improve nursing practice	4	3	2	1
Content reflected knowledge level and needs of learner	4	3	2	1
The material was current	4	3	2	1

Evaluate Test Questions

Pre-Test	4	3	2	1
Discussion Questions	4	3	2	1
Post-Test	4	3	2	1

FACULTY PRESENTING (Video)

The presentation was	4	3	2	1
The presenter explained the material	4	3	2	1
The presenter demonstrated knowledge of material	4	3	2	1

OVERALL RATING

I felt this teaching method was	4	3	2	1
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COMMENTS – *(Please make suggestions for future topics and additional comments about the presentation or instructor)*



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EVALUATION

(NEVCO[®] Video Education Program)

Must be completed by every participant

EVALUATION OBJECTIVES:

- (1) To assess extent to which the program was appropriate, adequate and effective.
- (2) To identify, continue to develop and evaluate effective quality assurance activities.

Title of Program _____ Date _____

Place of Employment _____ Job Title _____

OBJECTIVES

Total number of objectives in program _____

Circle the **number** of objectives that **WERE** met 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Circle the **number** of objectives that were **NOT** met 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Please evaluate the presentation by circling the number that best describes your rating.

4 – Excellent 3 – Good 2 – Average 1 – Poor

ORGANIZATION OF COURSE

Material was organized to facilitate learning 4 3 2 1

The amount of material covered was adequate and accurate 4 3 2 1

CONTENT OF THE PRESENTATION

The test material reflected the objectives listed 4 3 2 1

Content and/or skills demonstrated can improve my ability to perform my job 4 3 2 1

Content reflected knowledge level and needs of learner 4 3 2 1

The material was current 4 3 2 1

Time for questions was 4 3 2 1

Effective use of time to cover subject was 4 3 2 1

Graphics were beneficial 4 3 2 1

NEVCO[®] FACULTY (who prepared the program and/or appeared in interviews)

The presentation was well prepared 4 3 2 1

The presentation explained the material well 4 3 2 1

The presenter demonstrated knowledge of material 4 3 2 1

OVERALL RATING

I felt this teaching method was 4 3 2 1

Facilities and classroom were adequate 4 3 2 1

COMMENTS – (Please make suggestions for future topics, content of program and instructors)



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CONTINUING EDUCATION ROSTER

This form must be completed and returned to NEVCO®.
 Keep a copy for your facility, but return the original to NEVCO®.

PRINT OR TYPE **Account #** _____

Number and title of Video Program _____

Dates Given _____

Contact Hours _____

Name of Facility _____

Address of Facility _____

City/State/Zip _____

RN Facilitator _____ Signature _____

National Educational Video, Inc.™ is an approved provider of continuing education. State Board provider numbers: Florida NCE2896, Alabama 5-97.0, California CEP8803 and Kentucky 7-0045.

This activity provided by National Educational Video Inc. is approved as a provider of continuing education in nursing by Alabama State Nurses Association, which is accredited as an approver of continuing education in nursing by The American Nurses Credentialing Center's Commission on Accreditation.

ROSTER OF PARTICIPANTS

Participant Name	Participant Signature	License #	Soc. Sec. #
1.			
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Participant Name	Participant Signature	License #	Soc. Sec. #
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Certificate of Completion

This is to certify that

Attended and Completed

National Educational Video, Inc.TM Program Number and Title

For _____ *contact hours*

On _____
Date

Facility / Agency Name

Facility / Agency Address

RN / Facilitator

CERTIFICATE FOR ASSISTANTS ONLY

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CERTIFICATE OF COMPLETION

For each participant who has successfully completed a continuing education program, please make a copy of the blank NEVCO Certificate (on reverse side) and fill in the following information:

- 1. Name of the learner**
- 2. Program title and number**
- 3. Number of contact hours**
- 4. Date the program was completed**
- 5. Name and address of your Agency / Facility**
- 6. Signature of the RN / Facilitator responsible for offering the program**