PCC Comprehensive Elder Exam (HIS-865)

Overview

The PCC Comprehensive Elder Exam (also available in PCC+) provides a guide to comprehensive geriatric assessment for the individual provider. The goal of the form is to allow the provider to approximate the interdisciplinary team evaluation. In doing so it should make comprehensive geriatric assessment accessible to all elders.

The Comprehensive Elder Exam can also be used by Community Health Nurses, Community Health Aides and Community Health Representatives as part of a community-based assessment.

The PCC Comprehensive Elder Exam guides the practitioner through a high quality geriatric assessment and makes this process available to all elders.

Duration

Experience with the PCC Comprehensive Elder Exam in Zuni indicates that the complete assessment with targeted physical exam can be done in about 45 minutes. With a well elder, the exam can be completed in 30 minutes; with a very sick or frail elder, the exam will take longer.

Prescreening the chart and noting the dates of completion of the health care maintenance items between the bold lines on the right border improves efficiency.

—Bruce Finke, M.D.

Turn to the next page to see a sample PCC Elder Exam Form

CONTENTS

Overview 1
Duration & Pre-Screening 1
PCC Form 2
PCC Form—Structure 3

© 2010 eCampus Geriatrics VJ Periyakoil, MD, Course Director and Editor-in-Chief periyakoil@stanford.edu
P: 650-493-5000 x66209 F: 650-849-0475 http://geriatrics.stanford.edu

PCC Comprehensive Elder Exam: Sample Form

IHS 865 (12/00)

Date _____

Arrival Time _____ : _____ AM PM

Clinic _____

Appt. _____ Walk-in _____

PCC
COMPREHENSIVE ELDER EXAM

PROBLEM LIST UPDATE
(Enter Problem Numbers From Health Summary)

Remove	Move to Inactive	Move to Active

	AFFIL	DBL	INITIALS / CODE
PROVIDERS			
PRIMARY PROVIDER			

Functional Status

	Independent	Needs Help	Totally Dependent
ADL			
Toileting	☐	☐	☐
Bathing	☐	☐	☐
Dressing	☐	☐	☐
Transfers	☐	☐	☐
Feeding	☐	☐	☐
Continence	☐	☐	☐
IADL			
Finances	☐	☐	☐
Cooking	☐	☐	☐
Shopping	☐	☐	☐
Housework/Chores	☐	☐	☐
Medications	☐	☐	☐
Transportation	☐	☐	☐

Change in Data Entry Software

Same	Improvement	Decline
☐	☐	☐

Tobacco: ☐NO ☐YES
Alcohol: ☐NO ☐YES
Excercise: ☐NO ☐YES
Work:

Is the patient a Caregiver: ☐NO ☐YES

Key Family and Support:

Community Services:

Home Equipment:

Assistive Devices:

Review of Systems

Problems with:	NO	YES
Hearing	☐	☐
Vision	☐	☐
Dentition	☐	☐
Nutrition	☐	☐
Sleep	☐	☐
Continence	☐	☐
Prostatism	☐	☐
Digestion	☐	☐
Mobility	☐	☐
Falls	☐	☐
Pain	☐	☐
Affect	☐	☐
Cognition	☐	☐
Substance Abuse	☐	☐
Abuse/Neglect	☐	☐
Skin	☐	☐
Sexual Function/Gyn	☐	☐

PMH/Surgeries/Hospitalizations

Allergies:

Temp
Pulse RR
BP
Wt.
Wt. 1 yr ago
Ht.
Vision corrected R L
Uncorrected R L
Eye Exam Date:
Audiology Date:
Dental Date:
Nutrition Screen Date:
Foot Eval Date:
Mammogram Date:
Pap Date:
Date:
Date:
Colorectal Screen Date:

Chief Complaint/Review of System/Physical Exam

Exam	NL	ABN
HEENT	☐	☐
Neck	☐	☐
Lungs	☐	☐
Heart	☐	☐
Abdomen	☐	☐
Extremities	☐	☐
Feet	☐	☐
Pulses	☐	☐
Genitalia	☐	☐
Skin	☐	☐
Nodes	☐	☐
Neuro	☐	☐
Breast	☐	☐
Pelvic	☐	☐
Rectal	☐	☐
Mobility	☐	☐
Cognition	☐	☐

Td:
Pneumovax:
Revaccination:
Influenza:
PPD
Status:
Treated:
Advance Directive
Reviewed:
CBC
SMAC
UA
TSH
B12
Lipid Profile

Other Test/Procedures Ordered

A-A1-C	#	Purpose of Visit, Problem List Update

List all Medications

Est. Creatinine Clearance:

Medications/Patient Education

HR # SSN #

NAME

B DATE SEX TRIBE

RESIDENCE

FACILITY DATE

REVISIT/ REFERRAL TO: DATE TIME

PURPOSE:

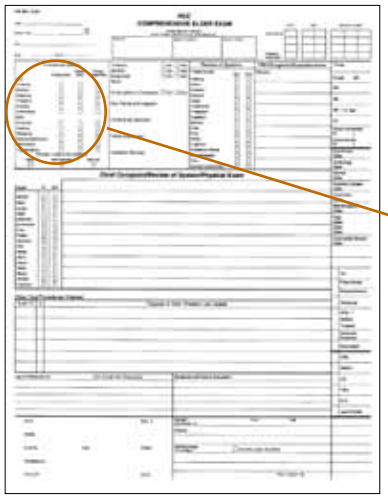
INSTRUCTIONS: TO PATIENT: ☐ SIGN RELEASE RECORDS

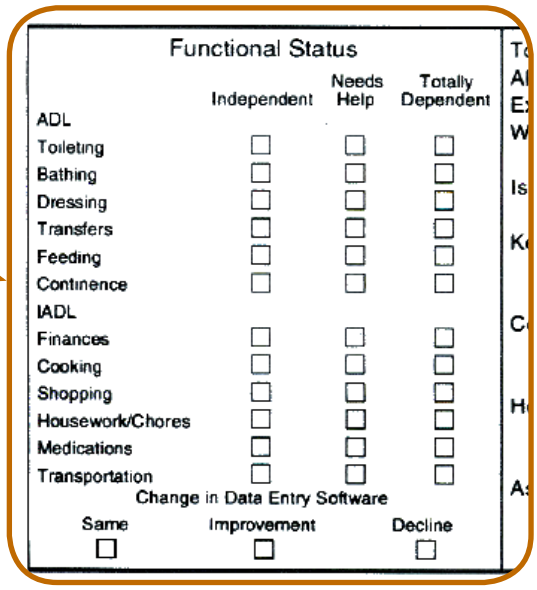
PROV. SIGNATURE

© 2010 eCampus Geriatrics VJ Periyakoil, MD, Course Director and Editor-in-Chief periyakoil@stanford.edu
P: 650-493-5000 x66209 F: 650-849-0475 http://geriatrics.stanford.edu

PCC Comprehensive Elder Exam: Anatomy

1. In the upper left corner is the assessment of basic and instrumental activities of daily living or the Functional Status Assessment. This is an essential element in geriatric assessment. A decline in functional status should trigger an investigation into causes and possible interventions. The Functional Status data can also be entered into RPMS, providing valuable information to understand long term care needs of elders. There are also questions that address health habits, work status, social supports and assistive devices.





Functional Status

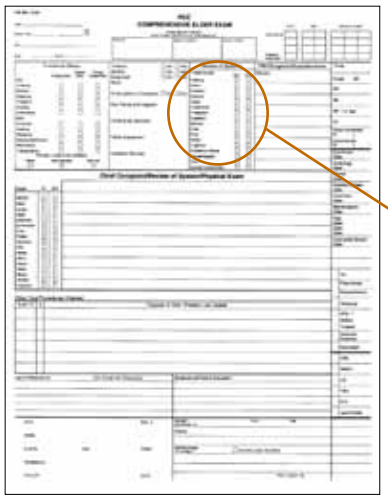
	Independent	Needs Help	Totally Dependent
ADL			
Toileting	☐	☐	☐
Bathing	☐	☐	☐
Dressing	☐	☐	☐
Transfers	☐	☐	☐
Feeding	☐	☐	☐
Continence	☐	☐	☐
IADL			
Finances	☐	☐	☐
Cooking	☐	☐	☐
Shopping	☐	☐	☐
Housework/Chores	☐	☐	☐
Medications	☐	☐	☐
Transportation	☐	☐	☐

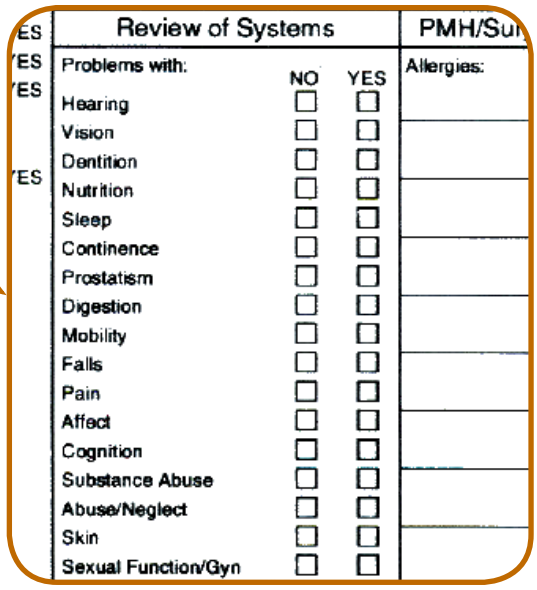
Change in Data Entry Software

Same	Improvement	Decline
☐	☐	☐

2. **The Geriatric Review of Systems** differs from the traditional review of systems in two ways. While traditional ROS is organ and disease focused, the geriatric ROS highlights the high prevalence, multifactorial geriatric syndromes (i.e. falls, incontinence, pain) and emphasizes function as well as disease finding.

   The last section across the top gives room for relevant medical history and allergies.





Review of Systems

Problems with:	NO	YES
Hearing	☐	☐
Vision	☐	☐
Dentition	☐	☐
Nutrition	☐	☐
Sleep	☐	☐
Continence	☐	☐
Prostatism	☐	☐
Digestion	☐	☐
Mobility	☐	☐
Falls	☐	☐
Pain	☐	☐
Affect	☐	☐
Cognition	☐	☐
Substance Abuse	☐	☐
Abuse/Neglect	☐	☐
Skin	☐	☐
Sexual Function/Gyn	☐	☐

PMH/Su

Allergies:

© 2010 eCampus Geriatrics VJ Periyakoil, MD, Course Director and Editor-in-Chief periyakoil@stanford.edu
P: 650-493-5000 x66209 F: 650-849-0475 http://geriatrics.stanford.edu

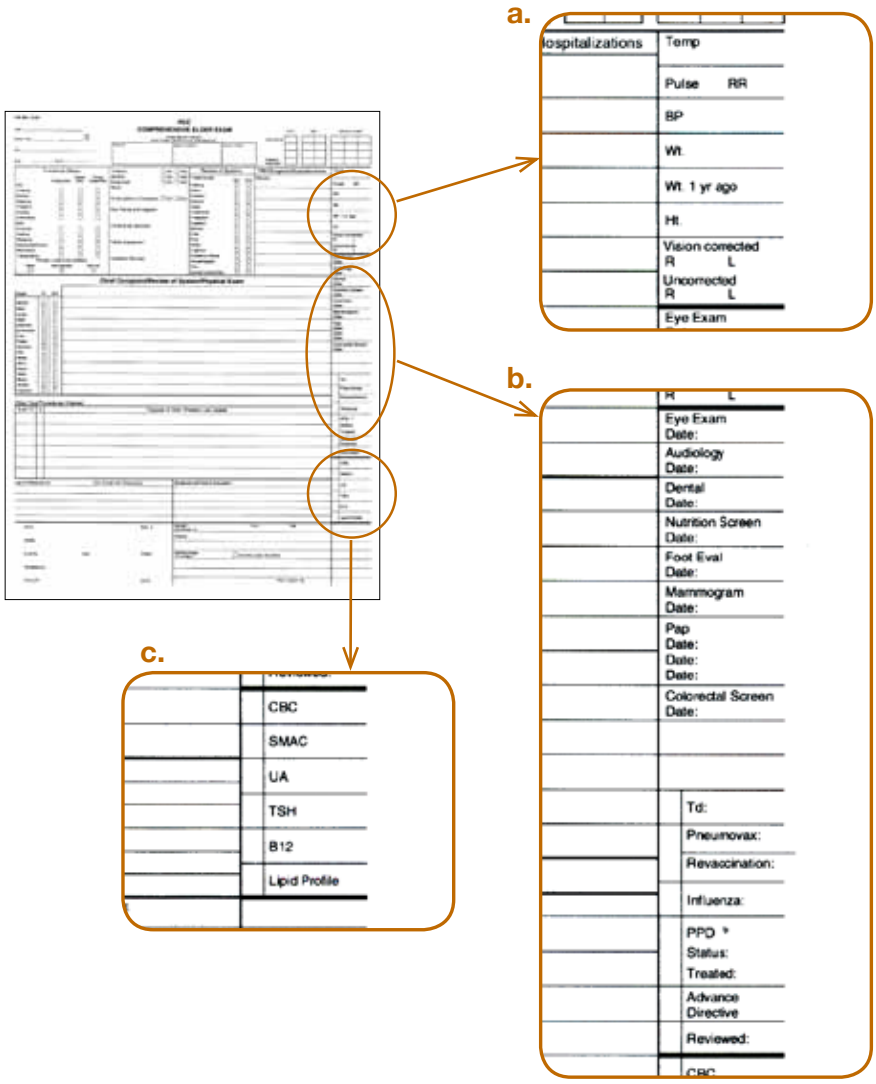
PCC Comprehensive Elder Exam: Anatomy (cont'd)

3 **Along the right side of the form are three distinct areas.**
a. Above the top bold line are the vitals, including a current weight and weight one year ago. Unexplained weight loss is another key indicator for further investigation.

b. Between the bold lines are health care maintenance items. Included with those items is space to note the date at which advance directives were addressed, with the expectation that this discussion, if held, will be documented in adequate detail elsewhere.

c. Below the bottom bold line are commonly ordered lab tests. These are not indicated routinely, but should be considered as part of a comprehensive exam.

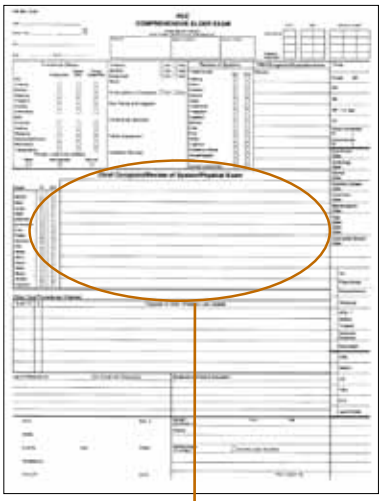
NOTE: Prescreening the chart and noting the dates of completion of the health care maintenance items between the bold lines on the right border improves efficiency.

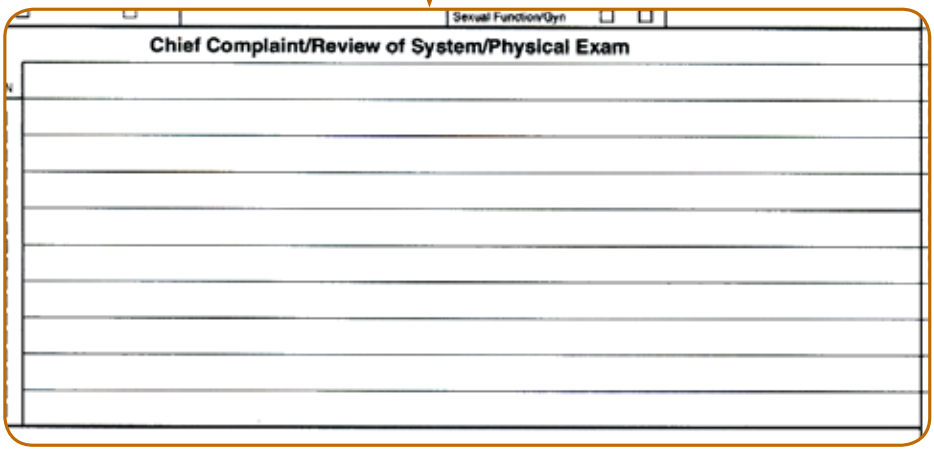


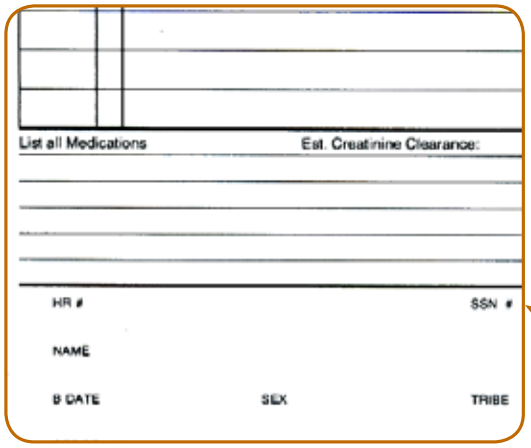
© 2010 eCampus Geriatrics VJ Periyakoil, MD, Course Director and Editor-in-Chief periyakoil@stanford.edu
P: 650-493-5000 x66209 F: 650-849-0475 http://geriatrics.stanford.edu

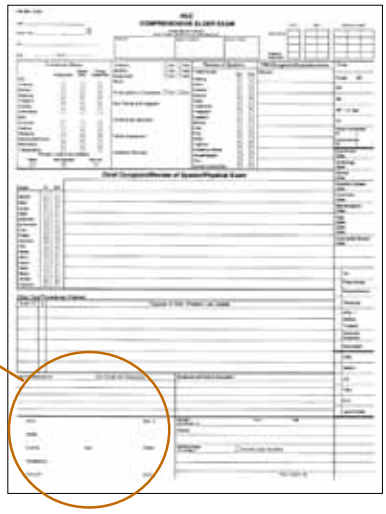
PCC Comprehensive Elder Exam: Anatomy (cont'd)

4 The central portion of the form allows for a targeted physical exam and the space to document details of issues addressed previously.









5 At the bottom is an area for medication review with the estimation of creatinine clearance to facilitate proper medication dosing. On the back of the PCC are a variety of tips and sample questions to help the provider with less experience at geriatric assessment.

© 2010 eCampus Geriatrics VJ Periyakoil, MD, Course Director and Editor-in-Chief periyakoil@stanford.edu
P: 650-493-5000 x66209 F: 650-849-0475 http://geriatrics.stanford.edu