



**TOTAL HIP REPLACEMENT
CLINICAL PATHWAY
Blaylock Discharge Planning Risk
Assessment Screen
SITE: GBHS - Owen Sound**

PATIENT ID _____

Circle all that apply and total. Refer to scoring index for recommendations regarding discharge planning.

Age	55 years or less	0	Functional Status	Independent in activities of daily living and instrumental activities of daily living	0	
	56-64 years	1		<i>Dependent in:</i>		
	65-79 years	2		Eating/Feeding	1	
	80+ years	3		Bathing/Grooming	1	
Living Situation/Social Support	Lives only with spouse	0		Toileting	1	
	Lives with family	1		Transferring	1	
	Lives alone with family support	2		Incontinent of bowel function	1	
	Lives alone with friend's support	3		Incontinent of bladder function	1	
	Lives alone with no support	4		Meal Preparation	1	
	Nursing home/residential care	5		Responsible for own medication administration	1	
Number of Previous Admissions/ Emergency Room Visits	None in the last 3 months	0		Handling own finances	1	
	One in the last 3 months	1		Grocery Shopping	1	
	Two in the last 3 months	2		Transportation	1	
	More than two in the last 3 months	3		Behaviour Pattern	Appropriate	0
Number of Active Medical Problems	Up to three medical problems	0			Wandering	1
	Three to five medical problems	1			Agitated	1
	More than five medical problems	2			Confused	1
Number of Drugs	Fewer than three drugs	0		Other	1	
	Three to five drugs	1		Mobility	Ambulatory	0
	More than five drugs	2	Ambulatory with mechanical assistance		1	
Cognition	Oriented	0	Ambulatory with human assistance		2	
	Disoriented to some spheres (person, place, self, time) some of the time	1	Nonambulatory		3	
	Disoriented to some spheres (person, place, self, time) all of the time	2	Sensory Deficits	None	0	
	Disoriented to all spheres (person, place, self, time) and some of the time	3		Visual or hearing deficits	1	
	Disoriented to all spheres (person, place, self, time) all of the time	4		Visual and hearing deficits	2	
	Comatose	5				

Total Score: _____ **Signature:** _____ **Date:** _____

Scoring Index	
0-9	Probable outpatient physiotherapy or occupational therapy follow up
10-19	May require CCAC services
>20	May require alternative level of care

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