



## FRACTURED HIP CLINICAL PATHWAY Blaylock Discharge Planning Risk Assessment Screen

Site: \_\_\_\_\_

PATIENT ID

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

<b>Age</b>	55 years or less	0	<b>Functional Status</b>	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
<b>Living Situation/Social Support</b>	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
<b>Number of Previous Admissions/ Emergency Room Visits</b>	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	<b>Behaviour Pattern</b>	Appropriate	0
<b>Number of Active Medical Problems</b>	Up to three medical problems	0		Wandering	1
	Three to five medical problems	1		Agitated	1
	More than five medical problems	2		Confused	1
<b>Number of Drugs</b>	Fewer than three drugs	0	Other	1	
	Three to five drugs	1	<b>Mobility</b>	Ambulatory	0
	More than five drugs	2		Ambulatory with mechanical assistance	1
<b>Cognition</b>	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	<b>Sensory Deficits</b>	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

0-10	Probable outpatient physiotherapy or occupational therapy follow up, refer to Discharge Planner
11-19	May require CCAC services, refer to Case Manager
>20	May require alternative level of care, refer to Discharge Planner

