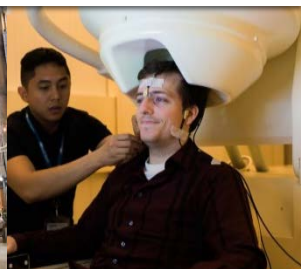


Baycrest

Virtual CGA

March 20, 2020
Shelley Veinish



- Send consent
- Clarify the number of sites/invitations required for participation
- Send info re: **Path Frailty App** where appropriate and ask caregiver to complete it and send the link back to the secretary

- **Ask them to prepare the following for the visit:**
 - All meds (as per usual protocol)
 - +/- gloves in case you want the caregiver to do a pill count
 - Logbooks for BP, diabetes, etc
 - Electronic BP cuff
 - Scale (or weigh beforehand)
 - Reading glasses, paper & pencil
 - Assistive devices & regular footwear to assess wear
 - Be prepared to show any wounds, rashes, deformities

- Send the OTN invitation using **Google Chrome**
- Ask the caregiver to complete the Path Frailty Screen and send back the link/code
- Send copy of MoCA visuospatial tasks, or design for copying for printing

- Verify that the patient is the correct patient
- Review Consent, and ensure they have everything prepared for the visit.
- Reinforce that virtual assessment cannot replace the need for a physical exam or in person visit and that we may recommend they seek urgent medical attention including a possible trip to the ER, or more likely, a follow up visit in the future to the clinic.

- Review the Path Frailty results to inform the history
- Use the CGA template to guide your history and medication review

- General MSE can proceed as usual, including evaluation of comprehension, speech, language, hearing, thought content, mood, etc.
- Use blind MoCA, 5 min. mini-MoCA, or full MoCA as per mocatest.org; consider sending the trails and cube ahead of time
- You can also adapt the MMSE accordingly if appropriate, although this may not have been validated

Documenting Hand Drawn / Written Components:

1. Open a blank Word document on your screen
2. Take a screen shot of each of the Trails, Design and Clock that the patient shows you
3. After each screen shot, retrieve the Word document and paste the photo (CTRL V for PC, Command V for Mac)

General:

- Is the patient dressed appropriately?
- Hygiene
- Comfort level / Distress / Furrowed brow
- Does the patient look unwell?
- Is the patient obese?

Head and Neck:

- facial symmetry
- dentition
- EOM, eyes,
- hypomimia
- neck mobility / range of motion

Respiratory Status:

- Is the patient coughing and/or wheezing?
- Is the patient short of breath at rest, while talking?
- Is the patient using accessory muscles and/or pursed lip breathing

Neurologic Status:

- Hypokinesia, bradykinesia
- Tremor
- Bradyphrenia
- Hemiparesis
- Coordination
- Rapid Alternating Movements

MSK:

- Posture
- Kyphosis, scoliosis
- Deformities
- Contractures
- Functional Range of Motion

Mobility:

- Seating
- Transfers
- +/- Gait
- +/- Stand on toes and heels; one-legged stance
- Look at soles of shoes
- Look at tops and bottoms of shoes for abnormal wear, pressure points

Feet:

- Color/circulation
- Toenails
- Deformities
- Pressure points / Wounds

Skin:

- Pressure sores – stage
- Wounds / Lesions
- Bruising
- Rash
- Venous stasis changes

- Summarize as per usual
- Offer to send written summary of recommendations by email or post (acknowledge limitations of confidentiality by email)
- Send any additional resources by email or post
- Confirm letter will be sent to referring MD, family MD, and other specialists as directed by patient