

GEDI nurse data collection sheet

This is an example of the GEDI data collection sheet used for the evaluative research project. It provides details of the types of data collected from patient engagements with the GEDI nurses. Potentially this could provide data for clinical auditing of the GEDI service.

CEDRIC - GEDI Worksheet Geriatric Emergency Department Intervention Program Facility: Nambour General Hospital	Affix patient label here URN: Family Name: Given Name: Address: Date of Birth Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Affix patient label here URN: Family Name: Given Name: Address: Date of Birth Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Affix patient label here URN: Family Name: Given Name: Address: Date of Birth Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
	Date seen by GEDI:	<input type="checkbox"/> No GEDI Involvement		<input type="checkbox"/> No GEDI Involvement		<input type="checkbox"/> No GEDI Involvement
	Staff member					
	InterRAI score					
	ADDS score					
	CGA completed / Clinical note entry	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Short <input type="checkbox"/> Long <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Short <input type="checkbox"/> Long <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Short <input type="checkbox"/> Long <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Short <input type="checkbox"/> Long <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Short <input type="checkbox"/> Long <input type="checkbox"/> No
	GEDI clinical initiated intervention #	<input type="checkbox"/> No <input type="checkbox"/> Pathology <input type="checkbox"/> Imaging <input type="checkbox"/> Education <input type="checkbox"/> Wound management <input type="checkbox"/> IV <input type="checkbox"/> Urinalysis <input type="checkbox"/> Provides sustenance <input type="checkbox"/> Mobilising <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Pathology <input type="checkbox"/> Imaging <input type="checkbox"/> Education <input type="checkbox"/> Wound management <input type="checkbox"/> IV <input type="checkbox"/> Urinalysis <input type="checkbox"/> Provides sustenance <input type="checkbox"/> Mobilising <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Pathology <input type="checkbox"/> Imaging <input type="checkbox"/> Education <input type="checkbox"/> Wound management <input type="checkbox"/> IV <input type="checkbox"/> Urinalysis <input type="checkbox"/> Provides sustenance <input type="checkbox"/> Mobilising <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Pathology <input type="checkbox"/> Imaging <input type="checkbox"/> Education <input type="checkbox"/> Wound management <input type="checkbox"/> IV <input type="checkbox"/> Urinalysis <input type="checkbox"/> Provides sustenance <input type="checkbox"/> Mobilising <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Pathology <input type="checkbox"/> Imaging <input type="checkbox"/> Education <input type="checkbox"/> Wound management <input type="checkbox"/> IV <input type="checkbox"/> Urinalysis <input type="checkbox"/> Provides sustenance <input type="checkbox"/> Mobilising <input type="checkbox"/> Other _____
	Face to face? communications with:	<input type="checkbox"/> No <input type="checkbox"/> Carers/NOK <input type="checkbox"/> ED Dr <input type="checkbox"/> Geriatrician <input type="checkbox"/> Allied Health <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Carers/NOK <input type="checkbox"/> ED Dr <input type="checkbox"/> Geriatrician <input type="checkbox"/> Allied Health <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Carers/NOK <input type="checkbox"/> ED Dr <input type="checkbox"/> Geriatrician <input type="checkbox"/> Allied Health <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Carers/NOK <input type="checkbox"/> ED Dr <input type="checkbox"/> Geriatrician <input type="checkbox"/> Allied Health <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Carers/NOK <input type="checkbox"/> ED Dr <input type="checkbox"/> Geriatrician <input type="checkbox"/> Allied Health <input type="checkbox"/> Other _____
	Referrals to:	<input type="checkbox"/> No <input type="checkbox"/> Rapid Response <input type="checkbox"/> CSRT <input type="checkbox"/> NGOs <input type="checkbox"/> MAC <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Rapid Response <input type="checkbox"/> CSRT <input type="checkbox"/> NGOs <input type="checkbox"/> MAC <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Rapid Response <input type="checkbox"/> CSRT <input type="checkbox"/> NGOs <input type="checkbox"/> MAC <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Rapid Response <input type="checkbox"/> CSRT <input type="checkbox"/> NGOs <input type="checkbox"/> MAC <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Rapid Response <input type="checkbox"/> CSRT <input type="checkbox"/> NGOs <input type="checkbox"/> MAC <input type="checkbox"/> Other _____
	Phone calls to or from?:	<input type="checkbox"/> No <input type="checkbox"/> Family <input type="checkbox"/> RACF <input type="checkbox"/> NGO <input type="checkbox"/> GP <input type="checkbox"/> Geriatrics <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Family <input type="checkbox"/> RACF <input type="checkbox"/> NGO <input type="checkbox"/> GP <input type="checkbox"/> Geriatrics <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Family <input type="checkbox"/> RACF <input type="checkbox"/> NGO <input type="checkbox"/> GP <input type="checkbox"/> Geriatrics <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Family <input type="checkbox"/> RACF <input type="checkbox"/> NGO <input type="checkbox"/> GP <input type="checkbox"/> Geriatrics <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Family <input type="checkbox"/> RACF <input type="checkbox"/> NGO <input type="checkbox"/> GP <input type="checkbox"/> Geriatrics <input type="checkbox"/> Other _____