

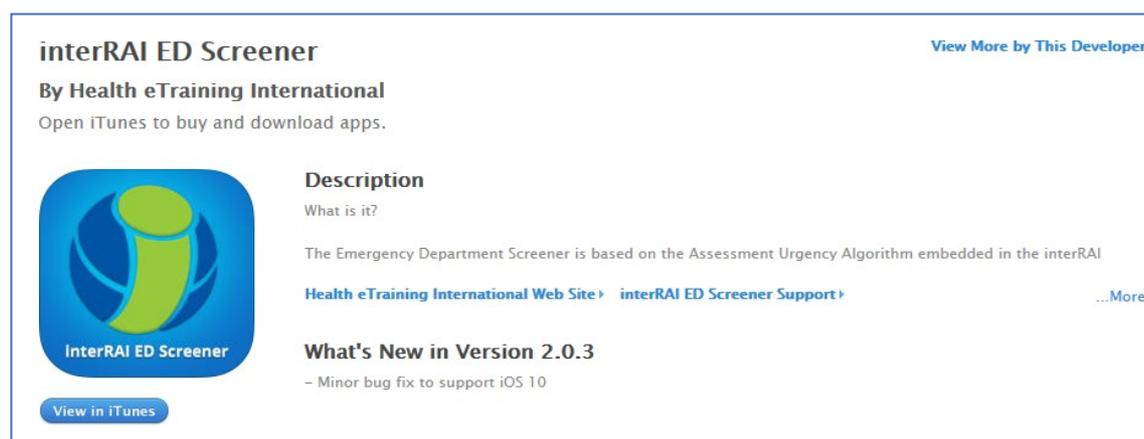
# Potential screening tools

## InterRAI – ED screener

The GEDI nurses in ED use the interRAI ED screener. This is a tool to screen older people who present to ED resulting in a score from 0-6 of risk. InterRAI risk is defined, as those older persons most at risk of an increased length of stay (LOS) or representation to ED i.e. frail older persons. High risk scoring individuals can also be determined at the ED clinician's discretion. Geriatric risk screening minimizes time spent with older persons likely to least benefit from a geriatric assessment i.e. not frail older persons. The older person is classified into six levels of need with higher scores indicating greater need for geriatric intervention and case management. The algorithm is based on 4 activities of daily living (ADLs). This provides a score between 1 and 6, 1-2 being low risk, 3-4 medium risk and 5-6 high risk. The link to the app online is provided here;

<https://itunes.apple.com/us/app/interrai-ed-screener/id871248119?mt=8>

The app looks like this:



## The Triage Risk Screening Tool (TRST)

The TRST screening tool is designed for health professionals who have received training in its administration. This tool predicts repeat emergency department visits and hospitalisations in older patients discharged from the ED. A link to the screening tool is provided here

<http://tools.farmacologiaclinica.info/index.php?sid=10048>

## ISAR screening tool

The ISAR screening tool is an initial screening questionnaire to be completed with the patient and or their caregiver. The link is provided here.

[http://www.smhc.ca/ignitionweb/data/media\\_centre\\_files/240/ISAR%20tool%20v2011\\_02%20e\\_%20%20February%202011.pdf](http://www.smhc.ca/ignitionweb/data/media_centre_files/240/ISAR%20tool%20v2011_02%20e_%20%20February%202011.pdf) The Screening tool looks like this:

## THE ISAR TOOL: Initial Screening Questionnaire

To be completed by the staff with the patient or caregiver.

ADDRESSOGRAPH

**PLEASE ANSWER YES OR NO TO EACH OF THESE QUESTIONS**

		Hospital use only
1. Before the illness or injury that brought you to the Emergency, did you need someone to help you on a regular basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO	1 0
2. Since the illness or injury that brought you to the Emergency, have you needed more help than usual to take care of yourself?	<input type="checkbox"/> YES <input type="checkbox"/> NO	1 0
3. Have you been hospitalized for one or more nights during the past 6 months (excluding a stay in the Emergency Department)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	1 0
4. In general, do you see well?	<input type="checkbox"/> YES <input type="checkbox"/> NO	0 1
5. In general, do you have serious problems with your memory?	<input type="checkbox"/> YES <input type="checkbox"/> NO	1 0
6. Do you take more than three different medications every day?	<input type="checkbox"/> YES <input type="checkbox"/> NO	1 0

TOTAL: \_\_\_\_\_

Score: Positive / Negative (circle one)

If positive:

- |  |                  |
|--|------------------|
| <input type="checkbox"/> Referred for SEISAR | Notes: _____     |
| <input type="checkbox"/> Social Worker       | Notes: _____     |
| <input type="checkbox"/> Liaison nurse       | Notes: _____     |
| <input type="checkbox"/> Discharged          | Follow-up: _____ |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_