Virtual CGA

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Planning the Assessment

Screen: (SGS In-home/Telephone Screening Guide)

Prioritize: (based on feedback)

Verify Technology: (private WiFi, computer with camera, smart phone, tablet, google chrome for OTN connection, accessible printer – not necessary)
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
Before the Assessment

- 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
The Assessment

- 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
Mental Status Exam

- 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
**Examination**

**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
Examination

Feet:

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

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

- 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