



CASE SUMMARY LEARNING TOOL

Action Period 2: October 25,2021 – February 2022

FACILITY NAME: _____

Please complete this case summary document for your individual facility prior to Open Office Hours to facilitate presentation and discussion and maximize time for learning.

Date: _____

Presenter: _____

Patient Age: _____ **Gender:** Male Female Transgender

Patient Stay Status: Acute Rehab Subacute/ Short-Term stay Long-Term Care

Functional Status: Independent of ADLs Dependent of ADLs but ambulatory Total care and bedbound/ wheelchair-bound

Cognitive Status: Alert and oriented to person, time and place Awake but confused Lethargic Stuporous Obtunded Comatose

Decision-making Capacity: Present Absent, with surrogate Absent, with no surrogate

Device Status: Has PEG/ ostomy Oxygen Foley catheter Tracheostomy Others, specify - _____

Race/ Ethnicity: White Black Hispanic/ Latino Non-Hispanic/ Non-Latino Asian Others: _____

Presence of Geriatric Syndrome, check all that apply: Dementia Delirium Falls Frailty Polypharmacy Urinary incontinence

What is your main question about this patient?



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Check all that relate or apply to your main question:

Issue of prognosis Issue of diagnosis Symptom management, specify symptom:
_____ Disease-specific treatment

Recent/ recurrent ED visit Recent/ recurrent hospitalization 30-day readmission

Others, specify: _____

Current Goals of Care: Prolong life and pursue disease-specific therapy Physical rehabilitation to improve functional status Optimize medical / surgical interventions
 Palliative/ symptom management alongside active treatment Die with dignity, comfort care/ hospice

BRIEF CLINICAL/ CASE SUMMARY: