सत्यमेव जयते
Ministry of Health & Family Welfare
Government of India

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

Training Manual on Elderly Care for Multipurpose Worker

at Ayushman Bharat – Health and Wellness Centres

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CONTENTS

Introduction to Elderly Care

Ayushman Bharat - Health and Wellness Centres (AB-HWC) are bringing healthcare services closer to communities and at the same time providing comprehensive healthcare to people. Along with maternal, child and adolescent health services, an expanded range of service packages is being introduced through the AB-HWCs. Elderly care is part of the package of expanded services.

With improving healthcare quality, increased access to healthcare services and greater awareness among the population, people all over the world are now living longer than before. It has therefore become important to ensure a healthy ageing process along with continued wellness through old age. Simultaneously, it is also important to understand health needs of elderly and facilitate care seeking for them. Providing support to caregivers of the elderly, especially to those who have bed-ridden elderly to cater to, is equally essential. The focus is mainly on facilitating access of health services for the elderly, psychosocial support for the elderly and their family, nutritional care and home-based care for bed ridden elderly.

As an MPW(M/F), you are part of Health and Wellness Centre team and you would play a major role in identifying the elderly in need and facilitating health care access for them. You would also be a key member for promoting healthy ageing, ensuring right nutrition and providing psychosocial support.

This module will act as a guide to help you identify various common elderly health conditions and determine what to do in these situations. By the end of this module, you will learn:

- To generate awareness in the community regarding various needs of the elderly, support to the elderly individuals, health promotion and disease prevention in the elderly, using community platforms and during home visits.
- To undertake household visits with the support of ASHA for risk assessments, counselling, improved care seeking and increasing supportive environment in families and community.
- To provide individual and family counselling to households with bed-bound elderly individuals, and for psychosocial needs of the elderly including counselling for the caregivers.
- To provide basic nursing care to elderly in the community and SHC-HWC, especially home care for restricted and bed-bound elderly.
- To support caregivers in developing skills including maintaining mental and physical well-being.
- Undertake initial screening as part of the Comprehensive Geriatric Assessment for all elderly twice in a year and monitor them. Individuals identified with priority conditions associated with declined intrinsic capacity are to be referred to the linked HWC / PHC-MO for in-depth assessment and obtaining a personalized care plan.
- To facilitate the formation of elderly support groups named “Sanjeevini” and elderly care-giver support groups to ensure engagement of elderly and caregivers as well as family members. Monthly meetings of these support groups would be held in the community and facilitated by them.

- Along with ASHA, VHSNC & MAS will be engaged to reinforce healthy ageing via adequate nutrition, physical activity as per the person's capacity, regular check-ups and rehabilitative care, timely redressal of acute and chronic conditions and improving the acceptance of assistive device among elderly and ensuring availability of assistive device.
- MPW (Female)/MPW (Male) to undertake weekly visits to bedbound elderly.

Chapter 1

Identification of Elderly in Need of Care

As per Ministry of Health & Family Welfare, citizens above the age of 60 years are considered to be elderly. With socio-economic development, declining fertility and increase in survival at older ages, the proportion of older people (60 years and above) in general population has increased substantially within a relatively short period of time.

India recorded a significant improvement in life expectancy at birth, which was 47 years in 1969, growing to 60 years in 1994 and 69 years in 2019.The share of population of elderly was 8% in 2015 i.e., 106 million (10 crores plus) across the nation, making India the second largest global population of elderly citizens. Further, it has been projected that by 2050, the elderly population will increase to 19%. Therefore, to identify the health needs of the elderly, it is necessary to understand ageing and age-related changes.

So, first, we will understand the process of ageing.

What is ageing?

Ageing is a universal phenomenon comprising of gradual loss of cells leading to deterioration of organ functions in a human body. Age related alteration affects across the elderly population and their body function diminishes.

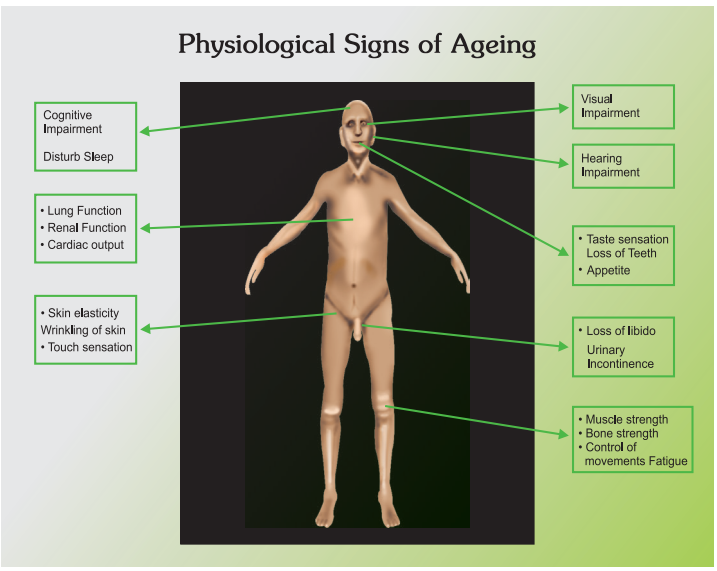
Ageing is not a disease, but the elderly population are more susceptible to various diseases due to decreased immune response and poor regenerating capacity.

Age-related changes in human body system

It is important for a caregiver to understand the age-related changes in the human body which will further help in meeting their needs.

What are the Signs of Ageing?

- Vision impairment
- Hearing impairment
- Disturbed sleep
- Loss of teeth
- Change in taste
- Decline in functions of lungs
- Decline in functions of heart
- Decline in functions of kidney



- Wrinkling of skin
- Decrease in muscle strength
- Decrease in bone strength
- Loss of bladder control
- Loss of appetite
- Decrease in sexual function
- Decrease in memory
- Increase in tiredness

Health risks in older patients

Various risk factors and their ill effects in elderly people have been identified. They are listed in the following table.

No.	Health risks in elderly	Consequences
1	Nutritional deficiencies (over or under nutrition)	Decreased bone mass, immune dysfunction
2	Inadequate consumption of fibre and fruits	Constipation
3	Physical inactivity and sedentary lifestyle	Functional decline, loss of appetite
4	Smoking	Diabetes, cancer, cardiovascular diseases, and lung diseases
5	Excessive alcohol consumption	Decreased rate of metabolism, liver diseases, Cancer
6	Drug reaction and polypharmacy	Decreased physical functioning, falls, delirium, renal failure, gastrointestinal and intracranial bleeding
7	Accidents and injuries	Infections, complications, decreased physical functioning

How do you assess the risk in elderly?

Completion of Community Based Assessment Checklist (CBAC) is required for all elderly in the SHC-HWC area. This will be done for each village by ASHA. The section B3 is specific to elderly.

B3: Elderly-specific (60 years and above)	Y/N		Y/N
Do you feel unsteady while standing or walking?		Do you need help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet?	
Are you suffering from any physical disability that restricts your movement?		Do you forget names of your near ones or your own home address?	

ASHA will identify all elderly in need of Comprehensive Geriatric Assessment -CPHC if the answer to any of the questions in **Part B3 of CBAC** is 'Yes' and will refer to MPW (F/M) for further assessment.

Responses will be elicited from the elderly if the person is oriented. Otherwise, responses will be taken from the first care giver.

The Operational Guidelines of Elderly Care at Health and Wellness Centers envisage mobility-based classification of elderly with three main categories-

1. Mobile elderly
2. Restricted mobile elderly (mobility only with personal assistance /device) and
3. Bed-bound (assistance required in some form)/home bound elderly for any reason and those requiring palliative care or end of life care.

Assessment of high risk of elderly is conducted based on mobility. Services prioritized in the order of bed bound elderly, restricted mobile elderly and mobile elderly

Chapter 2

Common Illnesses in Elderly

As people grow old, there are some degenerative conditions that occur. Elderly people are also prone to some diseases. In this chapter, you'll learn about a few common health problems in the elderly.

Common conditions in older age include hearing loss, blurred vision/ difficulty in reading, back and neck pain, diabetes, depression, and dementia. Furthermore, as people age, they are more likely to experience several conditions at the same time.

1. Eye problems:

- Elderly people often start having issue with their eyesight as their age progresses. However, it is not necessary that every elderly would have weakened eyesight.
- It needs to be kept in mind that elderly with diabetes may be at the risk of developing weakened eyesight.
- Eyesight for near vision improves and distance vision weakens
- Blurred/ weakened vision can limit mobility of the elderly, affect interpersonal interactions. It may be a trigger for depression. It often becomes a barrier to accessing information, increases the risk of falls and accidents, and makes driving dangerous.
- Uncontrolled diabetes and increased blood pressure can lead to issues related to eyesight.

Let us learn about common eye problems in elderly.

a) Difficulty in seeing the objects nearby: Presbyopia

- This is a common complaint among elderly
- It is and age-related condition and commonly starts after the age of 40.
- In presbyopia, the person is not able to view near objects properly and finds difficulty in reading.
- It can be easily corrected by use of spectacles.
- There are readymade spectacles available which provide correction for near vision.

b) Cataract:

- Cataract is most common eye problem in the elderly.
- It is a leading cause of blindness across the world and India as well.
- Cataract usually causes gradual loss of sight.
- The pupil; black circle of eye shows chalky white or greenish-grey colour.


Cataract Eye

- It needs a small surgery where the damaged part (lens) is removed and replaced with new artificial lens.
- No other treatment like eye drops/ spectacles can cure this condition.

2. Issues with hearing:

- As part of ageing, people may start gradually lose their hearing ability.
- Many of the elderly could complain about not being able to hear clearly and ask the other person to speak loudly.
- This condition could also bring a lot of irritation to the elderly as well as others around them.
- Untreated hearing loss affects communication and thus may also contribute to social isolation and loss of autonomy.
- Inability to hear properly is often associated with anxiety and depression.
- This may not be understood quickly by the family members and also could be seen as elderly personbeing slow.

Role of MPW in addressing loss of hearing and loss of vision:

1. Empathise with the elderly and assure them about sensory losses being normal during ageing.
2. Mobilise the elderly and family members to visit the nearby health and wellness centre for getting checked from CHO and further provision of any assistive device if needed.

Key message regarding Cataract:

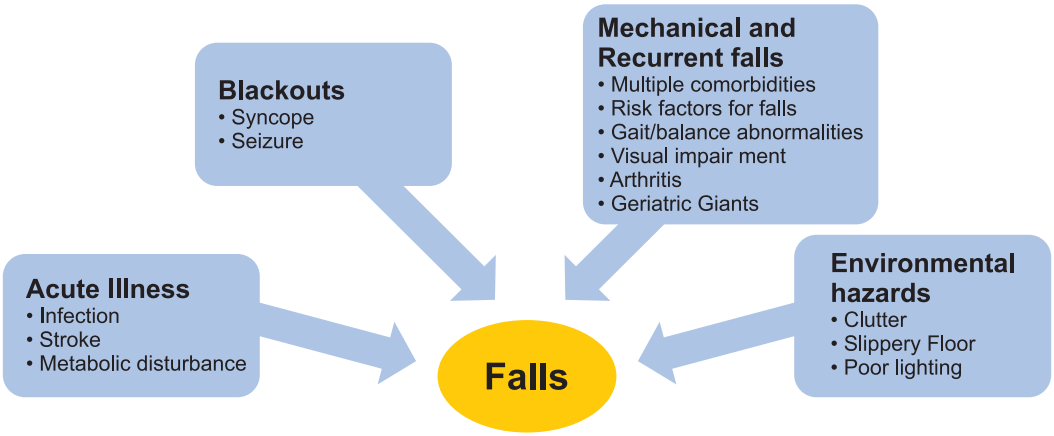
1. Cataract is normally seen in elderly people and can be a result of ageing.
2. It cannot be cured with eye drops but will require eye surgery
3. The surgery commonly involves taking out the affected lens from the eye and replacing it with a new lens so that vision can be restored.
4. The procedure is done under local anaesthesia so that eye surgery can be done.
5. The surgery is safe and commonly done. It should be done in a recognized hospital and NOT in the community or PHC.
6. Under National Programme for Prevention and Control of Blindness and Visual Impairment, Government eye hospitals provide free surgeries to affected persons.
7. Both eyes may get affected due to ageing. The surgery may be required in both the eyes.

3. Falls and fractures:

- Elderly people are often at risk of falling.
- Falling may cause fractures of bone easily for the elderly since bones grow weaker with ageing.
- Caregivers should be advised to accompany elderly while walking, going for bathing, toilet etc.
- They should also be informed about assistive devices like walking stick, walker etc.

- If there is any recent fall that has caused a wound or a bruise, you should notify the CHO.
- Falls are multifactorial. This may be due to intrinsic and extrinsic factors
- Extrinsic factors include:
  - ❖ Slippery bathroom
  - ❖ Unsafe floor/staircase
  - ❖ Poor lighting
  - ❖ Unsafe kitchen
  - ❖ Inappropriate use of walkers & crutches
- Intrinsic factors include:
  - ❖ Acute illness
  - ❖ lower limb muscle weakness
  - ❖ Medications like sedatives etc
  - ❖ Foot problems
  - ❖ problems in vision, hearing.

Causes for Falls in older adults



Role of MPW in addressing falls

1. Advise family members for support to the elderly while carrying out routine activities.
2. Mobilise the elderly and family members to the nearby health and wellness centre for appropriate care.
3. Asess the risk of falls by ruling out extrinsic and intrinsic factors and asking the elderly to stand up and walk to a nearby wall.
4. Follow up on the fall injury, suitability of assistive devices and compliance with them

4. Genitourinary problems

- Most of elderly suffer from genitourinary problems.
- In case of men, genitourinary problems are commonly due to enlargement of the prostate gland in old age and in women it is mainly due to weak muscles.
- This leads to symptoms like frequent and urgent need to urinate, difficulty in urination, weak urine stream, dribbling of urine and inability to completely empty the bladder.
- This may cause significant distress to them. These individuals must be referred to the Medical Officer for treatment.

5. Psychological problems

As age advances, elderly experience psychological problems and their routine is disturbed as follows:

- Forgetfulness
- Dementia (loss of memory)
- Depression
- Age related memory loss
- Sleep disturbances
- Mood swings etc

MPW should notify CHO if any of the following signs and symptoms are observed or as informed by the first care giver:

- ➢ Withdrawal from social activities
- ➢ Lack/excessive sleep
- ➢ Feelings of hopelessness and worthlessness
- ➢ Loss of interest in pleasurable things
- ➢ Loss of interest in food intake
- ➢ Increased confusion
- ➢ Neglecting personal care (grooming, bathing, clothing)
- ➢ Frequent incidents of irritation and agitation leading to anger outburst

Activities to assess memory problems in elderly

- ❖ Recall of day, date, and time
- ❖ Food recall
- ❖ Practise button up shirt, calculation of money and coins in purse
- ❖ Encourage them describe "how do they dress up"
- ❖ If literate, they may also be asked to calculate the price paid for each grocery item and the total

Role of MPW in addressing psychological problems in elderly:

1. Form elderly support groups where elderly would get to interact with their peers.
2. Conduct wellness activities for the support groups or encouraging them for conducting wellness activities themselves.
3. Communicate with the elderly about how they feel and how they have been for the past few days during the home visits.
4. Identify symptoms of dementia like forgetting familiar route and landmarks, reduced planning and effects of all this daily life, misplacing objects etc.
5. Provide appropriate dietary advice rich in vitamin B12, Folic acid(milk and milk products, peas, beans etc)

6. Oral Health Problems

- Majority of elderly groups suffer from poor oral health issues.
- Traditional methods are practiced more often by elderly for cleaning of teeth which may be inadequate to maintain oral hygiene.
- Diseases of other parts of the body may also lead to increased risk of oral disease.
- Adverse side effects of some treatment may also lead to dry mouth, altered sense of taste and smell.
- Poor oral health results in impaired nutritional status and general health, reduced self-esteem, wellbeing and quality of life

MPW should notify CHO if any of the following signs and symptoms are observed or as informed by the first care giver:

- ❖ Dry mouth
- ❖ Tooth pain
- ❖ Tooth infection
- ❖ Discoloration of tooth
- ❖ Swelling/infection of gums
- ❖ Bleeding of gums
- ❖ Inability to open mouth

Role of MPW in addressing oral health in elderly:

1. Encourage regular oral check-ups by self-examination
2. Check for any signs and symptoms mentioned above and notify CHO

7. Hypertension

Measurement of blood pressure

- High Blood Pressure, also known as 'silent killer' remains silent and undetected unless specifically checked among the elderly.
- Normal range of Blood Pressure among the elderly is 140/90 mm of Hg.
- If undetected, high blood pressure may damage the heart, brain, kidneys and blood vessels

ASHA should notify CHO if any of the following signs and symptoms are observed or as informed by the first care giver:

- ❖ Complaints of headache
- ❖ Increased attacks of sweating, headache and palpitations
- ❖ Breathlessness
- ❖ Bleeding from nose

Role of MPW in addressing High Blood Pressure in elderly:

1. Ensure that elderly undergo monthly monitoring of blood pressure
2. Motivate elderly in compliance to treatment plan for drugs
3. Advise for regular check-up as advised at the AB-HWC
4. Advise for regular physical activity

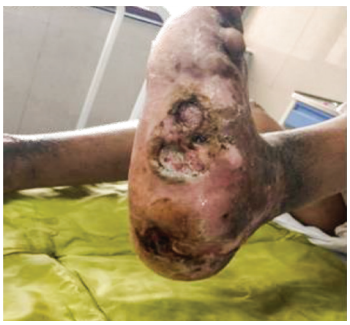
8 Diabetes

- Similar to hypertension, diabetes is also termed as 'silent killer' which gets detected only when it is specifically checked.
- Diabetes can also lead to complications like heart attack or stroke

MPW should notify CHO if any of the following signs and symptoms are observed or as informed by the first care giver:

- ❖ Frequent urination
- ❖ Increased hunger
- ❖ Excessive thirst
- ❖ Unexplained weight loss
- ❖ Lack of energy
- ❖ Extreme tiredness
- ❖ Lack of interest
- ❖ Lack of concentration

- ❖ Blurred vision
- ❖ Repeated or severe infection like vaginal infections
- ❖ Slow healing of wounds
- ❖ Impotence in men
- ❖ Tingling and numbness in hands and/or feet
- ❖ Foot ulcers
- ❖ Pressure ulcers



Diabetic foot

Role of MPW in addressing Diabetes in elderly:

1. Be alert to new signs and symptoms-they may be due to side-effects of the medicines being taken.
2. Ensure regular check-up at the AB-HWC as advised.
3. Ensure that the patient and their family members receive education on diabetes management and life style modifications.
4. Conduct regular home-visits by prioritising those households which are vulnerable and marginalised, where there are treatment defaulters or those who experience complications and bring these cases to the notice of the CHO and the Medical Officer.

9. Musculoskeletal Disorders

Musculoskeletal disorders are injuries or disorders of muscles, nerves, joints, tendons, cartilages and spinal discs impairing the movement.

- Accounts for increased morbidity among the elderly population
- Timely recognition may prevent complications including falls and deformities

MPW should notify CHO if any of the following signs and symptoms are observed or as informed by the first care giver:

- ❖ Joint Pain
- ❖ Difficulty in walking/squatting
- ❖ Swelling in joints
- ❖ Neck pain
- ❖ Back ache

Chapter 3

Comprehensive Geriatric Assessment

Risk assessment

Completion of Community Based Assessment Checklist (CBAC) is required for all elderly in the SHC-HWC area. This will be done for each village by ASHA. The **section B3 is specific to elderly**.

B3: Elderly-specific *(60 years and above)*	Y/N		Y/N
Do you feel unsteady while standing or walking?		Do you need help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet?	
Are you suffering from any physical disability that restricts your movement?		Do you forget names of your near ones or your own home address?	

What is Comprehensive geriatric assessment?

Comprehensive geriatric assessment (CPHC-CGA) is a multi-disciplinary assessment to plan care and treatment including short term and long-term goals, follow up and rehabilitative services.

The systemic evaluation of physical health, functional status, mental and psychological health and social health factors of elderly population are evaluated by a team of health professionals.

The **ASHA** will identify any elderly in need of comprehensive assessment if the answer to any of the questions in **Part B3 of the CBAC** is 'Yes'. The preliminary assessments of these identified elderly individuals are to be done by **MPW(M/F)** by undertaking **section 1 and 2** of CPHC-CGA. Following this, a comprehensive assessment will be done by the CHO by undertaking **section 3 and 4** of CPHC-CGA. If required, the CHO will refer elderly individuals who need specialized management to the **medical officer or specialist** and will further undertake **section 5** of CPHC-CGA.

The section below will give you an idea about the comprehensive assessment of elderly individuals.

In the next section we shall review the specific checklists which will form part of the comprehensive geriatric assessment of CPHC.

Fig: Comprehensive Health care of Elderly

Overview of Components of CPHC-CGA		
Section	**Contents under each section**	**Person Responsible for each section**
Section 1: Basic details	A. Registration details B. Identification data of elderly person	MPW(M/F)
Section 2: History taking	A. Chief complaints B. Details of complaints C. Past medical history D. Drug history E. Consumption of addictive substance F. Nutritional history G. Family history H. Social & spiritual history I. Personal history J. Home safety environment	MPW(M/F)
Section 3: 10 Minute comprehensive screening	A. Screening for geriatric syndromes B. Screening for other age-related problems C. Functional assessment	CHO or SN at PHC
Section 4: physical examination	A. General examination B. Systemic examination	CHO or SN at PHC
Section 5: Syndromic specific toolkit for assessment of the problem identified in section 3	A. Memory loss B. Screening for cognitive impairment C. Screening for depression D. Fall risk evaluation E. Incontinence assessment & management guide	MO at PHC
Section 6: Comprehensive Geriatric Assessment Report		CHO or SN/MO at PHC

Comprehensive Geriatric Assessment -

Section I -

A. Registration details

MPW(F/M) will update the date of first assessment and name of assessor including the designation and contact details of accessor (details attached in Annexure 2)

B. Identification data of elderly persons

Relevant information required for the identification of elderly who are assessed by using CPHC-CGA are recorded under this section which also includes education, financial status of the elderly and family, health insurance benefits provided by government scheme. (Details attached in Annexure 2)

Section II: History taking

MPW(F/M) updates this section with Chief complaints including detailed collection of complaints concerning eye, ear, nose, throat, cardiovascular, gastrointestinal, genitourinary, skin, neurological, musculoskeletal, gynecological.

C. Past medical history

Information regarding duration of illness, current medication with dosage which is also verified through records including completion of treatment are updated under this section.

D. Drug history

Current medication history including over the counter medications history, drug side effects, medicines other than allopathy are collected and updated in this section.

E. Consumption of addictive substances

MPW(F/M) collects data regarding the type, duration and the extent of addiction by updating the quantity consumed on daily, weekly and monthly basis and duration since last consumption.

F. Nutritional history

This includes food intake declined and weight loss over past 3 months, mobility, psychological stress, neurological problems, BMI, calf circumference which are to be categorized as malnourished, risk for malnourishment and normal nutritional status. A set of questions are administered to understand the eating pattern.

G. Family history

MPW (F&M) updates this section with the details of illness that the family members are undertaking treatment.

Body Mass Index (BMI):

This is used as a screening tool for estimating the total body fat content in a person's body. It is calculated by dividing a person's weight in kilograms by his or her height in meters squared (kg/m2).

BMI is calculated by measuring:

Weight (kgs)- You already have a weighing scale at AB-HWC.

Height (meters)- A wall-mounted stadiometer or non-stretchable tape measuring height up to 2 meters can be used.

BMI can be calculated by using the formula:

BMI = Weight (in kg) /Height (in meter2)

By using this method, underweight, normal, overweight and obese individuals can be identified.

Based on observational studies it has been suggested that the normal BMI values in Asian Indian adults to be between 18 – 22.9 kg/m2.

Table 4: Classification of Overweight/Obesity by Body Mass Index in Asian Indians

Weight Status	BMI Range/Cut-off
Underweight	Less than 18.0 kg/m^2
Normal	18.0-22.9 kg/m^2
Overweight	23.0-24.9 kg/m^2
Obesity	More than or equal to 25 kg/m^2

Source: Consensus Group. Consensus Statement for Diagnosis of Obesity, abdominal Obesity and the Metabolic Syndrome for Asian Indians and Recommendations for Physical Activity, Medical and Surgical Management-Mishra et al, 2009.

H. Social and spiritual assessment

Sociodemographic and spiritual details including type of house, place of worships and information regarding meditation are updated in this section.

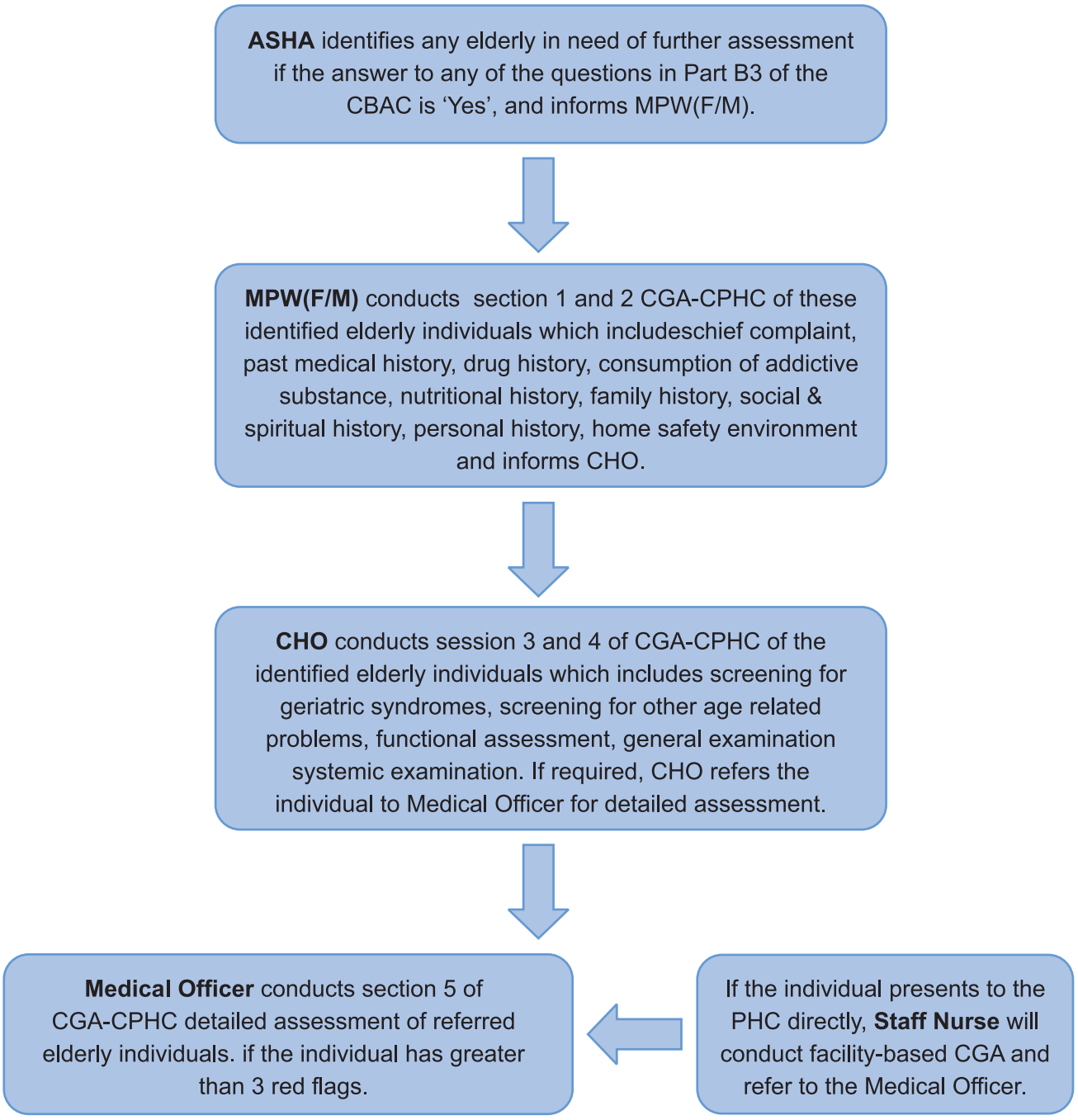
I. Personal history

Information regarding habits, frequency of exercise and care giver fatigue details are updated in this section.

J. Home safety environment

MPW(F/M) assesses the extent to which the environment is safe for the elderly. This includes trouble with lighting or stairs inside and outside the house, condition of bathroom floor, ramp at home or elderly using wheelchair and walking aids, handrails in staircase and bathroom and the provision of care giver at home.

Figure depicting flow of events



Chapter

4

Basic Nursing Skills

The elderly who are bedridden would need a proper nursing care. The care givers may be imparted the skills to take care of the elderly.

Care of the bed-ridden patient

Nursing care of bed-ridden elderly persons is quite challenging. Patient may be conscious or unconscious. In a bed-ridden patient, the care includes:

- Health education of the family
- Involve the family in the care
- Demonstrate the care and make a follow up plan
- Regular home visits
- Airway clearance
- Adequate fluid intake (oral, nasogastric tube feeding)
- Bowel and bladder care
- Personal hygiene- head to foot care
- Prevention and care of pressure sores
- Exercise
- Communication
- Assessment of symptoms, recording and reporting

Care of hair and how to give head bath

Stimulating the scalp by massage and brushing improves circulation and keeps hair healthy.

Purpose:

- To keep the hair clean and healthy
- To promote the growth of hair
- To prevent loss of hair
- To prevent itching and infection
- To prevent accumulation of oil, dirt and dandruff
- To prevent hair tangles
- To provide a sense of well-being
- To stimulate circulation
- To destroy lice
- To appear well groomed

Points to remember while giving head bath

- Protect the bed linen and pillow cover with a towel and mackintosh.
- Place a mackintosh under the patient's head and neck. Keep one end of the mackintosh in a bucket to receive the water. Wash thoroughly with soap or shampoo.
- Rinse thoroughly and dry the hair. Braid the hair into two on each side of the head, behind the ears to make the patient more comfortable when lying on her back.

Care of eyes

- The most common problem of the eyes is secretions that dry on the lashes.
- This may need to be softened and wiped away.
- Each eye is cleaned from the inner to the outer corner with separate swabs 3 or 4 times daily with boiled, cooled water.

Wiping the secretions from inner to outer angle of eye

Care of nose and ears

- Excessive collection of secretions makes the patient sniff and blow the nose.
- External crusted secretions can be removed with a wet cloth or a cotton applicator moistened with oil, normal saline or water.
- Dirt may accumulate behind the ears and in the front part of the ear. Another common problem is the collection of ear wax. Refer to a higher facility for removal of wax.

Mouth care

- If the elderly is conscious, help them in their mouth care.
- If the elderly is unconscious, the care givers need to clean mouth using a toothbrush and a toothpaste.
- Daily assessment is recommended. Brush and rinse mouth twice daily or according to the patient's condition. Soak dentures overnight. Apply lip balm for cracked lips

Care of dependent patients

- 2 or 4 hourly mouth care (assess individually)
- Use of soft brush, foam sticks applicator or glove and gauze
- Use of syringe for gentle mouth wash
- Avoid lemon and glycerine as it causes dry mouth.

Assisted oral care

- Explain the procedure to the patients and help them.
- Assemble the things needed for mouth care i.e., toothbrush, toothpaste, small basin, water in a jug, towel, lip lubricant.

- Put him on side lying position with a towel below the cheek
- Use tooth paste and toothbrush to clean the mouth
- One tsp of salt in 500ml of water and boiled
- Remove all water from the mouth to prevent aspiration
- Cut short the bristles of the toothbrush and wrap with the gauze or sterile cotton cloth

Bed bath

Bathing is very important in maintaining and promoting hygiene. It helps:

- To clean the dirt from the body
- To increase elimination of wastes through the skin
- To prevent pressure sores
- To stimulate circulation
- To induce sleep
- To provide comfort
- To relieve fatigue.
- To give the patient a sense of well-being
- To regulate body temperature
- To provide active and passive exercises

General instructions for bed bath

- Maintain privacy.
- Explain the procedure.
- Patient's room should be warm and free of draughts.
- All needed equipment should be at hand and conveniently placed.
- Avoid giving unnecessary exertion to the patient.
- Remove the soap completely from the body to avoid the drying effect.
- Only small area of the body should be exposed and bathed at a time.
- Support should be given to the joints while lifting the arms and legs during cleaning and drying of these areas.
- Provide active and passive exercises whenever possible unless contraindicated.
- Wash the hands and feet by immersing them in a basin of water because it promotes thorough cleaning of the fingernails and toenails.
- Cut short the nails, if they are long.
- A thorough inspection of the skin especially at the back of the body should be done to find out the early signs of pressure sore.

- All the skin surfaces should be included in the bathing process with special care in cleaning and drying the creases and folds and the bony prominences, as these parts are most likely to be injured.
- Cleaning is done from the cleanest area to the less clean area, e.g., upper parts of the body should be cleaned before the lower parts.
- The temperature of the water should be adjusted for the comfort of the patient
- Creams / oils/paraffin are used to prevent drying and excoriation of the skin.
- Keep the patient near the edge of the bed to avoid overreaching and straining of the back of the care giver.

Back care

- Elderly, who are prone to pressure sores, must have their back care every 2 hours or more frequently.
- Wash the back with soap and water, dried and massaged with any available lubricant to prevent friction.
- Massaging helps to increase the blood supply to the area and prevent pressure sore.
- Give special attention to the pressure points.
- Dry the area by patting and not by rubbing.
- Stroke with both hands on the back

Nutrition – oral intake or Naso-gastric feeding

The elderly and family must be educated about the importance of nutrition.

General instructions –

- Diet must be planned according to the needs of patient.
- Procedures to be done at least one hour before the meals.
- Serve the food in a good environment.
- In a bedridden patient assemble all the things near the patient and assist if needed.
- Give easily digestible food
- Give time to the patient to eat the food.
- Talking to the patient while he/she is eating will make the patient feel good.
- Before and after food give water for hand washing and oral care.
- Naso-gastric feeding is given to the patient who is not able to take orally. The following points are to be kept in mind:
- Give the patient Fowlers position or raise the chest with extra pillows.
- Prevent entry of air inside the tube by pinching or folding the tube and open the cap, fix the syringe (20ml or50ml).
- Aspirate the stomach contents and see whether the tube is in position.

- If the aspiration fluid is more than 50ml, skip the feed.
- Before and after feed give about 50ml of plain water.
- Give total 200 ml of prepared feed. (Total feed plus water not to exceed more than250 ml)
- Give the feed slowly without air entry.
- After feed give oral care.
- Keep the patient in the same position for half an hour.
- Then put the patient on side-lying position (to drain the secretions out of the mouth and prevent aspiration)
- Give 2 hourly feed and after 10 pm (night) just two feeds at 3 hours interval.
- Prepare feed at home with what is available like vegetable and lentil (daal) soups, milk, water, fruit juice, rice cooked water.
- Before giving the feed, strain and then give the food.

Active and passive exercise

- Exercise must be integrated into the elderly's daily life as it prevents contractures, foot drop and wrist drop.
- All the joints need physiotherapy.
- Educate the family the importance of exercise to prevent joint stiffness.
- If there is no restriction or bone problems exercise can be given by the family.

Figure 7a showing outward and inward rotation of hands

Figure 7b: Extension of arms

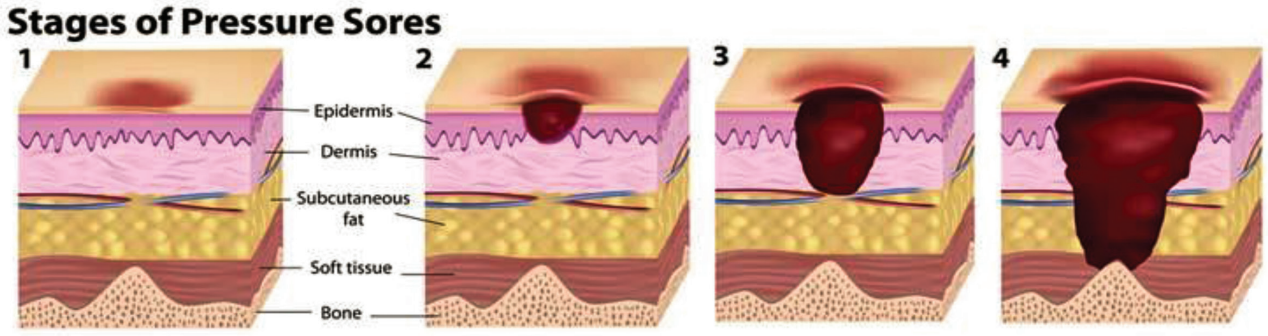
Figure 8. Some exercises for the elderly

Pressure sores

- A pressure sore or pressure ulcer is an injury to the skin and tissue underneath, usually caused by unrelieved pressure.
- Pressure on a small area of the body can compress tiny blood vessels that normally supply tissue with oxygen and nutrients resulting in insufficient blood flow and necrosis of the area.

Purpose of care

With proper treatment, most pressure sores will heal. Healing depends on many things, general health and diet, relieving pressure on the sore and careful cleaning and dressing.



Stages of pressure sores

1. Erythema: Skin is intact but red and does not turn white when pressure is applied
2. Breakdown of the dermis: Outer layer of the skin is broken, red and painful.
3. Full thickness skin breakdown: This involves damage or necrosis of subcutaneous tissues.
4. Breakdown of bone, muscle and supporting tissues: This involves deep wounds that are difficult to heal.

Nursing interventions

1. Prevent pressure sore development

- Daily examination of pressure points and skin.
- Daily bath
- Keep skin soft and moist.
- Prevent incontinence of bowel and bladder.
- Encourage ambulation and exercise.
- Identify patients prone to develop pressure ulcers.
- Change the position of the patient every two hours (in lying down position) and every hour (in sitting position).
- Keep the patient's skin well lubricated to prevent cracking of the skin.
- Provide the patient with adequate fluids and diet that is with high protein content and vitamins.

- Encourage a balanced diet to keep tissues healthy.
- Attend to the pressure points at least two-hourly to stimulate circulation.
- While giving and taking bedpans, lift the patients and then only remove the bedpan to avoid the friction.
- Provide a wrinkle free bed
- Use special mattresses like air or water mattresses. Avoid poorly ventilated mattress
- Cut fingernails short.
- Encourage the patient to move in the bed as far as possible.
- Change the linen when wet.
- Educate the family members about the hygiene care of the skin and pressure sore prevention.

2. Relieve the pressure

- Reposition every 2 hours
- Do not rest on hip bone directly.
- Avoid elevation of head end of bed.
- Use special devices to relieve pressure such as air cushions, waterbed, foam pads or pillows.

3. Pressure sore care

- Use normal saline for cleaning and irrigating the wound.
- Remove dead tissues and scab.
- Use moist dressing material; this prevents damaging granulation tissue while changing the dressing.

4. Points to remember

- Maintain daily hygiene with sponge bath, shower, hair care, and shave, trim nails
- Maintain hygienic environment, such as clean clothing, and bed linen.
- Assess skin integrity, especially pressure points, in areas such as sacrum, hips, heels, ankles, ribs, vertebrae, spine, shoulders, elbows, and ears.
- Patient with poor mobility need change of position every 2-4 hours.
- Positioning of pillows.
- Massage (attention must be paid to avoid since massage can cause tissue damage at pressure points)
- Pad bony prominences for protection,
- Use waterbed or air mattress.
- Awareness of friction and shearing forces.
- Education of family about care procedures.

Chapter 5

Health Promotion, Self-Care and Counselling for Elderly Care

Along with ASHA, VHSNC &MAS platforms will be used to reinforce healthy ageing via adequate nutrition, physical activity as per persons capacity, regular check ups

This chapter is divided into two sections:

Part A: Health Promotion and Counselling

Part B: Self Care

Part A: Health Promotion and Counselling

What is health promotion?

Health promotion focusses on

- Keeping people healthy.
- Helping people make changes in lifestyle to prevent diseases
- Motivating behavior change to avoid complications with diseases

Things to keep in mind while interacting with elderly:

1. Be patient with them. Understand that they might have lost some of their ability to hear or see. Raise your voice accordingly but do not shout at them.
2. They might not accept your suggestions immediately. Pursue them slowly for seeking care. Try to pursue the family members and caregivers as well.
3. Encourage them for doing mild physical activity wherever feasible.
4. Respect their autonomy. Ask them whether they need assistance. They might not like to be assumed as weak individuals.
5. Be gentle with them while helping them around.

Counselling an elderly person

- Providing counselling for elderly helps them to deal with the problems of old age, and can also provide the opportunity for enrichment, personal growth, and satisfaction.
- Good counselling approaches build upon a foundation of respect, empathy, and support. A high degree of sensitivity, awareness, and acceptance among health care workers is required for giving care and counselling to elderly.
- Counselling the elderly should address issues of anxiety and stress, related to the losses of their life, particularly the sense of losing control over one`s life. It should also help them in

understanding and accepting the value and reality of their life, help in decision making and increasing autonomy as well as deal with depression and demoralization.

The objectives of elderly counselling

- To understand the psycho-social and biological problems of old people
- To help them to solve their problems
- To enhance wellness in their life

Key messages for community regarding elderly care:

- Elderly individuals have different health needs. They need to be looked after with care.
- They commonly face loss of sensory functions, commonly sight and hearing. One needs to keep it in mind while interacting with them.
- Everyone in the community should be responsible towards the elderly. As a community we should support and help them around if they need any help.
- If you come across any destitute or single elderly, you should enquire about them, their health and whether they require any support. You should also notify the ASHA/MPW about them.
- Speak to ASHA if you need any support in helping or taking care of elderly in your household. She will be able to help you and also connect you to the health and wellness centre.

Key messages for families with elderly individuals:

- Be patient with them! Family members should understand that elderly need to be cared with patience and compassion.
- Elderly may also feel isolated because of reduced hearing and vision. Family members should try and make them feel included in the family functions.
- Speak to ASHA if you need any support in helping or taking care of elderly in your house. She will be able to help you and also connect you to the health and wellness centre.
- You might not be skilled at nursing needs of the elderly (in case of bed bound or restricted elderly). If there is any nursing task like wound care/ catheterization/ changing diapers, contact the ASHA of the village. She will connect the MPW F/M and Health and wellness centre team to your household. They will also train you regarding these tasks.
- Elderly individuals may have many health concerns at the same time. Most of them could be because of ageing. You should accompany them to the health and wellness centre for check-ups.
- In case the elderly is restricted, or bed bound, notify the ASHA about health concerns. She will connect the health and wellness team for home visits.
- Elderly are at higher risk for falls and since their bones are weak even slight injury may result in fracture. Family members need to take care that there are no wet floors, slippery stairs in the house. Elderly should be having proper footwear. They should be accompanied whenever possible.

- Support groups for elderly are created by MPW(F/M) of the village. They will help you with interacting with others who also have elderly in their house. These groups will help you regarding taking care of elderly. Such sharing helps with the stress that may come from having to take care of a dependent person. Do join these groups and be a supporter for others as well!
- It could be often exhausting for one person to take care of the elderly constantly. Family members are suggested to take turns to take care of the elderly.

Part B-Self Care

What is self-care and what is your role in self-care related to elderly?

Self-care is one of the best health promotion strategies which means practicing care by the individual himself.

Self-care practices include the following:

1. Personal hygiene
2. Basic body care
3. Healthy lifestyle

1. Personal hygiene

Personal cleanliness not only protects from infections but also gives dignity and self-esteem. Many of these practices are acquired right from the childhood and others are picked up as the life goes on.

These include:

- Regular teeth brushing
- Bathing, changing clothes, frequent hand washing, combing hairs and caring for the nails and feet etc.

Skin care

a) Problems/conditions which affect skin care	Practices in skin care
• Decreased skin sensation • Less food and water intake • Irritable Skin due to allergy, dryness, drugs, etc. • Sweat, urine, fecal matter contamination due to incontinence. • Collection of discharge from wound on skin • External devices- plaster cast, braces, bandage, dressing	• Skin care can be done during bath through proper cleansing of skin. • In case of mobile elderly, during daily bath-groin ensure that arm pit area, axilla, groin to be kept clean. • In presence of wound, special attention required to keep the dressing clean during bath

Hair Care

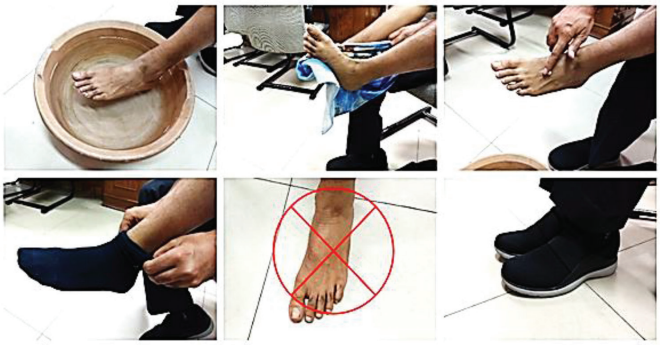
a) Tips for hair care	b) Conditions requiring special hair care
• Washing hair with soap/shampoo (once in two to three days in summer and once in week in winters) • Oiling and massaging the scalp • Wide tooth combs will decrease hair breakage. • The comb should be cleaned. • Comb should not be shared by other people.	• Dandruff- soap/ anti dandruff shampoo should be used. • Hair loss – weak, breaks easily and thinning, regular oiling, washing and tying them loosely. • Pediculosis or lice – bedding, clothes, hair comb, brush should also be clean. In case of lice in hair, anti-lice shampoo should be used

Care of feet, hands and nails:

It is required to prevent infection, injury and bad smell.

Method of foot care

Method of foot care is shown below

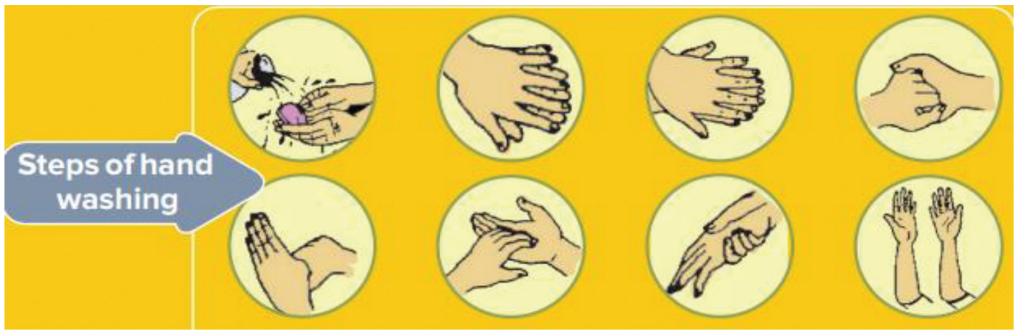


Physiological signs of aging

1. Wash feet daily.
2. Dry between the toes.
3. Creams or lotions can be applied to soften the feet to prevent dryness.
4. Wear moisture resistant socks.
5. Never walk barefoot.
6. Wear shoes that fit well.
7. Check feet for sores, cuts, corns, blisters and redness.

Hand washing

The most important step in caring the hands is by hand washing. Hand washing can prevent several infectious diseases.



STEP 1: Wet hands and wrists. Apply soap.

STEP 2: Place right palm over the left or left over the right, interlace the fingers.

STEP 3: Interlock back fingers to opposite fingers

STEP 4: Place left palm over right fist and vice versa

STEP 5: Hold right thumb by left palm, rub in a rotational manner. Repeat the procedure for left thumb with right palm

STEP 6: Rub tops of fingers and thumb of right hand in left palm and vice versa

STEP 7: Interlock the fingers and rub between the fingers

STEP 8: Wash hand up to the wrist using palm of the other hand

Care of bowel/ bladder movements:

- These must be ensured at fixed regular timings during the day.
- If there is sudden change in bowel habit it should be reported to the health care provider.
- Constipation is a common problem in elderly but it can be avoided by taking high roughage and fiber diet, drinking adequate amount of water and physical exercise.

Sleep hygiene:

- A sound sleep implies an undisturbed sleep for 6-8 hours.
- Sound sleep is useful for good health.
- It reduces the chances of high blood pressure, high blood sugar, dementia, depression etc.
- A sound sleep can be ensured by several measures such as:
    - Keeping a gap of at least 1-2 hours between dinner and bedtime
    - Avoiding radio and television at bedtime
    - Avoiding daytime naps
    - Adequate daily exercise
    - A calm atmosphere and soft light in the room
    - By observing food discipline and avoiding coffee, tea, alcohol and tobacco use close to bedtime.

Self-care through healthy lifestyle:

These are best remembered by an acronym based on five Hindi words starting with a letter S namely Santulit, Shramta, Sakriyata, Samparakta and Sadacharita..

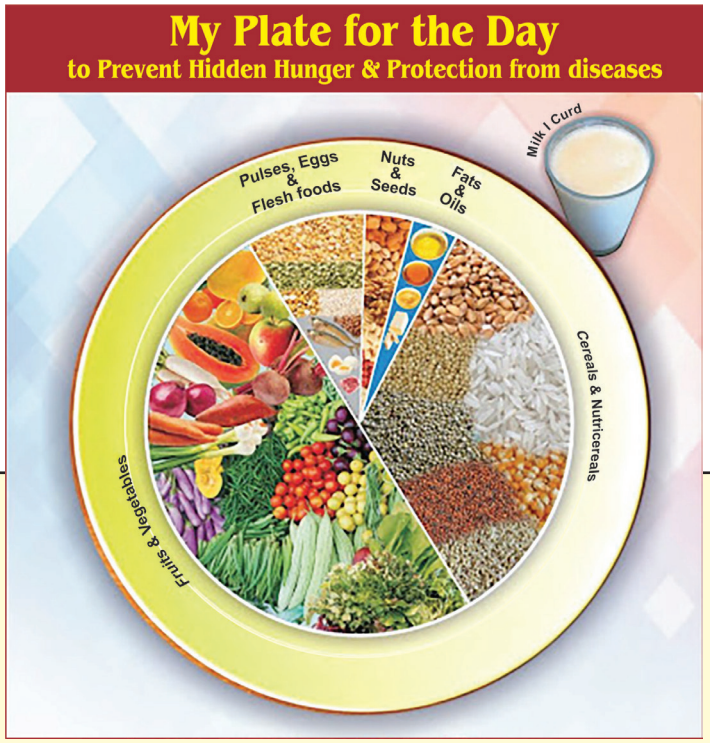
a) ***Santulit*** implies

- A balanced diet inclusive of different food items like chapatti, rice, vegetables, curd, milk, salad, dal, water. (Shown as food pyramid in figure 56). It provides nutrition required for growth and maintenance of body and avoids diet related problems like constipation.
- Moderate amount of salt and sugar.
- Low fat with predominantly unsaturated fat (vegetable source, no animal red meat fat),
- Fruits, dark skinned vegetables and plenty of dietary fibers.

- Adequate liquids (6-8 glasses of water/day)
- Proteins, vitamins and calcium containing food is recommended.
- Prolonged fasting and overeating should be avoided.
- Eat eggs and meat in moderation
- Do not drink alcohol or smoke
- Practice food hygiene and food safety measures

Key messages for diet in elderly:

- Include foods like cereals, millets, pulses, nuts and oilseeds, eggs, poultry and fish (if non vegetarian) low fat milk and milk products and seasonal fruits and vegetables in the daily diet to ensure dietary diversity.
- Small portion sizes consumed frequently throughout the day are recommended and the plate should be colourful (natural colours only).
- Choose healthy, easy to prepare, easily digestible dietary options.
- The daily intake of oil should not exceed 20 grams (4 teaspoons).
- Adequate water (at least 8 glasses) should be consumed as the thirst perception in the elderly may be diminished.
- A balanced antioxidant rich and nutrient dense diet, with 4-5 servings of fruits and vegetables, six servings of whole grain cereal, 2-4 serving of low fat dairy products, 2 servings of legumes is recommended.
- To stimulate appetite and promote digestion add herbs, spices and condiments in the diet like fenugreek seeds (methi), carom seeds (ajwain), aniseed (saunf), asafoetida (hing), clove (laung), garlic, ginger, onion, turmeric (haldi), cumin (zeera), cardamom (elaichi), black pepper (kali mirch). Some of these will also boost your immunity.
- Elderly with chewing difficulties can include soft cooked foods
  - ❖ Soft cooked foods like vegetable pulao/upma/seviyan/poha/khichdi/vegetable idli/ cheela/uttapam
  - ❖ Ragi/semolina/amaranth kheer/makhana porridge, dhokla, etc., dals, paneer, curd, eggs
  - ❖ Soft fruits like banana, papaya, mango, cooked apples and soft cooked vegetables and soups (bottle gourd, tomato, drumstick, carrot etc) can be included.
  - ❖ Boiling/steaming as cooking methods can be opted rather than frying.
  - ❖ Avoid dry meals as swallowing becomes difficult.



A day's sample menu for elderly

Early Morning	:	1 cup tea/coffee (with ¼ cup milk and 1 teaspoon sugar)
Breakfast	:	1 cup of low fat milk (with 1 teaspoon sugar) 2 slices of bread/1 bowl porridge (dalia)/oatmeal/cornflakes etc. 25 g paneer/1 egg white
Mild-morning	:	Fruit chaat/sprouts chaat Lassi/fruits
Lunch	:	Salad/vegetable soup Chapatti (whole wheat flour/combination of besan and whole wheat flour) 2-3 medium (20 gram each) Rice - 1 serving spoon Dal (with husk) - 1 bowl or chicken/fish-1 piece Vegetable preparation - 1 bowl Curd - 1 bowl Fruit - 1 (use 1-2 teaspoon cooking oil)
Evening tea	:	1 cup tea/coffee (with ¼ cup milk and 1 teaspoon sugar) 2-3 biscuits or upma/poha/sprouts - 1 small bowl)
Dinner	:	Salad/vegetable soup Chapatti (whole wheat flour/combination of besan and whole wheat flour) 2-3 medium (20 gram each) Rice - 1 serving spoon Dal (with husk) - 1 bowl or chicken/fish-1 piece Vegetable preparation - 1 bowl Fruit - 1 (use 1-2 teaspoon cooking oil)
Evening tea	:	½ cup of low fat milk (with 1 teaspoon sugar)

Note :

- This menu provides approximately 1600 - 1700 kcal. he amount of different food items can be varied depending upon the calorie requirement.
- The sugar intake should be kept within 4 teaspoons / day (including the sugar in any dessert)
- Total fat intake should not exceed 4 teaspoons/ day (including the fat used for cooking)

b) ***Shramta*** implies physical work and exercises.

- Physical exercise is good for physical and mental health and helps in the prevention and control of many diseases like diabetes, osteoporosis and falls, obesity, heart disease and even certain cancers.
- Exercise also enhances sleep and quality of life. Physical work can be occupation related, household related, and transport related.

Exercises can be of aerobic and weight bearing types.

- Engage in regular physical activity for at least 30 minutes a day at home with customized light exercises, yoga, stretching, walking, gardening etc.
- Encourage them to sleep for 7- 8 hours daily to improve your immunity and mental health.
- Encourage them to take daily dose of sunlight by sitting in verandah/balcony/terrace for at least 30-40 minutes between 11:00 to 1:00 pm. (urban setup)
- Examples of weight bearing exercises are chair sit ups and climbing stairs.

Some of the exercises which can be encouraged by the elderly are as below:

Flexibility related activities

1. Shoulder and upper-arm stretch

a. Stand with feet shoulder-width apart.

b. Hold one end of a towel with your right hand.

c. Raise the right arm and flex the elbow so as to drape the towel down your back.

d. With your left hand, reach behind your lower back, and grasp the towel.

e. Pull the towel with the left hand to stretch your right shoulder to the point of comfortable tension.

f. You can hold the position from 10-30 seconds.

2. Wall upper-body stretch

a. Stand with feet shoulder-width apart, and slightly farther than arm's length from a wall.

b. Lean forward and put both your palm flat on the wall at shoulder-width, and shoulder-height.

c. Keeping the back straight, slowly walk your hands up the wall until the arms are above the head.

d. Hold the arms overhead for 10-30 seconds.

e. Slowly walk your hands back down and relax.

3. Chest stretch

a. Stand with feet together

b. Grasp your hand behind your back.

c. Slowly bring together the shoulder blades until a gentle stretch is felt in your chest, shoulders and arms.

d. Hold the position for 10-30 seconds.

4. Forward Bend

a. Stand with your feet together, extend your torso down without rounding your back.

b. Stay long throughout your neck, extending the crown of your head toward the ground.

c. Draw your shoulders down your back.

5. Calf Stretch

a. Stand facing a wall. Put your hands against the wall at shoulder height.

b. Put one foot in front of the other.

c. Bend your elbows and lean in toward the wall. You will feel a stretch in your calves.

d. Keep your knee straight and your hips forward. Make sure your heel stays on the ground. 5. Switch your feet and repeat the stretch.

6. Knee to Chest

a. Lie on your back with your legs straight.

b. Bring the right knee toward your chest.

c. Wrap your arms underneath your knee and pull your leg closer to your body until you feel a stretch in the back of your right thigh.

d. Repeat the stretch on your left leg.

7. Bend Down

a. Stand tall with your feet hip-width apart, knees slightly bent, arms by your sides.

b. Exhale as you bend forward at the hips, lowering your head toward the floor, while keeping your head, neck and shoulders relaxed.

Strength related Activities

1. Straight Leg Raises (Lower Body Strength)

a. Stand tall. Use a chair or wall for balance.

Forward:

a. Slowly lift your leg up in front of you as high as you can.

b. Keep your leg straight.

c. Then lower back to the starting position.

d. Do not relax your leg.

e. Do not swing your leg.

Side:

a. Slowly lift your leg out to the side with your toe pointed forward.

b. Keep your leg straight.

c. Then lower back to the starting position.

d. Do not relax your leg.

e. Do not swing your leg.

f. After you have completed all leg lifts on one side, switch to the other side.

2. Push-Ups on the Wall (Upper Body Strength)

a. Stand facing the wall.

b. Place your hands flat on the wall at shoulder level.

c. Keep your arms straight.

d. Your feet should be behind your body so that you are leaning on the wall.

e. Stand on the balls of your feet.

f. Bend your arms to bring your chest to the wall.

g. Keep your legs in place.

h. Make your body a straight line.

i. Push your arms straight to return to the starting position.

j. Make sure your body stays in a straight line the whole time.

3. Squat (Lower Body Strength)

a. Plant your feet on the ground

b. Bend your knees

c. Lower yourself in a controlled manner.

d. Stand again as before.

Agility and Balance Related Activities

1. Calf raises

a. Stand with feet shoulder-width behind a chair or a wall with hands placing on it for stability

b. Rise up onto your toes slowly and then lower to the starting position

c. Repetition can be done for 8-12 times.

2. Seated sit-ups

a. Sit on the front end of an armless chair sturdy chair.

b. Cross your arms across the chest.

c. Lean backward against the backrest of the chair.

d. Slowly, move forward flexing the hip join, and tightening the abdominal muscles till seated upright.

e. Return slowly to the starting point after a very brief pause.

f. Repeat the exercise for 5-10 times.

3. Shifting side to side

a. Stand with feet shoulder-width with hand placed over a chair or any supporting surface to maintain balance.

b. Shift as much of your weight to one leg.

c. Hold the position for 5 seconds, and then return to the centre position (body weight equally distributed in both the legs.)

d. Then repeat the test to the opposite leg.

e. The exercise can be done 8 times on each leg.

4. Walking on Lines of different shapes

a. Find or make a straight/zigzag line on the floor.

b. Walk on the line for 20 steps.

c. You can put your arms out to the side for additional balance help.

Aerobic/Cardio-vascular Endurance related Activities

1. Brisk Walking

a. Walk a little initially and then gradually increase the time. b. Take light, easy steps and make sure your heel touches down before your toes

2. Walking on toes

a. Position the heel of one foot just in front of the toes of the other foot. Your heel and toes should touch or almost touch.

b. Choose a spot ahead of you and focus on it to keep you steady as you walk.

c. Take a step.

d. Put your heel just in front of the toe of your other foot.

e. Repeat for 20 steps.

3. March and Swing Your Arms

a. March in place. Lift your knees up as high as you can. Go at a steady pace.

b. As you bring your knee up, swing the opposite arm in front of you.

c. Switch your arms when you switch your legs 6. 800 mt. or longer distance Running or Walking (Endurance)

d. Do this as a group activity with many children

e. Try to complete a given task in the shortest amount of time.

Exercises in elderly people may assist in-

- greater survival
- protection against cardiovascular disease
- weight reduction
- control of high blood sugar in diabetes
- protection against osteoporosis and fracture
- improvement of muscle strength, balance, and functional capacity
- and
- improvement in psychological well-being, better sleep, and bowel habits.

The following care should be taken for elderly people:

- Physical exercise should be carried out at a frequency of 3 to 5 days per week, between 20 to 30 minutes per session, to achieve the maximum heart rate.
- Multicomponent exercise is recommended in elderly (strength, balance and flexibility)
- Before initiating a physical exercise program, the risks of exercise, the potential for falls and accidents, medications, nutritional adequacy, and motivation needs to be evaluated. Safety is the priority in elderly. Baseline fitness assessment followed by a gradual stepwise approach is preferred.

Elderly playing Carrom

- Several types of physical exercises are available. The older person should be advised to choose the one which is enjoyable, easy to perform, convenient, and inexpensive. Considering all aspects, brisk walking and stretching exercises seem to be the best for older individuals.

c) ***Sakriyata*** implies active engagement in mental and physical activities other than traditional exercises.

- This could be in the form of pastime and hobbies like gardening, indoor sports such as Carrom, reading new material, solving crossword puzzles, computer activities and all other practices which actively involve the brain.

Elderly people sitting in park during leisure time

d) ***Samparkta*** implies social networking, gossiping with friends and relatives, club membership, attending social functions and related events in routine life.

e) ***Sadacharita*** implies ethical conduct and positive attitudes for wellbeing and yoga, pranayam and meditation for mental relaxation.

- Spirituality through prayers, divine songs, religious discourses should be encouraged.

Elderly should accept ageing gracefully for their own emotional wellbeing and adapt five "S" of healthy life style to improve quality of life

Safety measures in elderly:

Assessment of sense of hearing, balance, vision and sense of smell in elderly and there by modifying environment for specific sensory deficits

- Avoid pollution, smoke, and dust, extreme of weather.
- Avoid driving in cases of low vision, slow reflexes or after taking medications that cause drowsiness.
- Presence of assistance devices like cane, walker etc.
- Accidents and falls should be prevented by adopting safety measures

Elderly should ensure carrying

Safe home environment

- Adequate lighting in the house
- Guards or side rails should be present at bed, window, stairways and bathroom
- Non slippery floor in bathroom
- Coloring of house should be helpful in defining doors, stairs etc.
- Floor should not be very smooth, floor coverings are preferred
- Furniture should be comfortable and sturdy to allow weight
- Noise should be controlled
- Proper cleanliness should be maintained
- Electric appliances should be shock proof
- Home should be free from pests
- Drugs, pesticides, insecticides etc. should be kept in isolation.
- Use of call bells.

Manage stress and anxiety to ensure mental well-being and overall health

- Cut down on watching, reading, or listening to anxiety inducing news. Watch the news from relevant sources only once/twice in a day.
- Keep yourself engaged in daily activities like cleaning, cooking, gardening, meditation etc. and try to do other activities that you enjoy like painting, listening to music, reading, playing board games etc.
- If religious practices have been the norm in your daily activities, practice them at home.
- Jot down recipes of traditional cuisines for your young family members. Take pictures, make videos, file and document.
- Connect with others. Talk to people you trust regarding your concerns and how you are feeling.
- Have a plan, in case you get sick, determine who can care for you, if you need any help.
- Do not isolate yourself in one room. Sit with family members and share your thoughts.

Chapter 6

Service Delivery Framework

Elderly individuals require special care and support. The Primary Health Care Team has the responsibility for providing care for the elderly starting from the community level to the SHC-HWC and PHC-HWC level.

At the community level: ASHA, MPW(M/F) will identify elderly individuals in the community, undertake risk assessment of the elderly, provide counseling and support to the elderly for various health conditions, including basic nursing care, provide support to the caregivers, enable formation of support groups for the elderly and caregivers, identify and medical conditions and refer to the CHO for further management and provide follow up care.

At the SHC-HWC level: CHO will manage common geriatric ailments and/or refer to appropriate higher centres, arrange for suitable supportive devices from higher centres to the elderly /disabled persons to make them ambulatory, provide counselling and support to elderly and their caregivers.

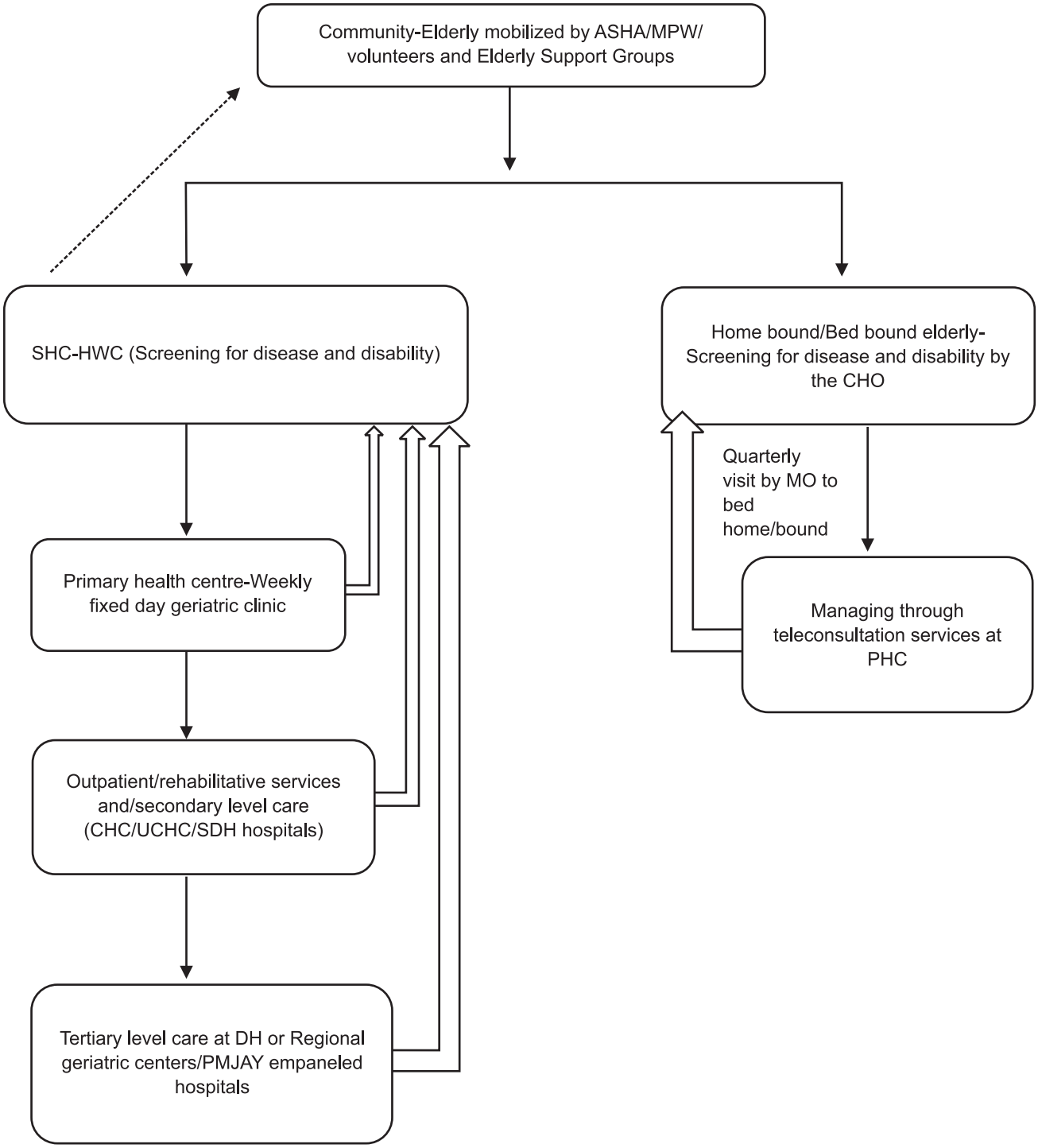
At the referral centre level: Diagnosis and treatment of complicated conditions, surgical care, rehabilitation and counselling will be provided for the elderly by the medical officer or specialists.

Key roles and responsibilities:

ASHA	- Undertake house visits for community mobilization, risk assessment, counselling improved care seeking and increasing supportive environment in families and community. - Generate awareness in the community about healthy lifestyle in the elderly to promote active and healthy ageing. - Identify elderly individuals in need of care in the community including mapping of elderly population - Provide support in family counselling and redressal of medical issues - Identify caregivers within or outside the family and link them to the nearest health care facility. - Facilitate environmental modification, nutritional intervention and physical activities including yoga, lifestyle and behavioral changes at the family and individual level. - Would work with Gram Sabha, ULB, SHG, VHSNC/MAS, JAS,RWA and local NGO to enable creation of facilitatory environment for elderly. - Support caregivers in learning a range of practical skills like transferring a bed bound elderly within house, support in daily routine activities like eating, bathing etc.
MPW (F/M)	- Undertake initial screening using preliminary Comprehensive Geriatric Assessment for all elderly twice in a year. - Facilitate formation of Elderly support groups named “Sanjeevini” and elderly care giver support groups - Reinforce healthy ageing via adequate nutrition, physical activity, regular checkups and rehabilitative care.

CHO	- Undertake comprehensive geriatric assessment twice a year - Providing immediate/primary management of common ailments of elderly and referring to MO at PHC or conducting teleconsultation services and manage as per MO-PHC instructions. - Develop and administer a personalized care plan for each elderly identified in the community in consultation with MO-PHC. - Facilitate identification and provide guidance to care givers regarding care given to bed bound elderly. - Develop elderly support groups named "Sanjeevini" - Conduct periodic home visit to bedbound elderly, sick elderly and restricted mobile elderly - Undertake preliminary assessment for the need of assistive devices. - Support rehabilitative services for the elderly
Staff Nurse at PHC	- Providing immediate/primary management of common ailments of elderly and referring to MO at PHC or conducting teleconsultation services and manage as per MO-PHC instructions. - Develop and administer a personalized care plan for each elderly identified in the community in consultation with MO-PHC. - Facilitate identification and provide guidance to care givers regarding care given to bed bound elderly.
Medical Officer	- Conduct weekly fixed day geriatric clinics - In-depth person-centred assessment of elderly; Undertake Advanced comprehensive geriatric assessment of the elderly. - Primary management of all common diseases of the elderly-Basics of counselling and physiotherapy - Referral and linkages - Assure public awareness on promotional, preventive and rehabilitative aspects of geriatrics during health and village - Conduct home visit for bed bound elderly at least on quarterly basis. - Facilitate provision of assistive devices for the needy elderly and also train them to use it - Enable skills and competencies of the caregivers

Referral pathway for elderly care across all levels:



Key roles of MPW(F/M) in elderly care

You would have role at both community and SHC-HWC setting. In order to provide community level care, you will continue to use Home Visits, the Village Health Nutrition Day (VHND), and meetings of Village Health Sanitation & Nutrition Committee (VHSNC). Using these platforms, you would undertake activities of health promotion of the elderly, early identification and referral of any elderly with medical condition, provision of psychosocial intervention and ensuring treatment adherence, basic nursing care of the elderly along with help from ASHAs.

At SHC-HWC, you would provide counselling to the elderly individuals and help the CHO in undertaking screening and maintaining records for follow up.

Your key roles are:

- To generate awareness in the community regarding various needs of the elderly, support to the elderly individuals, health promotion and disease prevention in the elderly, using community platforms and during home visits
- To undertake household visits with the support of ASHA for risk assessments, counselling, improved care seeking and increasing supportive environment in families and community
- To support the ASHA in her tasks related to elderly care
- To provide individual and family counselling to households with bed-bound elderly individuals, and for psychosocial needs of the elderly including counselling for the caregivers
- To undertake section 1 and 2 of CPHC-CGA for elderly individuals.
- To identify high-risk group among those adults based on the scores received in Comprehensive geriatric assessment tool of elderly and refer them to the CHO for in-depth assessment and obtaining a personalized care plan
- To provide basic nursing care to elderly in the community and SHC-HWC, especially home care for restricted and bed-bound elderly
- To support the caregivers of elderly individuals in developing skills including maintaining mental and physical well-being
- To facilitate the formation and monthly meetings of Elderly Support Groups and Elderly Care-giver Support Groups

Annexures

Annexure 1 : Community based assessment checklist (CBAC)

revised draft 6 October 2020 V.5

Date: DD/MM/YYYY

General Information	
Name of ASHA:	Village/Ward:
Name of MPW/ANM:	Sub Centre:
	PHC/UPHC:
Personal Details	
Name:	Any Identifier (Aadhar Card/ any other UID – Voter ID etc.):
Age:	State Health Insurance Schemes: Yes/No If yes, specify:
Sex:	Telephone No. (self/family member /other - specify details):
Address:	
Does this person have any of the following? visible defect/known disability/Bed ridden/ require support for Activities of Daily Living	If yes, Please specify

Part A: Risk Assessment				
Question	*Range*		*Circle Any*	*Write Score*
1. What is your age? (in complete years)	0 – 29 years		0	
	30 – 39 years		1	
	40 – 49 years		2	
	50 – 59 years		3	
	≥ 60 years		4	
2. Do you smoke or consume smokeless products such as gutka or khaini?	Never		0	
	Used to consume in the past/ Sometimes now		1	
	Daily		2	
3. Do you consume alcohol daily	No		0	
	Yes		1	
4. Measurement of waist (in cm)	Female	Male		
	80 cm or less	90 cm or less	0	
	81-90 cm	91-100 cm	1	
	More than 90 cm	More than 100 cm	2	
5. Do you undertake any physical activities for minimum of 150 minutes in a week? *(Daily minimum 30 minutes per day – Five days a week)*	At least 150 minutes in a week		0	
	Less than 150 minutes in a week		1	
6. Do you have a family history (any one of your parents or siblings) of high blood pressure, diabetes and heart disease?	No		0	
	Yes		2	
Total Score				
Every individual needs to be screened irrespective of their scores. A score above 4 indicates that the person may be at higher risk of NCDs and needs to be prioritized for attending the weekly screening day				

Part B: Early Detection: Ask if Patient has any of these Symptoms			
B1: Women and Men	**Y/N**		**Y/N**
Shortness of breath *(difficulty in breathing)*		History of fits	
Coughing more than 2 weeks*		Difficulty in opening mouth	
Blood in sputum*		Any ulcers in mouth that has not healed in two weeks	
Fever for > 2 weeks*		Any growth in mouth that has not healed in two weeks	
Loss of weight*		Any white or red patch in mouth that has not healed in two weeks	
Night Sweats*		Pain while chewing	
Are you currently taking anti-TB drugs**		Any change in the tone of your voice	
Anyone in family currently suffering from TB**		Any hypopigmented patch(es) or discolored lesion(s) with loss of sensation	
History of TB *		Any thickened skin	
Recurrent ulceration on palm or sole		Any nodules on skin	
Recurrent tingling on palm(s) or sole(s)		Recurrent numbness on palm(s) or sole(s)	
Cloudy or blurred vision		Clawing of fingers in hands and/or feet	
Difficulty in reading		Tingling and numbness in hands and/or feet	
Pain in eyes lasting for more than a week		Inability to close eyelid	
Redness in eyes lasting for more than a week		Difficulty in holding objects with hands/ fingers	
Difficulty in hearing		Weakness in feet that causes difficulty in walking	
B2: Women only	**Y/N**		**Y/N**
Lump in the breast		Bleeding after menopause	
Blood stained discharge from the nipple		Bleeding after intercourse	
Change in shape and size of breast		Foul smelling vaginal discharge	
Bleeding between periods			
B3: Elderly Specific *(60 years and above)*	**Y/N**		**Y/N**
Feeling unsteady while standing or walking		Needing help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet	
Suffering from any physical disability that restricts movement		Forgetting names of your near ones or your own home address	
In case of individual answers Yes to any one of the above-mentioned symptoms, refer the patient immediately to the nearest facility where a Medical Officer is available			
**If the response is Yes- action suggested: Sputum sample collection and transport to nearest TB testing center*			
*** If the answer is yes, tracing of all family members to be done by ANM/MPW*			

Part C: Risk factors for COPD
Circle all that Apply
Type of Fuel used for cooking – Firewood/Crop Residue/Cow dung cake/Coal/Kerosene/LPG
Occupational exposure – Crop residue burning/burning of garbage – leaves/working in industries with smoke, gas and dust exposure such as brick kilns and glass factories etc

Part D: PHQ 2					
Over the last 2 weeks, how often have you been bothered by the following problems?		Not at all	Several days	More than half the day	Nearly every day
1.	Little interest or pleasure in doing things	0	+1	+2	+3
2.	Feeling down, depressed or hopeless	0	+1	+2	+3
Total Score					
Anyone with total score greater than 3 should be referred to CHO/ MO (PHC/UPHC)					

Anyone with a total score greater than 3 should be referred to CHO

Annexure 2: Comprehensive Geriatric Assessment Tool of CPHC

Overview of Components of CGA.	
Section 1 : Basic details	A. Registration details B. Identification data of elderly person
Section 2 : History taking	A. Chief Complaint B. Details of Complaint C. Past Medical History D. Drug History E. Consumption of addictive substance F. Nutritional History G. Family History H. Social & Spiritual History I. Personal History J. Home safety Environment
Section 3 : 10 Minute comprehensive screening	A. Screening for Geriatric Syndromes B. Screening for other age-related problems C. Functional Assessment
Section 4 : Physical Examination	A. General Examination B. Systemic Examination
Section 5 : Syndromic specific toolkit for assessment of the problem identified in section 3	A. Memory Loss B. Screening for cognitive impairment C. Screening for depression D. Fall risk evaluation E. Incontinence assessment & Management guide
Section 6: Comprehensive Geriatric Assessment report	

Section I

A. Registration Details

1. Date of First Assessment:
2. Name of Health worker/Assessor:
3. Designation of Health worker/Assessor:
4. Contact No.:

B. Identification data of elderly person:

5. Name: _____
6. Age (In Completed Years): _____
7. Sex: 1. Male 2. Female 3. Others
8. Address/Contact :
9. Name/Relationship of Contact Person :
10. Marital Status:

1. Never Married	2. Currently Married	3. Divorced	4. Separated	5. Widowed

11. Who is Head of the family?

1. Myself	2.wife	3. Son	4.Daughter in law	5. Others____

12. Education:

1. Illiterate	2. Just literate (knows to read and write but nil education	3. Primary school (5^{th} completed	4. Middle school (8^{th} completed)	5. High school (10^{th} completed	6. Senior secondary (12^{th} completed	7. Graduate	8. Postgraduate

13. Occupation: 1. Not working; 2. Working (Specify) _____

8. Religion:

1. Hindu	2. Muslim	3. Christian	4. Sikh	5. Others (Specify)_____

15. What kind of locality is your house in? 1. Urban (Specify) _____ 2. Rural (Specify) _____
16. Type of Family: 1. Single 2. Nuclear 3. Joint 4. Elderly homes
17. Total Family income per month? /Rs. ____
    1. Total number of family members? _____
    2. Per capita Income per month: Rs_____
18. Are you Married/Unmarried/Windowed/Seperated/Divorced? (tick whichever is applicable)

19. Are you living with your spouse/children/relatives/alone? (tick whichever is applicable)
20. Are you financially completely independent/partially dependent/completely dependent?
21. What is your perception about behavior of family members with you? Positive/Negative
22. Do you get pension from anywhere? Yes/No, if yes,
    a. Name the source:
    b. Amount (in rupees):
23. Do you get monetary assistance from any other welfare scheme? Yes/No, if yes
    a. Name the scheme/source:
    b. Amount (in rupees):
24. Do you have any health insurance? Yes/No, if yes, name the source: (if yes specify.....)
25. Have you received any monetary assistance from any NGOs/Religious Organization.
26. Do you know about any health insurance scheme for elderly by government? Yes/No
27. Do you know about any helpline number for elderly in your city? Yes/No

Section II: History Taking

A. Chief Complaint

1.....

2.....

3.....

4.....

5.....

B. Details of complaints:

B1. Do you have any eye complaints?		Yes/ No
If Yes, have you consulted any doctor for this problem?		Yes/ No
Do you use spectacles?		Yes/ No
If Yes, mention the power of the lens. Right Eye: Left Eye:		
Eye Symptoms	Response	Duration
Diminished Vision (Near/ Distant)	Yes/ No	
Visual blurring/ Double vision/ Distorted vision (straight lines become crooked/ magnified/diminished)	Yes/ No	
Pain in the eye	Yes/ No	
Itching/ foreign body sensation in the eye/ Burning/ Stinging sensation	Yes/ No	
Discharge from eyes	Yes/ No	
Any Other, specify:		

B2. Do you have any complaints related to Ear-Nose-Throat?		Yes/ No
If Yes, have you consulted any doctor for this problem?		Yes/ No
ENT Symptoms	Response	Duration
Earache	Yes/ No	
Ear Discharge	Yes/ No	
Hearing Loss	Yes/ No	
Tinnitus (ringing, rushing or hissing sound in the absence of any external sound)	Yes/ No	
Dizziness/ Vertigo	Yes/ No	
Hoarseness of voice (Sudden or Gradual)		
Nasal Discharge		
Any other, specify:		

B3. Do you have any complaints related to oro-dental condition?		Yes/ No
If Yes, have you consulted any doctor for this problem?		Yes/ No
Oro-dental Symptoms	Response	Duration
Bad Breath	Yes/ No	
Visible pits or holes in the teeth/loose teeth	Yes/ No	
Aggravation of pain with exposure to heat, cold or sweet foods and drinks	Yes/ No	
Red swollen gums, tender and bleeding gums	Yes/ No	
Ulcer/ Sore in the mouth that does not healt/ Red or white patches inside the mouth	Yes/ No	
Difficulty in opening the mouth	Yes/ No	
Pain while swallowing	Yes/ No	
Any other, specify		

B4. Do you have any cardiac or respiratory symptoms?		Yes/ No
If Yes, have you consulted any doctor for this problem?		Yes/ No
Cardio-Respiratory Symptoms	Response	Duration
Breathlessness	Yes/ No	
Cough Expectoration	Yes/ No	
Presence of blood in cough	Yes/ No	
Noise coming from chest (audible wheeze)	Yes/ No	
Chest pain	Yes/ No	
Any other, specify:		

B5. Do you have any Gastro-intestinal Symptoms		Yes/ No
If Yes, have you consulted any doctor for this problem?		Yes/ No
Gastro-Intestinal Symptoms	Response	Duration
Difficulty in swallowing	Yes/ No	
Heartburn	Yes/ No	
Indigestion	Yes/ No	
Constipation/ Diarrhoea/ Alteration of bowel pattern	Yes/ No	
Abdominal pain/ distension	Yes/ No	
Bleeding during or after defecation		
Any other, specify:		

B6. Do you have any Genito-urinary complaints?		Yes/ No
If Yes, have you consulted any doctor for this problem?		Yes/ No
Genito-urinary Symptoms	Response	Duration
Pain in the lower part of the belly	Yes/ No	
Pain or burning sensation while passing time	Yes/ No	
Do you have to repeatedly visit washroom to pass urine?	Yes/ No	
Difficulty in initiating urination	Yes/ No	
Passing urine while coughing or sneezing	Yes/ No	
Discharge from external genital region	Yes/ No	
Any other, specify:		

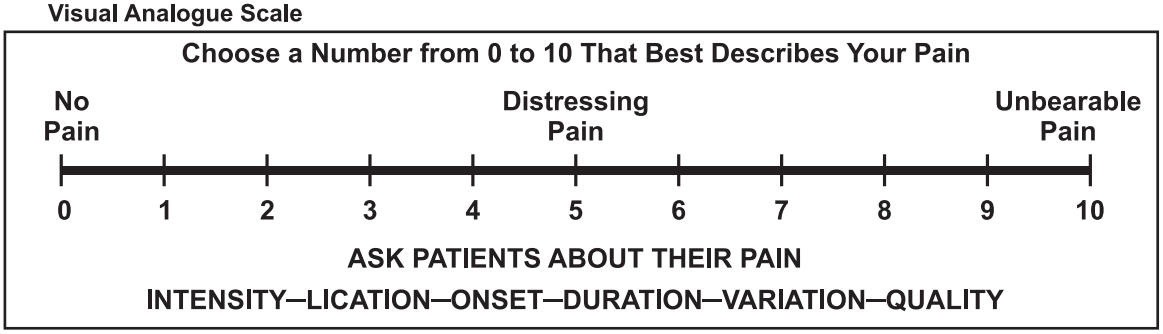
B7. Do you have any skin related problems?		Yes/ No
If Yes, have you consulted any doctor for this problem?		Yes/ No
Skin related Symptoms	Response	Duration
Itching	Yes/ No	
White/light coloured patches	Yes/ No	
Dark/ coloured patches	Yes/ No	
Ulceration/ Soreness/ open wound	Yes/ No	
Skin eruptions filled with fluid	Yes/ No	
Any other, specify:		

B8. Do you have any complaints suggestive of neurological problem?		Yes/ No
If Yes, have you consulted any doctor for this problem?		Yes/ No
Neurological Symptoms	Response	Duration
Increased difficulty in remembering	Yes/ No	
Headache	Yes/ No	
Loss of awareness regarding time, place and person	Yes/ No	
Loss of balance/falls/weakness	Yes/ No	
Involuntary movements of parts of body-tremors/ inability to control limbs	Yes/ No	
Pain/ altered sensation	Yes/ No	
Any other, specify:		

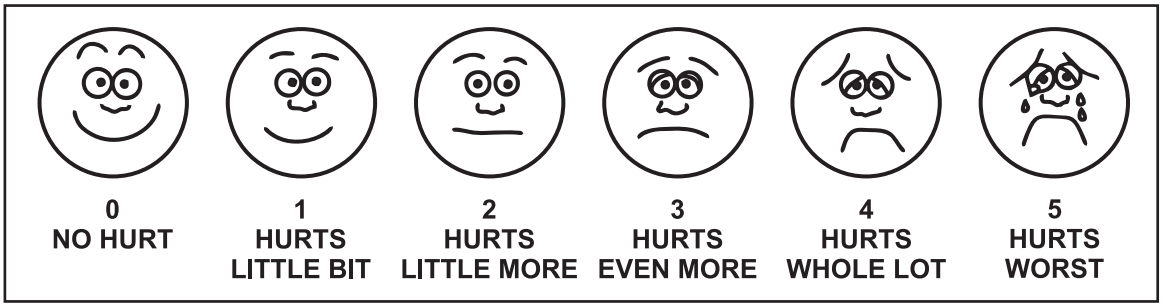
B9. Do you have any complaints related to muscles, bones or joints?		Yes/ No
If Yes, have you consulted any doctor for this problem?		Yes/ No
Musculo-skeletal symptoms	Response	Duration
Pain or stiffness in muscles, joints or back	Yes/ No	
Any swelling in joints?	Yes/ No	
Difficulty in carrying out normal activities	Yes/ No	
Difficulty in walking up and down stairs	Yes/ No	
Any other, specify:		

Tool Commonly used to Rate Pain

Visual Analogue Scale



"Faces" Pain Rating Scale



NOTE: Ask Females Only B10. Do you have any gynecological symptoms?		Yes/ No
If Yes, have you consulted any doctor for this problem?		Yes/ No
Gynecological Symptoms	Response	Duration
Bleeding per vagina	Yes/ No	
Discharge per vagina	Yes/ No	
Swelling/mass felt at the genital region	Yes/ No	
Pain in the lower part of the belly	Yes/ No	
Any history of surgical removal of womb (hysterectomy)?	Yes/ No	
Have you ever been screened for: A) Breast Cancer/ SBE / Memmogram B) Cervical Cancer/ VIA-VILI / Colposcopy / PAP SMEAR	Yes/ No	
Any other, specify:		

C. Past medical History:

Is on treatment for	Duration of illness	Current medication & dosage	Verification of records	In case of treatment completion or stoppage, mention since how long
Diabetes Mellitus			Yes/ No	
Hypertension			Yes/ No	
Thyroid Disease			Yes/ No	
Chronic Kidney Disease			Yes/ No	
Tuberculosis			Yes/ No	
Any other respiratory disease, specify.....			Yes/ No	
Cardiac condition Specify.....			Yes/ No	
Musculoskeletal condition Specify.....			Yes/ No	
Neurological Condition Specify.....			Yes/ No	
Psychiatric Disorder Specify.....			Yes/ No	
Dental disorder Specify.....			Yes/ No	
Any other condition Specify.....			Yes/ No	
Has any vaccine taken during the past 5 years? Yes/ No. If Yes, please specify: Vaccine..... Date received..... Vaccine..... Date received..... Vaccine..... Date received.....				
History of recent hospitalization (previous one year): Yes/ No If yes, specify the reasons below:				

D. Drug History:

S NO.	QUESTION	RESPONSE (tick appropriate answer wherever applicable)
1	Are you taking any medication?	Yes/NO If Yes, No. Of medicines taken daily:
2	Are you taking any medications without consulting the doctor?	Yes/No If Yes, Nmae the condition for which medicine is being taken:
3	Are you suffering from any drug side effects?	Yes/No If Yes, please specify:
4	Are you taking any medicines other than allopathy?	Ayurveda/Homeopathy/Unani/ Any other/ None
5	Do you use a pill organizer?	Yes/No

E. Consumption of additive substances:

Additive Substances (tick 'Y' for yes and 'N' for no)		If yes, specify duration (in weeks or months or years)	Standard quantity	Quantity consumed (Fill any one)	If stopped, specify duration since last consumption
Tobacco					
Smokeless & chewable (Eg. gutka, khaini, paan masala, zarda, betel quid)	Y/N		No. Of Packets	Per day... OR Per week.... OR Per Month... OR Occasionally	
Snuff	Y/N			Per day... OR Per week.... OR Per Month... OR Occasionally	
Smoking (Eg. Cigarette, beedi, cigar, hookah)	Y/N		No. Of pieces/ packets	Per day... OR Per week.... OR Per Month... OR Occasionally	
Alcohol	Y/N		One small peg= 30ml	Per day... OR Per week.... OR Per Month... OR Occasionally	
Opioids ('Afeem' or 'Doda' or 'Amal')	Y/N			Per day... OR Per week.... OR Per Month... OR Occasionally	

Sleeping pills	Y/N		No. of pills	Per day... OR Per week.... OR Per Month... OR Occasionally	
Painkillers	Y/N		No. of pills	Per day... OR Per week.... OR Per Month... OR Occasionally	
Cannabis (Ganja/Bhang)	Y/N			Per day... OR Per week.... OR Per Month... OR Occasionally	
Any other, specify :					

F. Nutritional History:

Complete the screening by filling in the boxes with the appropriate numbers. Total the numbers for the final screening score.

Screening

A Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?
0 = severe decrease in food intake
1 = moderate decrease in food intake
2 = no decrease in food intake ☐

B Weight loss during the last 3 months
0 = weight loss greater than 3 kg (6.6 lbs)
1 = does not know
2 = weight loss between 1 and 3 (2.2 and 6.6 lbs)
3 = no weight loss ☐

C Mobility
0 = bed or chair bound
1 = able to get out of bed / chair but does not go out
2 = goes out ☐

D Has suffered psychological stress or acute disease in the past 3 months?
0 = yes 2 = no ☐

E Neuropsychological problems
0 = severe dementia or depression
1 = mild dementia
2 = no psychological problems ☐

F1 Body Mass Index (BMI) (weight in kg) / (height in m)^2 ☐
0 = BMI less than 19
1 = BMI 19 to less than 21
2 = BMI 21 to less than 23
3 = BMI 23 or greater ☐

IF BMI IS NOT AVAILABLE, REPLACE QUESTION F1 WITH QUESTION F2.
DO NOT ANSWER QUESTION F2 IF QUESTION F1 IS ALREADY COMPLETED.

F2 Calf circumference (CC) in cm
0 = CC less than 31
3 = CC 31 or greater ☐

Screening score ☐☐
(max 14 points)

12-14 points : ☐ Normal nutritional status
8-11 points : ☐ At risk of malnutrition
0-7 points : ☐ Malnourished

Save Print Reset

Nutritional Diversity:

Food item	Examples	Frequency of consumption (tick the appropriate answer)		Remarks
		Daily	Weekly	
Cereals	Wheat, wheat flour (atta/maida), rice (brown/white), rice flakes (chiwra), maize/corn, barley, oats, suji, vermicelli (sevian), puffed rice, etc			
Millets	Bajra, Ragi, Jowar			
Pulses	Bengal gram (channa dal), Bengal gram flour (besan), green gram (moong dal), black gram (urad dal), arhar dal (tur dal) chickpea (white/black/green chana), sprouted pulses, legumes like rajma, lobia, soyabean and its products, etc.			
Vegetables and fruits	Green leafy vegetables - spinach, mustard leaves (sarson), fenugreek leaves, bathua, coriander leaves etc; Other vegetables - carrots, onion, brinjal, ladies finger, cucumber, cauliflower, tomato, capsicum, cabbage etc; **Starchy roots and tubers - potatoes, sweet potatoes, yam, colocasia and other root vegetables; Fruits - Mango, guava, papaya, orange, sweet lime, watermelon, lemon, grapes, amla, etc			
Milk	Milk, curd, skimmed milk, cheese, cottage cheese (paneer), etc			
Animal products	Meat, egg, fish, chicken, liver, etc.			
Oils, Fats, Sugar and Nuts	Oils and Fats - Butter, ghee, vegetable cooking oils like groundnut oil, mustard oil, coconut oil, etc; Sugars - Sugar, jaggery, honey; Nuts - peanuts, almonds, cashew nuts, pistachios, walnuts, etc.			

*These examples will change according to local crops and diets in different areas ** Starchy roots and tubers like potatoes, sweet potatoes (shakarkandi), yam (jimikand), colocasia (arbi) and other root vegetables; as well as fruits like banana are rich in starch which provide energy

Ask the following questions:

a. Number of meals taken per day.....Veg/Non Veg, Frequency of Non Veh..

b. Quantity of water/ juice and other fluid consumed per day (in litres/in glasses)..

c. History of loss of weight (e.g. Loosening of clothes) Yes/No

d. If weight loss present, mention how much weight was lost in the past one month..

e. History of reduced appetite: Yes/No (If yes, give reason)

f. Difficulty in chewing food: Yes/No (If yes, give reason)

g. Difficulty in swallowing food: Yes/No (If yes, give reason)

h. Does the elderly person feed with some assistance: Yes/No

i. Consumption of additional sources of salt (e.g. Pickle, chutney, papad, ready to eat food): Yes/No (If Yes, specify: .....)

j. Who prepares the food at home? (self/daughter/daughter in law/any other caregiver)

G. Family History:

Hypertension	Diabetes	Heart Disease	Dementia	Cancer

H. a. Family support

Married:	Yes	No
Spouse living	Yes	No
Living with		
No of Children		
How often do you see them?		
Who assists you?		
Is the assistance sufficient?	Yes	No
Native Language		
Type of House	Independent	Apartment
Stairs	Present	Absent
Who would be able to help the senior citizen of your family in case of illness or emergency?		

H. b. Social and Spiritual assessment

- Do you pray, worship or meditate at home or outside? Yes/No If yes, specify_____
- Do you participate in family or community gatherings? Yes/No If yes, specify_____
- Do you have any hobbies? Yes/No If yes, specify _____

I. Personal History

Do you exercise daily?	Yes	No
If yes, minutes/ day?		
What type?		
Smoker	Yes	No
	Duration	
Alcohol	Yes	No
	Duration	

Caregiver fatigue	Yes	No

J. Home safety Environment

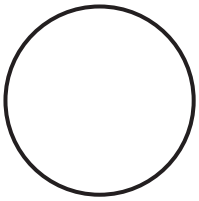
- Ask the senior citizen if he/she has trouble with lighting or with stairs inside or outside the house? Yes/No

Healthcare worker to assess the following :

Assessment	Observation (tick the appropriate answer)
Is the bathroom slippery and wet?	Yes/No/Not applicable
Is there any provision for a caregiver at home?	Yes/No/Not applicable
Is there any ramp at home for elderly using walking aids or wheelchairs?	Yes/No/Not applicable
Are there any handrails in the staircase and bathrooms?	Yes/No/Not applicable

Section 3 : 10-minute Comprehensive Screening

A: Screening for Geriatric Syndromes:

*Memory	3 Objects named	Yes	No	Clock Draw Test
DEPRESSION (if yes to the question proceed to the Depression Management toolkit at section 5c)	Are you often sad/ depressed?	Yes	No	
FALLS (if yes to first question and not able to walk around chair/ if unsteady proceed to fall risk assessment toolkit at section 5d)	Fallen more than twice in last 1 year	Yes	No	
	Able to walk around chair? (Check if unsteady)	Yes	No	
URINARY INCONTINENCE (if yes to any one of the above questions, proceed to toolkit on management of Urinary incontinence at section 5e)	Lost urine / got wet in past one year/ week?	Yes	No	

*MEMORY RECALL	One object	Two object	Three object	None
Mini Cog Score				

Scoring for Memory testing:

Three item recall score: 1 point is given for each word recalled without cues, for a 3-item recall score of 1, 2, or 3.

Clock draw score: 2 points are given for a normal clock or 0 (zero) points for an abnormal clock drawing. A normal clock must include all numbers (1-12), each only once, in the correct order and direction (clockwise). There must also be two hands present, one pointing to the 11 and one pointing to 2. Hand length is not scored in the Mini-Cog© algorithm.

Add the 3-item recall and clock drawing scores together. A total score of 3, 4, or 5 indicates lower likelihood of dementia but does not rule out some degree of cognitive impairment.

If the score is <3, consider positive for memory loss and refer to the toolkit for assessment of Memory loss) (Section 5a)

B. Screen for other age-related problems

<table>
<tr><td>Vision</td><td>Ask:"Do you have difficulty reading or doing any of your daily activities because of your eyesight?"(even with wearing glasses)</td><td>If, Yes, Test Vision using - Snellen's/Finger Counting</td><td>Right eye</td><td>Left eye</td><td>If visual impairment present, refer to medical officer/ specialist for further assessment</td></tr>
<tr><td colspan="2">Hearing</td><td></td><td>Right ear</td><td>Left ear</td><td rowspan="3">If hearing impairment present, refer to medical officer/ specialist for further assessment</td></tr>
<tr><td colspan="2" rowspan="2">6,1,9 test (Stand behind the patient and speak softly and then in normal voice - 6,1, 9 and check for hearing)</td><td>Normally</td><td></td><td></td></tr>
<tr><td>Softly</td><td></td><td></td></tr>
<tr><td colspan="2">Have you noticed a change in your weight over the past 6 months?</td><td>Yes</td><td>No</td><td colspan="2">If YES, Increase= ----- kg or Decrease =----kg</td></tr>
<tr><td colspan="2">Constipation</td><td></td><td>Yes</td><td>No</td><td rowspan="2">Refer to medical officer for further assessment</td></tr>
<tr><td colspan="2">Insomnia</td><td></td><td>Yes</td><td>No</td></tr>
</table>

Section C: Functional Assessment:

Assessment tool for Activity of Daily Living

Activities Points (0 or 1)	Independence (1 point) NO supervision, direction or personal assistance	Dependence (0 point) WITH supervision, direction, personal assistance or total care
Bathing	(1 POINT) Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity.	(0 POINTS) Needs help with bathing more than one part of the body, getting in or out
Dressing	(1 POINT) Gets clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes.	(0 POINTS) Needs help with dressing self or needs to be completely dressed.
Toileting	(1 POINT) Goes to toilet, gets on and off, arranges clothes, cleans genital area without help	(0 POINTS) Needs help transferring to the toilet, cleaning self or uses bedpan or commode
Transferring	(1 POINT) Moves in and out of bed or chair unassisted. Mechanical transferring aides are acceptable	(0 POINTS) Needs help in moving from bed to chair or requires a complete transfer.
Continence	(1 POINT) Exercises complete self-control over urination and defecation	(0 POINTS) Is partially or totally incontinent of bowel or bladder.
Feeding	(1 POINT) Gets food from plate into mouth without help. Preparation of food may be done by another person.	(0 POINTS) Needs partial or total help with feeding or requires parenteral feeding

TOTAL POINTS = _____ 6 = High (patient independent) 0 = Low (patient very dependent)

Section 4 : Physical Examination

A: General Examination

1. Height: cm
2. Weight: kg
3. Waist circumference: C ITl
4. Hip circumference: cm
5. Body mass index (BMI) (kg/m^2):
6. Waist hip ratio (formula is waist circumference/hip circumference):
7. Temperature (Normal: 98.6^{0}F- 99.6^{0}F)
8. Respiratory rate (Normal: 14-18 breaths/minute)
9. Pulse rate (Normal: 60-100 beats/minute)
10. Blood pressure (in sitting, standing and supine position) (Normal systolic/diastolic: 100-140/60-90 mm Hg)
    Supine position: mm of Hg
    Sitting position: mm of Hg

B. Head to toe Examination

Aspects to be examined	Findings (tick wherever applicable)
Level of consciousness	Alert-oriented-cooperative
Build	thin/average/large
Stature	small/average/tall
Nutrition	undernourished/average/obese
Facial Appearance	Absence of wrinkling of forehead/deviation of angle mouth
Hair	Loss of hair Colour of hair-white/grey/brownish discolouration
Eyes	Drooping of eyelids Pallor Yellow discolouration (of sclera) Bitot's spots Cataract
Mouth	Dryness of lips Soreness in angle of mouth Dryness of tongue Ulcer in mouth/tongue Presence/absence of teeth Staining of teeth Swelling/bleeding from gums Any growth seen in mouth Pallor/ bluish discolouration (of tongue and lips)
Neck	Swelling
Chest	Abnormal shape of chest Fats breathing (respiratory rate, 20/minute)
Abdomen	Distension of abdomen Change in shape of abdomen
Hands and nails	Change in shape of nails, pallor (nails and palms)
Feet and toes	Bow legs/knocked knees/ claw foot
Skin	Yellowish discoloration Dryness Any change in colour of skin Any growth on skin
Any obvious deformity (of skull, spine, limbs or swelling of abdomen/feet/face/entire body)	

C. Systemic Examination

	What to look for?		Description	
Joints	1. Redness 2. Swelling 3. Degree of movements 3. Increased local temperature 4. Tenderness			
Cervical Spine	1. Pain 2. Stiffness 3. Tenderness			
Thoracic Spine	1. Curvature 2. Scars 3. Discolorations			
Lumbar spine				
RS	1. Respiratory rate 2. Respiratory rhythm Palpate the following: a. Size and shape of the thorax during respirations b. Intercostal spaces (for bulging or retractions) c. Any scars or other skin abnormalities (skin temperature as well) d. Tenderness or pain (palpate gently) e. Breath sounds (normal/abnormal-adventious sounds)			
CVS	a. | Chest Pain b. S1/S2 c. Murmurs d. Palpitation			
P/A	a. shape b. position of umbilicus c. dilated veins			
			Right	Left
			Right	Left
Muscle strength	Upper limb	Shoulder		
		Elbow		
		Wrist		
		Small muscles of hand		
	Lower limb	Hip		
		Knee		
		Ankle		
Tone	Rigidity/ Hypotonia / Spasticity	Describe		
Balance	Normal/Abnormal	Sensory	Cerebellar	Vestibular
Gait				
Timed Up and Go tests (Secs)				

D. Current Treatment Details:

[Document all prescription and nonprescription drugs including over the counter medications and alternative medications]

Drug with dose and schedule	Drug with dose and schedule	
1.	2.	
3.	4.	
5.	6.	
7.	8.	
9.	10.	
Polypharmacy (any use of >4 drugs including over the counter drugs and alternative medicines)	YES	NO

Section 5: Syndrome specific Toolkit for assessment of the problems identified during Section 3.

Purpose	To conduct a detailed assessment of the geriatric syndromes and other problems detected during the initial screening a. Memory Loss b. Depression c. Incontinence d. Falls
Eligibility to conduct	Medical Officer with nurse (physical therapist, social worker, pharmacist may contribute their sections)
Time taken	30 to 40 minutes

Section 5a : Memory loss evaluation form

Purpose	To evaluate for memory loss
Eligibility to conduct	Medical Officer
Time taken	5 to 15 minutes

- Assess history of the memory problem
  - o .....
  - o .....
- Obtain relevant psychiatric history
  - o .....
  - o .....
- Medication History: Observe if patient is on any benzodiazepines, sedative hypnotic medications, any recent change in medication or health status.
  - o .....

- Family History: Tick all that are present

	Dementia		Cardiovascular disease
	Hypertension		Depression
	Stroke		Down's Syndrome
	Diabetes		
	Parkinson's Disease		

- Symptoms (Tick positives):

	Speech difficulty		Emotional change
	Delusions		Fall
	Confusion		Injury
	Aggressive		Balance problems
	Hallucinations		Eating problems

- List the main problems identified by the caregiver

1. .....
2. .....
3. .....

Section 5b: Screening for cognitive impairment – The GPCOG-General Practitioner Assessment of Cognition

What for?	Screening test for cognitive impairment
By whom?	Medical Officer
How long?	5 minutes

GPCOG Screening Test

Step 1: Patient Examination

Unless specified, each question should only be asked once

Name and Address for subsequent recall test

1. *"I am going to give you a name and address. After I have said it, I want you to repeat it. Remember this name and address because I am going to ask you to tell it to me again in a few minutes: John Brown, 42 West Street, Kensington."* (Allow a maximum of 4 attempts).

	Correct	Incorrect
Time Orientation		
2. *What is the date? (exact only)*	☐	☐
Clock Drawing - *use blank page*		
3. *Please mark is all the numbers to indicate The hours of a clock (correct spacing required)*	☐	☐
4. *Please mark in hands to show 10 minutes past eleven o'clock (11.10)*	☐	☐
Information		
5. *Can you tell me something that happened in the news recently?* (Recently = in the last week. If a general answer is given. eg "war", "lot of rain", ask for details. Only specific answer scores).	☐	☐
Recall		
6. *What was the name and address / asked you to remember*		
John	☐	☐
Brown	☐	☐
42	☐	☐
West (St)	☐	☐
Kensington	☐	☐

(To get a total score, add the number of items answered correctly
Total correct (score out of 9) /9

If patient scores 9, no significant cognitive impairment and further testing not necessary.
If patient scores 5-8, more information required. proceed with Step 2, informant section.
If patient scores 0-4, cognitive impairment is indicated. Conduct standard investigations.

Step 2 of GPCOG : (the informant interview)

Informant Interview

Date: _____

Informant's name: _____

Informant's relationship to patient, i.e. informant is the patient's: _____

These six questions ask how the patient is compared to when s/he was well, say 5-10 years ago

Compared to a few years ago:

	Yes	No	Don't Know	N/A
• Does the patient have more trouble remembering things that have happened recently than s/he used to?	☐	☐	☐	
• Does he or she have more trouble recalling conversations a few days later?	☐	☐	☐	
• When speaking, does the patient have more difficulty in finding the right word or tend to use the wrong words more often?	☐	☐	☐	
• Is the patient less able to manage money and financial affairs (e.g. paying bills, budgeting)?	☐	☐	☐	
• Is the patient less able to manage his or her medication independently?	☐	☐	☐	☐
• Does the patient need more assistance with transport (either private or public)? (If the patient has difficulties due only to physical problems, e.g. bad leg, tick 'no')	☐	☐	☐	☐

(To get a total score, add the number of items answered 'no', 'don't know' or 'N/A')

Total score (out of 6) ☐

If patient scores 0-3, cognitive impairment is indicated. Conduct standard investigations.

Section 5 c : Screening for Depression – The Geriatric Depression Scale

Purpose	To assess for depression in Older Adults
Eligibility	Medical officer
Duration	5 minutes

Instructions:	Circle the answer that best describes how you felt over the **past week**.		
	1. Are you basically satisfied with your life?	Yes	**No**
	2. Have you dropped many of your activities and interests?	**Yes**	No
	3. Do you feel that your life is empty?	**Yes**	No
	4. Do you often get bored?	**Yes**	No
	5. Are you in good spirits most of the time?	Yes	**No**
	6. Are you afraid that something bad is going to happen to you?	**Yes**	No
	7. Do you feel happy most of the time?	Yes	**No**
	8. Do you often feel helpless?	**Yes**	No
	9. Do you prefer to stay at home, rather than going out and doing things?	**Yes**	No
	10. Do you feel that you have more problems with memory than most?	**Yes**	No
	11. Do you think it is wonderful to be alive now?	Yes	**No**
	12. Do you feel worthless the way you are now?	**Yes**	No
	13. Do you feel full of energy?	Yes	**No**
	14. Do you feel that your situation is hopeless?	**Yes**	No
	15. Do you think that most people are better off than you are?	**Yes**	No

Scoring Instructions:	**Score one point for each bolded answer.** A score of 5 or more suggests depression.	
	Total Score:	

If positive, follow the depression management flowchart.

Source : Yesagave JA, Brink TL, Rose TL, Lum O, Huang V, Adey MB, Leirer VO.

Development and validation of a geriatric depression screening scale: A preliminary report, Journal of Psychiatric Research 17: 37-49, 1983.

Section 5 d : Fall risk Evaluation Form

Purpose	To investigate the origin of falls
Eligibility	Medical Officer
Duration	20 minutes

Section 5 d : Part 1

1. History of Your Falls

   (Description of the fall)

   We need to hear the details of your falls so we can understand what is causing them. Answer the following questions about your last fall.

I. When was the fall?.....Date and Time of the day.....

II. What were you doing before you fell?

.....

III. Do you remember your fall, or did someone tell you about it?

.....

IV. How did you feel just before?

.....

V. How did you feel going down?

.....

VI. What part of your body hit?

.....

VII. What did it strike?

.....

VIII. What was injured?

.....

IX. Anything else you recall?

.....

X. Do you think you passed out?

.....

XI. Do you have joint pain?

.....

XII. Do you have joint instability?

.....

XIII. Do you have foot problems?

.....

XIV. Do you use a cane/walker?

.....

XV. How often have you fallen in the last six months?

.....

Section 5 d Part 2 : Fall assessment

Timed Up and Go (TUG) Test

Name : _____ MR : _____Date : _____

Equipment: arm chair, tape measure, tap, stop watch.

1. Begin the test with the subject sitting correctly (hips all of the way to the back of the seat) in a chair with art rests. The chair should be stable and positioned such that it will not move when the subject moves from sit to stand. The subject is allowed to use the arm rests during the sit-stand and stand - sit movements.
2. Place a piece of tape or other marker on the floor 3 meters away from the chair so that it is easily seen by the subject.
3. Instructions: "On the word GO you will stand up, walk to the line on the floor, turn around and walk back to the chair and sit down. Walk at your regular pace.
4. Start timing on the work "GO" and stop timing when the subject is seated again correctly in the chair with their back resting on the back of the chair.
5. The subject wears their regular footwear, may use any gait aid that they normally use during ambulation, but may not be assisted by another person. There is no time limit. They may stop and rest (but not sit down) if they need to.
6. Normal healthy elderly usually complete the task in ten seconds or less. Very frail or weak elderly with poor mobility may take 2 minutes or more.
7. The subject should be given a practice trail that is not timed before testing.
8. Results correlate with gait speed, balance, functional level, the ability to go out, and can follow change over time.

Normative Reference Values by Age 1	
Age group	**Time is Seconds (95% Confidence Interval)**
60 - 69 years	8.1 (7.1 - 9.0)
70 - 79 years	9.2 (8.2 - 10.2)
80 - 99 years	11.3 (10.0 - 12.7)

Cut-off Values Predictive of Falls by Group	**Time in Seconds**
Community Dwelling Frail Older Adults2	> 14 associated with high fall risk
Post-op hip fracture patients at time of discharges	> 24 predictive of falls within 6 months after hip fracture
Frail older adults	> 30 predictive of requiring assistive device for ambulation and being dependent in ADLs

Date	Time	Date	Time	Date	Time	Date	Time

Section 5 e : Incontinence Assessment and Management

If Screen positive for Incontinence as per Section 1

Conduct Initial Evaluation

- Focused history, targeted examination and evaluation
- Identify reversible causes of Incontinence
- Develop a management plan / plan of referral to identify and manage the incontinence

The Three Incontinence questions (3IQ)

If reversible causes for urinary incontinence have been identified and managed or ruled out, assess for stress, urge or mixed incontinence using the **3 incontinence questions** given below:

1. During the last 3 months, have you leaked urine (even a small amount?) Yes / No
2. During the last 3 months, did you leak urine: (Check all that apply.)
   a. When you were performing some physical activity, such as coughing, sneezing, lifting, or exercise?
   b. When you had the urge or the feeling that you needed to empty your bladder, but you could not get to the toilet fast enough?
   c. Without physical activity and without a sense of urgency?
3. During the last 3 months, did you leak urine most often: (Check only one.)
   a. When you were performing some physical activity, such as coughing, sneezing, lifting, or exercise?
   b. When you had the urge or the feeling that you needed to empty your bladder, but you could not get to the toilet fast enough?
   c. Without physical activity and without a sense of urgency?
   d. About equally as often with physical activity as with a sense of urgency?

Definitions of type of urinary incontinence are based on response to question 3

Response to question 3	Type of incontinence
a. When you were performing some physical activity, such as coughing, sneezing, lifting, or exercise?	Stress only or stress predominant
b. When you had the urge or the feeling that you needed to empty your bladder, but you could not get to the toilet fast enough?	Urge only or urge predominant
c. Without physical activity and without a sense of urgency?	Other cause only or other predominant
d. About equally as often with physical activity as with a sense of urgency?	Mixed

Refer to Specialist for detailed assessment and management

F. Caregiver & Elderly abuse assessment

Part 1: Caregiver abuse assessment

(to be administered to elderly person's caregiver)

Please answer the following questions as a helper or caregiver:

(fill the name of the elderly person in the blank spaces)

1	Do you sometimes have trouble making control his/her temper of aggression?	Yes/No
2	Do you often feel you are being forced to at out of character or do things you feel bad about?	Yes/No
3	Do you find it difficult to manage ('s) behaviour?	Yes/No
4	Do you sometimes feel that you are forced to be rough with?	Yes/No
5	Do you sometimes feel you cant do what is really necessary or what should be done for?	Yes/No
6	Do you often feel you have to reject or ignore?	Yes/No
7	Do you often feel so tired and exhausted that you cannot control meet ('s) needs?	Yes/No
8	Do you often feel you have to yell at?	Yes/No

Total Score

A score of even 1 is indicative of abuse and a score greater than 4 is suggestive of a higher risk of being abused.

EASI (ELDERLY ABUSE SUSPICION INDEX)

1. Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals? - 1. Yes 2. No 3. Did Not Answer
2. Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with? -1. Yes 2. No 3. Did Not Answer
3. Have you been upset because someone talked to you in a way that made you feel shamed or threatened? -1. Yes 2. No 3. Did Not Answer
4. Has anyone tried to force you to sign papers or to use your money against your will? -1. Yes 2. No 3. Did Not Answer
5. Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically? -1. Yes 2. No 3. Did Not Answer
6. Doctor: Elder abuse may be associated with fndings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months? - 1. Yes 2. No 3. Not sure

Note:

- *Q.1-Q.5 asked of patient; Q.6 answered by doctor (Within the last 12 months)*
- 2. While all six questions should be asked, a response of "yes" on one or more of questions 2-6 may establish concern

Section 6: Comprehensive Geriatric Assessment Report

Acute Illness	
Comorbidity	
Geriatric Giants/ Syndromes	
Other age-related problem	
Social problems	
Economic problems	
Suggested Prescription modification	
ADVICE/CARE PLAN	

Annexure 3: Basic Rehabilitation Equipment for Sub Health Centre - Health and Wellness Centre under NPHCE

1. Shoulder Wheel*
2. Wall ladder finger Exerciser** 3. Finger Exerciser web
4. Free exercise weight cuff (0.5 kg, 1 kg, 1.5 kg) 5. Shoulder Pulley
6. Walking aid for training – Adjustable Walker, Reciprocal walker 7. Exercise Couch, pillow, towel
8. Floor patterns may be designed having alternate patterns different colour tiles (1 feet X 1 feet) so to help in teaching gait pattern/visual feedback for neurological impaired geriatric patients.
9. One wheelchair
10. Charts for teaching basic exercise for neck, back, shoulder, knee joint etc.***
11. Chart for teaching basic positioning/posturing the patient suffering from hemi- neglect /GBS/ Spinal cord injury. ***
12. Spiro meter with disposable mouth piece for those patient who need to perform breathing exercise multiple times in a day (Diagnosed cases of chronic bronchitis, emphysema , cystic fibrosis)

**Equipment to be wall mounted at HWC*

tickers to be placed on the already branded HWC Displayed at HWC*

Basic rehabilitation equipment for Primary Health Centre - Health and Wellness Centre and Urban Primary Health Centre - Health and Wellness Centre under NPHCE

1. Shoulder Wheel
2. Wall ladder finger Exerciser 3. Finger Exerciser web
4. Shoulder Pulley
5. Walking aid for training – Adjustable Walker, Reciprocal walker 6. Exercise Couch, pillow, towel
7. Floor patterns may be designed having alternate patterns different colour tiles (1 feet X 1 feet) so to help in teaching gait pattern/visual feedback for neurological impaired geriatric patients.
8. One wheelchair
9. Exercise Charts for teaching basic exercise for neck, back, shoulder, knee joint etc. 10. Chart for showing positioning, lifting and carrying technique for elderly.
11. Spiro meter with disposable mouthpiece for those patients who need to perform breathing exercise multiple times in a day (Diagnosed cases of chronic bronchitis, emphysema, cystic fibrosis)
12. Lower & upper extremity cycle/basic ergo meter.

Following are contents required in Comprehensive Geriatric Assessment kit to be available with Primary Healthcare Team

1. Vision- Snellen Chart
2. Hearing- Hand held audio scope
3. Nutrition- Mini-Nutritional Assessment Scale 4. Cognitive – MSME, Mini Cog
5. Affective- GDS, Hamilton Depression Scale 6. Functional- Katz
7. Home Safety Checklist 8. Blood Pressure Machine 9. Thermometer
10. Glucometer 11. HbA1C
12. Haemoglobinometer
13. Pulse Oximeter
14. Spiro meter
15. Handheld dynamo meter.

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Namaste!

You are a valuable member of the Ayushman Bharat – Health and Wellness Centre (AB-HWC) team committed to delivering quality comprehensive primary healthcare services to the people of the country.

To reach out to community members about the services at AB-HWCs, do connect to the following social media handles:

- https://instagram.com/ayushmanhwcs
- https://twitter.com/AyushmanHWCs
- https://www.facebook.com/AyushmanHWCs
- https://www.youtube.com/c/NHSRC_MoHFW

National Health Systems Resource Centre

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