

Client name _____

Date ___ / ___ / 2003/4

**Signs to Watch For in People who Live Alone or
Who are at High Risk**

The following factors may indicate when a person with dementia is no longer appropriate to live alone or at minimum requires greater services are needed.

Classification:

A = Emergent – Immediate help/placement required. Only one factor needs to be present

B = Semi-Emergent - Not an immediate threat to safety or well-being. May wait a few weeks, but there is a clear need for inhome services or support or work towards placement. Increasing safety risk when two or more are present

C = Non-Emergent – Consider additional help, especially when three or more are present. Re-evaluate monthly

Combined letters indicate the ranking depends on reviewers perception of severity

Reported or observed conditions

Grade	Observed conditions
A	<input type="checkbox"/> Weight loss of > 6 lbs or 10% body weight in 6 months; loose clothing, evidence of wasting (protruding bones) <input type="checkbox"/> Florid (agitated) paranoia, hallucinations, delusions, suicidal thoughts, aggression <input type="checkbox"/> Weapons present, especially loaded <input type="checkbox"/> Evidence of misuse of appliances or equipment, evidence of fire <input type="checkbox"/> No food in house or rancid food <input type="checkbox"/> Falls (especially with long lie >2 hrs), evidence of injuries, unexplained bruises, evidence of substance use <input type="checkbox"/> Medication mistakes or poor care for potentially life-threatening/unstable conditions <input type="checkbox"/> Reports of self-neglect or dependent adult abuse, founded or unfounded <input type="checkbox"/> Repeated ER visits, hospitalizations, physical complaints <input type="checkbox"/> Evidence of caregiver injury, domestic violence <input type="checkbox"/> Calls police or emergency services frequently <input type="checkbox"/> Wandering outside the home <input type="checkbox"/> Eviction notice served
A/B	<input type="checkbox"/> Malfunctioning plumbing, especially no water or toilet stoppage <input type="checkbox"/> Thermostat set inappropriately for weather conditions <input type="checkbox"/> Chronic anxiety, panic attacks, chronic worry, depression <input type="checkbox"/> Unsafe driving, refuses to stop <input type="checkbox"/> Law Enforcement referred
B	<input type="checkbox"/> Poorly managed incontinence <input type="checkbox"/> Repeated calls to family or others asking what to do next or expressing concern about planned activities <input type="checkbox"/> Dirty or infested household that poses risk to health <input type="checkbox"/> Garbage accumulation <input type="checkbox"/> Food stored inappropriately (Ice cream in closet) <input type="checkbox"/> Exploitation by neighbors, friends, relatives, others <input type="checkbox"/> Resists personal care for prolonged periods of time
B/C	<input type="checkbox"/> Client states "I need to move," "I can't take this much more," or otherwise indicates he/she feels a move is imminent <input type="checkbox"/> Neighbors and others complain of unwanted or unrealistic dependence on them <input type="checkbox"/> Phone calls from community members advising help is needed
C	<input type="checkbox"/> Vegetative or socially isolated behavior (sitting all day with TV on or off) <input type="checkbox"/> Missing belongings, hiding things <input type="checkbox"/> Poor grooming and wearing same clothing all the time, clothing is soiled <input type="checkbox"/> Post-it notes throughout house

Scores: A's ___ A/B's ___ B's ___ B/C's ___ C's ___

Observation Cues

1. Outside the home
 - Condition of the yard
 - Are the windows open or shut consistent with safety and the season?
 - Condition of the home
 - Is the door locked or unlocked appropriately?
 - How does the client answer the door?
2. Just inside
 - Temperature of the home
 - General condition of interior
 - Client appearance- does the client have body odor, grooming- or absence of, stains on clothing, hair/ shaving, absence of mouth care, appropriateness of clothing (shoes)
 - Any odors
 - Clutter or looking "unlived in"
 - Evidence of infestation
 - Pets and their condition
3. Further inside
 - Stacks of papers, mail, evidence of overuse of scams
 - Dust and dirt
 - Interactions with others
 - Where the client sleeps
 - Soiled furniture
 - TV on?
 - Condition of the bathroom
 - Plumbing clean/work?
 - Medications present?
 - Condition of the bedroom
 - Clean linens?
 - Clothing?
4. Kitchen
 - Clean? Infested?
 - Evidence of cooking or eating?
 - Stocked with food?
 - Fridge? Food? Mold?
5. **Listening**
 - **Does what the client says fit with what you see?**
 - Social skills?
 - Telephone use during the day- amount, repetitions

If you have questions or want additional information contact

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