Additional Information for Occupational Therapy:

Occupational Therapy:

BA is retired and has lived alone for the majority of her adult life. OT was consulted once she was transferred to inpatient care. She will need to safely perform her ADLs to return home. Currently, she needs support for bed mobility, dressing, grooming, bathing and toileting. She also really wants to get back to cooking and volunteering at church. Factors affecting her ADL & IADL performance include her current communication and mobility. She is able to respond to simply stated yes/no type questions. When a more complex response is necessary, she struggles to find the words and to articulate clearly. When writing, she is able to form the words, but the legibility is questionable. Visual screening indicates good visual acuity with glasses, no indication of visual field cuts. She has already been seen by PT and fatigues easily during those sessions. Also, positional changes may result in her becoming dizzy or light headed. When testing proprioception, she does not recognize the position of her R upper or R lower extremity. She reports that she easily drops objects and has some tingling in her fingers, but this occurred prior to this hospitalization. She indicates that since she has been hospitalized, she started coughing when eating meals. For bathing, she currently needs standby assistance for transferring and assistance washing her back. She uses a reacher to get her pants on. She has right side weakness that affects her ability to put on her bra and shirt. With set up assistance, she can complete grooming tasks while seated. She is determined to return home and is ok with going to skilled nursing only if it is for short term rehabilitation. She states she is afraid of falling at home and wants to make sure she is strong enough to make it on her own. She mentioned she has a cane at home that she doesn't use, and she has been using a walker while in the hospital. She also said she has steps to enter her home. She has an upcoming church event where she is scheduled to volunteer. She is concerned about letting them down, if she is not home by then.

Questions:

1. What do you perceive as the patient's priority?

2. What are the strengths she has to help support her occupational performance of ADLs and IADLs?

3. What intervention approaches will you consider to maximize her occupational performance?

4. How did you use professional/clinical reasoning to determine your contributions to the plan?

5. Is additional assessment information needed prior to discharge?

6. What resources and other professional referrals (not currently part of the team) may be important to the discharge plan?