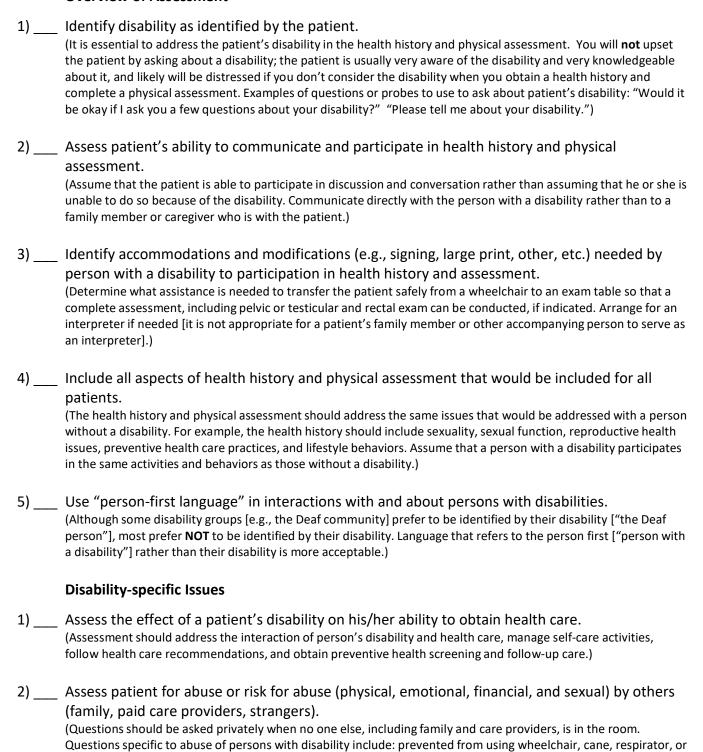


## Assessment of the Patient with a Disability Checklist

## **Overview of Assessment**





other assistive device; been refused help for important personal needs [taking medications, getting to BR, getting out of bed, getting dressed, getting food or drink]. If abuse is detected, assess patient's access to accessible information, resources, shelters, and hotlines.)

3)	Assess the patient for risk of falls.  (Ask about previous falls and injuries due to falls. Ask about impaired balance, muscle weakness, changes in gait, changes in vision, confusion.)
4)	Assess patient for depression. (Do not assume that depression is "normal" because a person has a disability; depression, if present treatment should be offered just as any other patient would have treatment offered.)
5)	Assess patient for secondary conditions or risk for secondary conditions. (Secondary conditions are those conditions are as a result of having a disability or result from treatment of a disability [e.g., pressure ulcers, injuries]. Identify barriers to health care that may increase risk of secondary conditions [e.g., lack of transportation, nonparticipation in health promotion activities].)
6)	Assess what accommodations the patient has at home or needs at home to encourage or permit self-care and independence. (Accommodations may range from use of assistive devices or simple rearrangement of the home to structural modifications to enable the person with a disability to remain in the home and to participate safely in preferred setting. Home care nurses and therapists [occupational or physical therapists] can be helpful in assessing the home environment and suggesting modifications that would increase the ability of individuals with a disability to function safely in their own home. Determine if patient has or requires a bladder or bowel maintenance program, uses alternative approaches to eating and drinking fluids, or has had a procedure to make management of their bowel, bladder and nutrition possible [e.g. self- catheterization, urinary diversion, insertion of a PEG tube, etc.])
7)	Determine what preparation and accommodations are needed during hospital stays, emergency room or clinic visits, acute illness or injury, and other health care encounters to enable a patient with disability to be as independent as he or she prefers. (Determine if facility staff members are informed about the activities of daily living for which the patient will require assistance? Determine if accommodations are in place and readily available to enable the patient to use his or her assistive devices (hearing/visual aids, prostheses, limb support devices, ventilators, service animals). Determine what plans or strategies are in place to ensure to minimize consequences of immobility because of surgery, illness, injury, or treatments.)
8)	Assess what accommodations and alternative formats of instructional materials (large print, Braille, visual materials, audiotapes, interpreter) are needed by the patient with a disability. (Determine if patient instruction materials are consistent with modifications [e.g., use of assistive devices] needed by patients with disabilities to enable them to adhere to recommendations. Determine if the modifications made in educational strategies to address learning needs, cognitive changes, and communication impairment.)
9)	Assess engagement of patient with disabilities in health promotion strategies the patient's awareness of their potential benefits (e.g., improved quality of life, prevention of secondary conditions).  (Assess patient's awareness of accessible community-based facilities (e.g., health care facilities, imaging centers, public exercise settings, transportation) to enable them to participate in health promotion.)