

**Prairie Home Hospice and Community Care**  
**408 E. Main Street, Ste 8**  
**Marshall, MN 56258**  
**507-337-0080**

**Vulnerable Adult Assessment Tool**

Patient \_\_\_\_\_

		<b>Plan or Action</b>
<b>Mental</b>		
1. Patient confused/disoriented?	*Yes/No	_____
2. Limited decision making present?	*Yes/No	_____
3. Patient at risk for mental or financial exploitation?	*Yes/No	_____
4. Patient competent/cooperative with plan of care?	Yes/*No	_____
5. Patient misuse/abuse of substances?	*Yes/No	_____
<b>Physical</b>		
1. Patient able to ambulate safely?	Yes/*No	_____
2. Sensory deficit present that affects safety?	*Yes/No	_____
3. Functional limitations present that affect safety?	*Yes/No	_____
4. Patient demonstrates self-abusive behavior?	*Yes/No	_____
5. Patient is at risk of abuse from others?	*Yes/No	_____
6. Patient presents risk of abusing others?	*Yes/No	_____
<b>Environmental</b>		
1. Inadequate finances?	*Yes/No	_____
2. Inadequate housing?	*Yes/No	_____
3. Home environment is not safe and secure?	*Yes/No	_____
4. Unsanitary home environment?	*Yes/No	_____
7. Inadequate or unavailable access to food and medical care?	*Yes/No	_____
6. Patient is dependent on caregiver?	*Yes/No	_____
7. Is caregiver capable of delivering appropriate care?	Yes/*No	_____

Astrisk (\*) indicates vulnerability that must be addressed by family/caregiver and/or agency.

Please check appropriate statement:

\_\_\_\_\_ Patient is considered vulnerable, but there are no signs of abuse or neglect.

\_\_\_\_\_ Patient is at risk of abuse but acceptable plan is in place

\_\_\_\_\_ Patient does not fit criteria of being vulnerable

\_\_\_\_\_ There are signs of abuse/neglect present; report to: \_\_\_\_\_

Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Intervention Guidelines for Vulnerable Adult and Abuse Prevention Plan

## Mental

**Confusion** – Use validation therapy.

**Disorientation** – Use daily reality orientation, reminder boards, cognitive evaluation by OT/SLP.

**Forgetful** – Use daily reminder boards, repeat procedure, cognitive evaluation by OT/SLP.

**Limited Decision Making** – Family/social worker involvement, inform other staff, consider legal protection steps (living will, durable POA, conservatorship or guardianship)

**Financial Exploitation** - Family/social worker involvement, consider legal protection steps (see above), limit agency staff involvement/access to finances/cash, assist client/family to set up charge accounts, use bank debit cards, avoid credit cards.

**Non-Compliance** – Assess causes of client's self- management non-compliance. Develop mutual goals with client, physician. Advocate for client as possible.

**Medical Regime Incompetence** – See interventions above. Address specific issues.

**Use/Misuse of Substances** – Assess degree of usage – work with client/family/social workers to set mutual goals and/or for treatment.

## Physical (see fall risk assessment)

### Behaviors

**Low Self Esteem** – Praise accomplishment; establish short term achievable- goals.

**High Anxiety Level** – Encourage participation with care plan, 1:1 or small group activities.

**Disruptive** – Assess and monitor for signs of irritation, aggression, notify appropriate staff, families, authorities, remove from area if needed.

**Wandering** – Refer to social services; seek appropriate protection in home or safe living situation.

**Sensory Deficits** – Vision aids, hearing aids, escort to meals, set goals of clutter free home.

**Functional Deficits** – See fall risk assessment.

**Self- Abusive Behavior** – Assess causes, refer to physician, treatment, counseling, behavior modification.

**At Risk for Abuse** – Assess possible perpetrators, contact social services, limit group interactions.

## Environmental

**Inadequate Finances** – Refer to Human Services, notify family, consider free meds from pharmaceutical companies.

**Inadequate Housing** – Refer to Human Services, notify family, seek assistance with rent/move.

**Unsafe Home** – Refer to Human Services, notify family, seek alternate housing, address specific.

**Unsanitary Home** – Refer to Human Services, notify family, seek homemaker services/cleaning.

**Limited Food** – Refer to Human Services, teach coupon shopping/good practices, MOW, food shelter.

**Limited Medical Care** – Refer to Human Services, seek MA, transportation assistance.

**Caregiver Dependency** – Assess and monitor relationship, refer to social services as needed, assist both to set mutual goals.