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Chapter Five

- Terms and Definitions

*Activities of
Daily Living
Dictionary
of
Terms*



Please remember

The Activities of daily living (ADL's) are based on what the individual can do to complete the entire task (ADL) from beginning to end.



Bathing

*Bathing entails getting in and out of the tub, preparing the bath (e.g., turning on the water), actually washing oneself, and towel drying. Some individuals may report various methods of bathing that constitute their usual pattern. For example, they may bathe themselves at a sink or basin five days a week, but take a tub bath two days of the week when an aide assists them. The questions refer to the method used **most or all of the time** to bathe the entire body.*



Bathing

- *When assessing the individual's ability to bathe, it is necessary to ask about his or her ability to do all of the bathing activities i.e.*
 - *Consider their method used most or all of the time to bathe (tub, shower, sponge bath)*
 - *Can they complete the entire bath, including preparing the bath, washing and towel drying*
 - *Can they get in and out of the tub without assistance and without incident*



Dressing

Dressing is the process of getting clothes from closets and/or drawers, putting them on, fastening, and taking them off. Clothing refers to clothes, braces and artificial limbs worn daily. Individuals who wear pajamas or gown with robe and slippers as their usual attire are considered dressed.



Dressing

- *Does the individual need assistance- i.e. equipment such as a shoehorn to put on shoes, zipper pulls, a walker with an attached basket*
- *Consider the person with arthritis- can they zip or button their clothing without assistance, buttoning clothing requires dexterity of fine motor movement*
- *Consider the person that is an amputee*



Toileting

Toileting is the ability to get to and from the bathroom, get on/off the toilet, clean oneself, manage clothes and flush. A commode at any site may be considered the "bathroom" only if in addition to meeting the criteria for "toileting" the individual empties, cleanses, and replaces the receptacle, such as the bed pan, urinal or commode, without assistance from other(s).



Toileting

- *This is usually something individuals do not want to discuss*
- *Can they go to and from the bathroom or the commode, do they use a urinal*
- *Can they manage to get to the bathroom, once in the bathroom, can they stand or sit without assistance*
- *If using a cane or walker and they let go- are they at risk of falling, look at the size of the bathroom, can they maneuver safely without assistance*
- *Can they squat to sit on the commode without assistance, can they unzip their clothing, can they pull up their clothing-remember the person with arthritis- bending and squatting can be uncomfortable and painful*
- *Remember individuals that are amputee's, do they use their prosthesis*
- *Can they empty and clean the appliance and clean self, i.e. urinal, commode*



Transferring

Transferring means the individual's ability to move between the bed, chair, and/or wheelchair. If a person needs help with some transfers but not all, code assistance at the highest level.



Transferring

Assistance moving from the bed to the chair- sit to stand

Do they require mechanical help (cane or walker)

Do they use a prosthesis in order to transfer safely

Do they require verbal cues

Do they require supervision, do they require hands on to prevent a fall



Eating/Feeding

Eating/Feeding is the process of getting food/fluid by any means into the body. This activity includes cutting food, transferring food from a plate or bowl into the individual's mouth, opening a carton and pouring liquids, and holding a glass to drink. This activity is the process of eating food after it is placed in front of the individual.



Eating/Feeding

Eating/Feeding-Think about this individual- i.e.

Do they wear dentures (do they fit properly) it may be difficult to chew food and to swallow if they have improper fitting dentures- do they need cueing or supervision to be sure they are chewing food adequately prior to swallowing to prevent choking or aspiration

Does the individual use oxygen- are they on oxygen continuous, via face mask or nasal cannula, remember it is difficult to eat i.e. chew and swallow when you are thinking about breathing



Continence

Bowel

- *Bowel continence is the physiological process of elimination of feces.*
- *Continence is the ability to control bowel elimination. Incontinence may have one of several different causes, including specific disease processes and side effects of medications. Helpful questions include, "Do you get to the bathroom on time?"; "How often do you have accidents?", and "Do you use pads or adult diapers?"*



Continence

Bladder

- *Bladder continence is the physiological process of elimination of urine.*
- *Continence is the ability to control urination (bladder). Incontinence may have one of several different causes, including specific disease processes and side effects of medications. Helpful questions include, "Do you get to the bathroom on time?"; "How often do you have accidents?", and "Do you use pads or adult diapers?"*



Continence

- *Continence-*

This is an area that many individuals find personal- and are ashamed to answer correctly. It may be helpful to clarify by asking the primary care giver or the attendant in the home Start by asking- do they wear depends (typically I try to stay away from the mention of adult diapers), or bed liners, i.e. chux pads, are the bed linens wet or soiled in the morning (or any time during the day), is there an odor in the home, is the floor soiled with urine or feces, especially in the bathroom.

- *Are they prescribed diuretics (do they take Diuretics)*
- *Do they use a urinal*



Joint Motion

- *This is the individual's ability to move his or her fingers, arms, and legs (active range of movement or ROM) or, if applicable, the ability of someone else to move the individual's fingers, arms, and legs (passive ROM).*



Medication Administration

- *Medication Administration refers to the person(s) who administer medications or if the individual is being referred elsewhere, the person(s) who will administer medications following referral.*



Mobility

- **Mobility** is the extent of the individual's movement outside his or her usual living quarters. Evaluate the individual's ability to walk steadily and his or her level of endurance.
- **Ambulation** is the ability to get around indoors (walking) and outdoors (mobility), climb stairs and wheel. Individuals who are confined to a bed or chair must be shown as needing help for all ambulation activities. This is necessary in order to show their level of functioning/dependence in ambulation accurately. Individuals who are confined to a bed or a chair are coded Is Not Performed for all Ambulation activities



Mobility

- **Walking** is the process of moving about indoors on foot or on artificial limbs.
- **Wheeling** is the process of moving about by a wheelchair. The wheelchair itself is not considered a mechanical device for this assessment section.
- **Stair Climbing** is the process of climbing up and down a flight of stairs from one floor to another. If the individual does not live in a dwelling unit with stairs, ask whether he can climb stairs if necessary.



Mobility



Mobility is defined as movement outside of the home, this is once the door is closed and they begin their journey

*How do they get down or up the steps, get and out of the car, truck van
Is it difficult for them to walk on uneven surfaces (uneven pavement, bricks, gravel, dirt) are they at risk of falling*

Remember if they are in a wheelchair, they will need assistance, even if they drive the wheelchair themselves – they may tell you they do not need assistance because they want to remain independent-What happens if they fall out of the wheelchair- they cannot get back into the chair themselves- remember they may lie in the street or elsewhere for a long time until they are found-

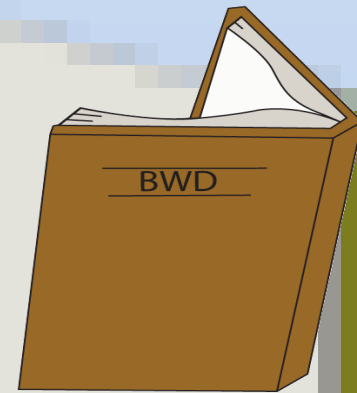
Psychosocial



Psychosocial Assessment

Behavior and Orientation are considered as a combination for service authorization. Please see the chart below that provides the combinations that determine whether or not an individual is independent (I), semi-dependent (d), or dependent (D) in both behavior and orientation for the purposes of pre-admission screening.

Psychosocial



Psychosocial Assessment

- *The presence of cognitive problems and mental impairments can have an impact on the ability of a client to live independently.*
- *Cognitive problems are caused by a variety of diseases and conditions. Of all the losses suffered by a client, cognition is the most difficult to assess and handle, and it has the most pervasive effect on overall functioning.*
- *Cognitive impairments can affect a person's memory, judgment, conceptual thinking and orientation. In turn, these can limit the ability to perform ADLs and IADLs.*

Psychosocial

- *How may an individual with with autism meet criteria*

Is the individual at risk of institutional placement in the absence of community-based waiver services

Look at the Orientation & Behavior, look at the age of the child (children over 6 years of age can perform most of their ADL's) independently-

Refer to the Preadmission screening re: the children's criteria Preadmission Manual)



Children

For children from birth to 18 years of age

- Considerations: Based on Child Development criteria, a child should be able to physically and cognitively perform all essential components of the task, safely, and without assistance if 6 years of age or older.***



Children

- ***For additional information/definitions on the Children's criteria; please refer to the Level of Care training on January 16, 2018 or the Preadmission manual. (updated June 2017)***

