## Beaumont Hospital FITT Initial Screening Tool

## \*(GREY SECTION FOR TRIAGE ONLY)\*

Bleep:

		*(GREY SECTION	• • • • • • • • • • • • • • • • • • •			
Addressograph		ctional Impairment	ED attendance in			
N		Resident		the last 3/12		
	Acu <sup>-</sup>	cute/chronic confusion		How many?		
		nobility		list dates:		
		meds		iist dates.		
Patient contact no.	201	meas				
Patient contact no.				No. of admissions in		
Skin Problems Incontinence EWS>1 _		Frail Score	_/10	last year: 0 1 2 3 4+		
				lust yeur. o 1 2 3 4.		
* <u>SLT Screen</u> N/A □		*Dietetics Screen				
Respiratory: COPD □ LRTI □ Lung Ca □		Unintentional weight loss in the last				
CVA  Progressive Neuro (eg PD, MS, MND)  Dementi	ia 🗆	6 months: Yes □ No □				
Aphasia   Dysarthria   Hoarseness   Word Finding		Reduced appetite for > 7days: Yes ☐ No ☐				
Coughing  Choking  Thickened Fluids  Modified Diet		Pressure sores of Grade 2 or greater: Yes ☐ No ☐				
NOK: Relationship:	<u> </u>	Contact no:		<u> </u>		
PC: yr old M F presented to ED		PMHx				
Y old W T presented to EB		I IVIII IX				
Bloods		Meds				
Imaging						
iiiagiiig						
Other						
Home Environment 2 Storey House □ Bungalow □				g Home $\square$		
Stairs: Yes □ No □ Rail: 1 □ 2 □ Stair Lift: Yes		No   House Access:				
Bedroom: Upstairs   Downstairs   Adapted Bathroom: Ye	es 🗆	No 🗆				
Bathroom: Upstairs ☐ Downstairs ☐ Toilet: Upstairs ☐ Down	nstairs	s 🗆 Equipment:				
<b>Informal supports</b> : Lives alone □ <u>or</u> with						
	If ves.					
Patient is primary carer for vulnerable child/adult: Yes No			Pendan	t Alarm: Yes □ No □		
			Pendan	t Alarm: Yes 🗆 No 🗆		
Patient is primary carer for vulnerable child/adult: Yes No			Pendan	t Alarm: Yes 🗆 No 🗆		
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee	ek, no	o of carers, agency)				
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee	ek, no	o of carers, agency) T: Assessment for deli	rium &	cognitive impairment		
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee	<u>4A</u> .	o of carers, agency)  T: Assessment for deli	rium &	cognitive impairment piness <b>0</b> Abnormal <b>4</b>		
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee Baseline Function Mobility:	4A. 1. A 2. A	T: Assessment for delilertness: Normal 0 M	rium & lild slee h, Place	cognitive impairment piness <b>0</b> Abnormal <b>4</b> e (Hospital name), Year		
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee	4A 1. A 2. A No r	T: Assessment for delilertness: Normal 0 M MT4: Age, Date of Birthmistakes 0 O3DY:	rium & lild slee h, Place	cognitive impairment epiness <b>0</b> Abnormal <b>4</b> e (Hospital name), Year  Day Date Year		
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee Baseline Function Mobility:  Transfers:	4A. 1. A. 2. A. No r. 1 mi	T: Assessment for delilertness: Normal 0 M MT4: Age, Date of Birthmistakes 0 O3DY: Costake 1 O3DY Sc	rium & lild slee h, Place	cognitive impairment piness <b>0</b> Abnormal <b>4</b> e (Hospital name), Year		
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee Baseline Function Mobility:	4A 1. A 2. A No r 1 mi ≥2 n	T: Assessment for delilertness: Normal 0 M MT4: Age, Date of Birthmistakes 0 o3DY: C o3DY Sc mistakes 2	rium & lild slee h, Place DLROW [ ore:	cognitive impairment epiness <b>0</b> Abnormal <b>4</b> e (Hospital name), Year Day Date Year <b>4 4</b> (<4 ? cog Impair.)		
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee Baseline Function Mobility:  Transfers:	4A <sup>2</sup> 1. A 2. A No r 1 mi ≥2 n 3. A	T: Assessment for delilertness: Normal 0 M MT4: Age, Date of Birtimistakes 0 istake 1 nistakes 2  O3DY: C O3DY Sc ttention: Months of th	rium & lild slee h, Place LROW [ore:	cognitive impairment epiness <b>0</b> Abnormal <b>4</b> e (Hospital name), Year Day Date Year <b>4 4</b> (<4 ? cog Impair.)		
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee Baseline Function Mobility:  Transfers:	4A <sup>1</sup> 1. A 2. A No r 1 mi ≥2 n 3. A ≥7 n	T: Assessment for delilertness: Normal 0 M MT4: Age, Date of Birthmistakes 0 o3DY: Constake 1 mistakes 2 o3DY Scottention: Months of the months or more correct	rium & lild slee h, Place DLROW Dore: e year l	cognitive impairment epiness <b>0</b> Abnormal <b>4</b> e (Hospital name), Year Day Date Year <b>J 4</b> (<4 ? cog Impair.) backwards		
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee Baseline Function Mobility:  Transfers:  Personal Care:	4A <sup>1</sup> 1. A 2. A No r 1 mi ≥2 n 3. A ≥7 n Star	T: Assessment for delilertness: Normal 0 M MT4: Age, Date of Birthmistakes 0 istake 1 mistakes 2  O3DY Sc  Attention: Months of the months or more corrected to but scores <7 month	rium & lild slee h, Place bLROW ore:e year letly 0 as 1	cognitive impairment epiness <b>0</b> Abnormal <b>4</b> e (Hospital name), Year Day Date Year <b>J 4</b> (<4 ? cog Impair.) backwards		
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee Baseline Function Mobility:  Transfers:  Personal Care:	4A.  1. A.  2. A.  No r.  1 mi.  ≥2 n.  3. A.  ≥7 n.  Starr  Unte	T: Assessment for delilertness: Normal 0 M MT4: Age, Date of Birthmistakes 0 o3DY: Co3DY Scheduler Correctives but scores <7 month destable	rium & lild slee h, Place bLROW ore:e year lild slee h, 1 2	cognitive impairment piness <b>0</b> Abnormal <b>4</b> e (Hospital name), Year Day Date Year <b>J 4</b> (<4 ? cog Impair.) backwards		
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee Baseline Function Mobility:  Transfers:  Personal Care:	4A <sup>1</sup> 1. A 2. A No r 1 mi ≥2 n 3. A ≥7 n Starr Unte 4. A	T: Assessment for delilertness: Normal 0 M MT4: Age, Date of Birtimistakes 0 o3DY: C o3DY Sc mistakes 1 mistakes 2 ttention: Months of the months or more correct ts but scores <7 month estable cute Change/fluctuations.	rium & ild slee h, Place h, Pl	cognitive impairment epiness <b>0</b> Abnormal <b>4</b> e (Hospital name), Year Day Date Year <b>4 4</b> (<4? cog Impair.) backwards		
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee Baseline Function Mobility:  Transfers:  Personal Care:  Domestic Tasks:	4A` 1. A 2. A No r 1 mi ≥2 n 3. A ≥7 n Star Unto 4. A weel	T: Assessment for delilertness: Normal 0 M MT4: Age, Date of Birtimistakes 0 istake 1 mistakes 2  O3DY: C O3DY Sc o3DY Sc ottention: Months of the months or more corrected but scores <7 month estable cute Change/fluctuations and still evident in last 2	rium & lild slee h, Place pLROW ore:e year lily 0 as 1 2 ang symperse	cognitive impairment epiness <b>0</b> Abnormal <b>4</b> e (Hospital name), Year  Day Date Year   J <b>4</b> (<4? cog Impair.)  backwards  ptoms (over the last 2  NO <b>0</b> YES <b>4</b>		
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee Baseline Function Mobility:  Transfers:  Personal Care:  Domestic Tasks:  Communication: Glasses Yes  No	4A <sup>1</sup> 1. A 2. A No r 1 mi ≥2 n 3. A ≥7 n Star Unte 4. A weel 4AT	T: Assessment for delilertness: Normal 0 M MT4: Age, Date of Birthmistakes 0 O3DY: DO3DY Scribtant 2  istake 1 O3DY Scribtant in Months of the months or more corrected but scores <7 month estable cute Change/fluctuating is and still evident in last 2 Scoring: 0 = Normal,	rium & lild slee h, Place pLROW ore:e year lily 0 as 1 2 ang symperse	cognitive impairment epiness <b>0</b> Abnormal <b>4</b> e (Hospital name), Year  Day Date Year   J <b>4</b> (<4? cog Impair.)  backwards  ptoms (over the last 2  NO <b>0</b> YES <b>4</b>		
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee Baseline Function Mobility:  Transfers:  Personal Care:  Domestic Tasks:	4A <sup>1</sup> 1. A 2. A No r 1 mi ≥2 n 3. A ≥7 n Star Unto 4. A weel 4AT 2-3:	T: Assessment for deli lertness: Normal 0 M MT4: Age, Date of Birtl mistakes 0 istake 1 mistakes 2  O3DY: D O3DY: D O3DY Sc ottention: Months of th months or more correct ts but scores <7 month estable cute Change/fluctuation ks and still evident in last 2 Scoring: 0 = Normal, = ? Cog. Impairment	rium & lild slee h, Place DLROW Description ore: e year la tily 0 as 1 2 ang symp 24hrs) 1 = ? M	cognitive impairment epiness <b>0</b> Abnormal <b>4</b> e (Hospital name), Year  Day Date Year  J <b>4</b> (<4 ? cog Impair.)  backwards  ptoms (over the last 2  NO <b>0</b> YES <b>4</b> filld Cog. Impairment,		
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee Baseline Function Mobility:  Transfers:  Personal Care:  Domestic Tasks:  Communication: Glasses Yes No Hearing Aid Yes No	4A <sup>1</sup> 1. A 2. A No r 1 mi ≥2 n 3. A ≥7 n Star Unte 4. A weel 4AT 2-3: ≥4 S	T: Assessment for delilertness: Normal 0 M MT4: Age, Date of Birtimistakes 0 istake 1 mistakes 2  O3DY: C O3DY Sc o3DY	rium & lild sleech, Placech, Placech, Placech, Placech lid sore:  e year lity 0 lis 1 2 lis 2 lis 1 = ? Mis 2 lis 1   2	cognitive impairment epiness <b>0</b> Abnormal <b>4</b> e (Hospital name), Year  Day Date Year D  J <b>4</b> (<4 ? cog Impair.)  backwards  ptoms (over the last 2  NO <b>0</b> YES <b>4</b> dild Cog. Impairment, <b>4 4 4 4 4 4 4 4 5 6 4 4 4 6 7 6 7 8 9 9 9 1 1 1 1 1 1 1 1 1 1</b>		
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee Baseline Function Mobility:  Transfers:  Personal Care:  Domestic Tasks:  Communication: Glasses Yes No Hearing Aid Yes No Hearing Aid Yes No Hearing Aid Yes How:	4A <sup>1</sup> 1. A 2. A No r 1 mi ≥2 n 3. A ≥7 n Star Unte 4. A weel 4AT 2-3: ≥4 S	T: Assessment for delilertness: Normal 0 M MT4: Age, Date of Birthmistakes 0 istake 1 mistakes 2  Tenistakes 3  Tenistakes 4  Tenistakes 5  Tenistakes 6  Tenistakes 7  Tenistakes 7  Tenistakes 8  Tenistakes 8  Tenistakes 9  Tenistakes 1  Tenistakes 1  Tenistakes 1  Tenistakes 2  Tenistakes 2  Tenistakes 2  Tenistakes 2  Tenistakes 2  Tenistakes 2  Tenistakes 1  Tenistakes 2  Te	rium & lild sleech, Placech, Placech, Placech, Placech lid sore:  e year lity 0 lis 1 2 lis 2 lis 1 = ? Mis 2 lis 1   2	cognitive impairment epiness <b>0</b> Abnormal <b>4</b> e (Hospital name), Year  Day Date Year  J <b>4</b> (<4 ? cog Impair.)  backwards  ptoms (over the last 2  NO <b>0</b> YES <b>4</b> filld Cog. Impairment,		
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee Baseline Function Mobility:  Transfers:  Personal Care:  Domestic Tasks:  Communication: Glasses Yes No Hearing Aid Yes No Hearing Aid Yes No Hearing Aid Yes How:  Injuries:	4A <sup>1</sup> 1. A 2. A No r 1 mi ≥2 n 3. A ≥7 n Star Unte 4. A weel 4AT 2-3: ≥4 S	T: Assessment for delilertness: Normal 0 M MT4: Age, Date of Birtimistakes 0 istake 1 mistakes 2  O3DY: C O3DY Sc o3DY	rium & lild sleech, Placech, Placech, Placech, Placech lid sore:  e year lity 0 lis 1 2 lis 2 lis 1 = ? Mis 2 lis 1   2	cognitive impairment epiness <b>0</b> Abnormal <b>4</b> e (Hospital name), Year  Day Date Year D  J <b>4</b> (<4 ? cog Impair.)  backwards  ptoms (over the last 2  NO <b>0</b> YES <b>4</b> dild Cog. Impairment, <b>4 4 4 4 4 4 4 4 5 6 4 4 4 6 7 6 7 8 9 9 9 1 1 1 1 1 1 1 1 1 1</b>		
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee Baseline Function Mobility:  Transfers:  Personal Care:  Domestic Tasks:  Communication: Glasses Yes No Hearing Aid Yes No Hearing Aid Yes No Hearing Aid Yes How:	4A <sup>1</sup> 1. A 2. A No r 1 mi ≥2 n 3. A ≥7 n Star Unte 4. A weel 4AT 2-3: ≥4 S	T: Assessment for delilertness: Normal 0 M MT4: Age, Date of Birtimistakes 0 istake 1 mistakes 2  O3DY: C O3DY Sc o3DY	rium & lild sleech, Placech, Placech, Placech, Placech lid sore:  e year lity 0 lis 1 2 lis 2 lis 1 = ? Mis 2 lis 1   2	cognitive impairment epiness <b>0</b> Abnormal <b>4</b> e (Hospital name), Year  Day Date Year D  J <b>4</b> (<4 ? cog Impair.)  backwards  ptoms (over the last 2  NO <b>0</b> YES <b>4</b> dild Cog. Impairment, <b>4 4 4 4 4 4 4 4 5 6 4 4 4 6 7 6 7 8 9 9 9 1 1 1 1 1 1 1 1 1 1</b>		
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee Baseline Function Mobility:  Transfers:  Personal Care:  Domestic Tasks:  Communication: Glasses Yes No Hearing Aid Yes No Hearing Aid Yes No Hearing Aid Yes How:  Injuries:	4A <sup>1</sup> 1. A 2. A No r 1 mi ≥2 n 3. A ≥7 n Star Unte 4. A weel 4AT 2-3: ≥4 S	T: Assessment for delilertness: Normal 0 M MT4: Age, Date of Birtimistakes 0 istake 1 mistakes 2  O3DY: C O3DY Sc o3DY	rium & lild sleech, Placech, Placech, Placech, Placech lid sore:  e year lity 0 lis 1 2 lis 2 lis 1 = ? Mis 2 lis 1   2	cognitive impairment epiness <b>0</b> Abnormal <b>4</b> e (Hospital name), Year  Day Date Year D  J <b>4</b> (<4 ? cog Impair.)  backwards  ptoms (over the last 2  NO <b>0</b> YES <b>4</b> dild Cog. Impairment, <b>4 4 4 4 4 4 4 4 5 6 4 4 4 6 7 6 7 8 9 9 9 1 1 1 1 1 1 1 1 1 1</b>		
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee Baseline Function Mobility:  Transfers:  Personal Care:  Domestic Tasks:  Communication: Glasses Yes No Hearing Aid Yes No Hearing Aid Yes No Hearing Aid Yes How:  Injuries:	4A <sup>1</sup> 1. A 2. A No r 1 mi ≥2 n 3. A ≥7 n Star Unte 4. A weel 4AT 2-3: ≥4 S	T: Assessment for delilertness: Normal 0 M MT4: Age, Date of Birtimistakes 0 istake 1 mistakes 2  O3DY: C O3DY Sc o3DY	rium & lild sleech, Placech, Placech, Placech, Placech lid sore:  e year lity 0 lis 1 2 lis 2 lis 1 = ? Mis 2 lis 1   2	cognitive impairment epiness <b>0</b> Abnormal <b>4</b> e (Hospital name), Year  Day Date Year D  J <b>4</b> (<4? cog Impair.)  backwards  ptoms (over the last 2  NO <b>0</b> YES <b>4</b> fild Cog. Impairment, <b>4 4 4 4 4 4 4 4 5 6 4 4 4 6 7 6 7 8 9 9 1 1 1 1 1 1 1 1 1 1</b>		
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee Baseline Function Mobility:  Transfers:  Personal Care:  Domestic Tasks:  Communication: Glasses Yes No Hearing Aid Yes No Hearing Aid Yes No Hearing Aid Yes How:  Injuries:	4A <sup>1</sup> 1. A 2. A No r 1 mi ≥2 n 3. A ≥7 n Star Unte 4. A weel 4AT 2-3: ≥4 S	T: Assessment for delilertness: Normal 0 M MT4: Age, Date of Birtimistakes 0 istake 1 mistakes 2  O3DY: C O3DY Sc o3DY	rium & lild sleech, Placech, Placech, Placech, Placech lid sore:  e year lity 0 lis 1 2 lis 2 lis 1 = ? Mis 2 lis 1   2	cognitive impairment epiness <b>0</b> Abnormal <b>4</b> e (Hospital name), Year  Day Date Year D  J <b>4</b> (<4? cog Impair.)  backwards  ptoms (over the last 2  NO <b>0</b> YES <b>4</b> fild Cog. Impairment, <b>4 4 4 4 4 4 4 4 5 6 4 4 4 6 7 6 7 8 9 9 1 1 1 1 1 1 1 1 1 1</b>		
Patient is primary carer for vulnerable child/adult: Yes No Formal Supports/Home care: (hours/day, days of wee Baseline Function Mobility:  Transfers:  Personal Care:  Domestic Tasks:  Communication: Glasses Yes No Hearing Aid Yes No Hearing Aid Yes No Hearing Aid Yes How:  Injuries:	ek, no  4A  1. A  2. A  No r  1 mi  ≥2 n  Star  Unto  4. A  weel  4AT  2-3: ≥4 S	T: Assessment for delilertness: Normal 0 M MT4: Age, Date of Birtimistakes 0 istake 1 mistakes 2  O3DY: C O3DY Sc o3DY	rium & lild sleech, Placech, Placech, Placech, Placech lid sore:  e year lity 0 lis 1 2 lis 2 lis 1 = ? Mis 2 lis 1   2	cognitive impairment epiness <b>0</b> Abnormal <b>4</b> e (Hospital name), Year  Day Date Year D  J <b>4</b> (<4? cog Impair.)  backwards  ptoms (over the last 2  NO <b>0</b> YES <b>4</b> fild Cog. Impairment, <b>4 4 4 4 4 4 4 4 5 6 4 4 4 6 7 6 7 8 9 9 1 1 1 1 1 1 1 1 1 1</b>		

Name: Signature: Date & Time:

## Beaumont Hospital FITT Initial Screening Tool

Therapy Sticker

Therapy Sticker

Power   Right   Left				
Affect: Alert   Fatigued   Anxious    Falls Risk:   High   Low   Decreased Safety Awareness    Sitatic: Intact   Impaired   Dynamic: Intact   Impaired    Wrist   High   Mobility:  Mobility:   Make   Mobility:  Activities of Daily Living (ADI's):  Additional information)	Subjective Consent obtained for assessment: Yes - No -			
Elbow		Power	Right	Left
Static: Intact   Impaired   Dynamic: Intact   Impaired   Hip   Hip	<b>Ubjective</b> Affect: Alert □ Fatigued □ Anxious □	Shoulder		
Standing Balance: Static: Intact   Impaired   Dynamic: Intact   Impaired   Hip   Hip   Mobility:  Knee   Ankle   Ankle   Mobility:  Activities of Daily Living (ADL's):  Additional information)  Analysis	Falls Risk: High □ Low □ Decreased Safety Awareness □	Elbow		
Mobility:    Transfers:   Sed Mobility:   Ankle		Wrist		
Transfers:  Bed Mobility:  Activities of Daily Living (ADL's):  Additional information)  Analysis	Standing Balance: Static: Intact □ Impaired □ Dynamic: Intact □ Impaired □	Hip		
Transfers:  Bed Mobility:  Activities of Daily Living (ADL's):  Additional information)  Analysis	Mobility	Knee		
Activities of Daily Living (ADL's):  Additional information)  Analysis	Mobility.	Ankle		
Activities of Daily Living (ADL's):  Additional information)  Analysis	Transfers:			
Analysis	Bed Mobility:			
Analysis	Activities of Daily Living (ADL's):			
	(Additional information)			
	Analysis			
P <sub>lan</sub>	<u> </u>			
P <sub>lan</sub>				
P <sub>lan</sub>	_			
	Plan			
	<del></del>			

Name: Signature: Bleep:

Date & Time:

## Beaumont Hospital FITT Initial Screening Tool

\*(GREY SECTION FOR TRIAGE ONLY)\*

Name: Signature: Bleep:

Date & Time: