

DISCLAIMER:

This report was generated for a fictitious person and should be used for training purposes only.
Any resemblance to actual persons, living or dead, is purely coincidental.

26/04/20

COVID-19 Profile (notes)

interRAI COVID-19 Vulnerability Screener

INTERRAI COVID-19 VULNERABILITY SCREENER

Neither interRAI nor the developers of the interRAI COVID-19 Vulnerability Screener intend that it be used in lieu of comprehensive appropriate care. Every reasonable effort has been made to ensure that the information provided is accurate and up to date. However, the person's physician or other authorized practitioner should validate information about the appropriate response to the person's needs in accordance with national guidelines and practices.

Screening date 26/04/20

IDENTIFICATION

Name Nora Smith
National health identification number 1234567890
Postal Code Q2W 2Q2
Unit Waterloo / Ontario
Where do you live now? Assisted living or semi-independent living

Demographic

Age group **90+**
Gender Female

COVID-19 STATUS

Have you been confirmed by test or diagnosed by a doctor to have COVID-19? No

COVID Emergency Care Flag **Not triggered**
Emergency care count (0-4) **0** 0 4

COVID Symptoms Flag **Your patient/client is currently experiencing one or more potential symptoms of COVID-19**
COVID symptoms count (0-12) **4** 0 12

! New, continuing cough or worsened cough Yes
! Sore throat Yes
! Fever (for example, temperature of 38°C/100.4°F or more) Yes
! In the last 3 days, did you have shortness of breath? I had shortness of breath when doing normal day-to-day activities (for example, getting dressed or doing housework)

FRAILITY

Assessment Urgency Algorithm (1-6) AUA **Medium Risk (4)** 1 6

Self-reliance Index SRI **Impaired (1)**

In general, how would you rate your health? Good

Are you able to obtain BOTH the medications and groceries you need? No

Count of impaired ADLs (0-4) **1** 0 4

! Bathing Others helped me

MORTALITY RISK

Major Comorbidity Count (0-2) **1** 0 2

! Chronic obstructive pulmonary disease Disease present AND being treated or monitored

! Hypertension Disease present AND being treated or monitored

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! Diabetes

Disease present AND being treated or monitored

PSYCHOSOCIAL FACTORS

Who do you live with now?	With nonrelative(s)
How often do you feel lonely?	I feel lonely frequently, but less than daily
Considering your current situation, are you now worried about making ends meet?	Yes <i>"Mrs Smith is worried about being able to obtain her medications because her pharmacy no longer delivers and she feels she cannot afford to pay for a taxi / delivery service."</i>

HEALTH SERVICE USE (LAST 90 DAYS)

Inpatient hospital with overnight stay	0
Emergency room visit (not counting an overnight stay)	0
Visits with a doctor or nurse-practitioner	3

ASSESSMENT REMARKS

Additional notes

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