GERIATRIC 5MS	ASSESSMENT: BASIC	ASSESSMENT: ADVANCED	ACTION PLAN	EDUCATIONAL OBJECTIVES
WHAT MATTERS 	☐ Estimate biological age and lifespan ☐ Ask what matters most ☐ Any ADL / IADL issues? ☐ Advance Care Plan & POLST	☐ Identify who nearby can help the patient ☐ What does patient look forward to when they wake up? ☐ Define hobbies and interests ☐ Determine decision-making capacity ☐ Stanford Letter to the doctor	• Align and reassess goals of care • Educate patient about their lifespan and prognosis • Address ADL / IADL deficits	• Apply prognosis & life expectancy to care plan (use ePrognosis and Vital Stats) • Make sure action plans reflect pt priorities • Document or educate about ACP / POLST • Recognize period (2 -3 yrs) between functional and absolute lifespan
MOBILITY 	☐ Observe gait & transfer TUG (timed up & go) ☐ Gait speed (<1 m/s) ☐ Fall risk (tandem stance)	☐ Ask if PT has a mobility plan ☐ Home safety check ☐ Driving assessment (OT) ☐ Check for sarcopenia & assistive devices	• Refer to fall team / PT • Balance exercises • Resistance training twice weekly • Rx high protein diet	• Detect and manage fall risk • Know 1% muscle loss / year after 60 • Include high protein intake prescriptions • Prescribe physical activity to include strength, endurance, flexibility and agility
MEDICATION 	☐ ID potentially inappropriate meds with Beers List (PIMs) ☐ ID polypharmacy	☐ Assess adherence ☐ STOPP / START criteria ☐ Pharmacist consult ☐ Neuropsych inventory (NPI) in LTC	• D/C unsafe Rx • Reduce poly Rx • Rule out med–induced symptoms • Avoid prescribing cascades	• Use evidence-based tools such as Beers List and STOPP / START for identifying unsafe meds • Perform medication reconciliation that prioritizes cognitive and functional status • Apply the prescription principle of “start low and go slow”
MENTATION 	Screen for 3D’s: ☐ Depression- PHQ2 ☐ Dementia- Mini-Cog ☐ Delirium- CAM (acute or long term care)	☐ If PHQ2+, go to PHQ9 ☐ If Mini-Cog +, go to SLUMS ☐ Screen for loneliness	• Depression treat with Rx and psychology • Dementia treat with caregiver training, Rx, good BP control, exercise and nutrition	• Best practice combines medication with mental health referral • Create a differential diagnosis and identify the type of memory disorder • Know efficacy of caregiver training in preventing burn out
MULTI–COMPLEXITY 	Screen for: ☐ Frailty (Fried scale) ☐ SDOH ☐ Vulnerability ☐ Neglect / Abuse (EASI tool)	☐ Comprehensive geriatric assessment ☐ Assess readiness for change	• Treat frailty with physical activity, nutrition and social support • Know when to transition from curative to comfort care • Educate on self-efficacy (wearables and logs)	• Understand pre – frail and frail states and their interventions • Use team – based care and community resources to address SDOH • Anticipate and resolve gaps in transitions of care