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# A GUIDE FOR A GERIATRIC SOCIAL WORKER (Caregiver)

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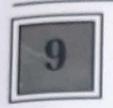
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## HISTORY TAKING

### \* Dr.Anand P Ambali

This is the most important component of geriatric care. Unless we do not understand what the senior wish to convey and we are convinced by ourselves that the senior has understood what we said, then only the conversation is successful.

Challenges: The challenges in communications are decreased hearing, poor vision, reduced concentration and forgetfulness in older people. The most important aspect in communication is to 'listen'.

For Successful History Taking: Always talk to older people facing them and without mask. Always prefer to use gestures, short sentences, wait for reply at-least for 30 seconds and do not shout. By the end of the history taking, we should come to know what is the major problem to be solved, plan the next step, inform the plan to the person, once he agrees then proceed with consultation with doctor, investigations and treatment. The history taking should be natural and can include some humour and allowing the person to share their wisdom. The history taking may never end in a single setting and should be done in multiple sessions. The interaction should include to know the physical, mental and social status of the older person.

#### PHYSICAL HEALTH

- 1. How are you doing today?
- 2. What is the thing that bothers you most?
- 3. How is your appetite?
- 4. How long you sleep in night? Is it disturbed?
- 5. How many times you get up in night to pass Urine, and is there any difficulty?
- 6. How are bowel movements? Hard or soft of constipated
- 7. Do you feel fullness in stomach after eating?
- 8. What is the status of your teeth?
- 9. How many medicines you consume regularly?
- 10. Which are the activities you have stopped recently? Gardening, driving, cooking etc.
- 11. Have you had a fall in last one year? If yes how many times?

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12. Have you received vaccines recently? 13.Do you have stool or urine incontinence?

## SOCIAL HISTORY

- 1. How many new friends you have made this year?
- 2. Who helps you in emergency?
- 3. How frequently you meet your friends?
- 4. How best you spend your day?
- 5. What are your hobbies? Singing, dancing, painting, gardening etc
- 6. Are you allowed to attend family functions and rituals like marriages, receptions?
- 7. Do you feel you should move to old age home?

#### MENTAL HISTORY

- 1. Do you feel lonely?
- 2. Is your taste for food good?
- 3. Do you have suicital ideas?
- 4. Do you have difficulty in getting sleep?
- 5. Do you feel that you are neglected in home?
- 6. Does any member in family manhandles you, misuse your finances, scolds you, medicines are not purchased regularly and touch you inappropriately?
- 7. What is the new thing you learnt this year? Computer, new mobile, guitar playing, cook new dishes etc
  - 8. Do you fear death?
  - 9. Have you made advance directives?
  - 10. Do you have privacy in home?
  - 11. Have you lost any close friend or relative recently?

Economic Status: Details of economic status is also indispensable part of Geriatric history taking.

The answer to all the questions mentioned above by older people, has relevance for the care giver. It has to be understood in depth to know the older person in a better and complete way. After analysis of the answers, one can plan the further course of actions required. All these questions can be asked over few settings and not in a single setting. The older person may not answer to all the questions and we should not force to reply .

Look at their face. If tears in eyes it suggests Abuse and, if denial of symptoms it suggest depression.

Try to know the older people as a human and not just diseases in him. This will build confidence and bonding. Once this bonding develops, they will open up and share even unasked

At end of each conversation, always thanks them for sharing their wisdom.

Do not use distractors like mobile phone while taking history. This irritates the older person. Do inform them your contact details so that they can dial you in emergency.