While on the Geriatric Assessment Unit

Information regarding your assessments, progress and recommendations will be reviewed with you by your case manager or the team members. You and your family will be active participants in the process.

On average, the length of stay on GAU is between 2 to 6 weeks. With your physician's approval, you are welcome to have day or weekend passes from the unit. The GAU team will develop a personalized discharge plan.

During Your Stay …
Be Prepared to Work Hard!

You will be encouraged to do as much for yourself as you are able. You will be expected to participate daily in your scheduled therapies.

Bring comfortable clothes, such as slacks or a sweat suit. A sturdy pair of shoes or runners is a must. You will be getting fully dressed everyday. Please bring your own toiletries such as razor/shaver, shampoo, Kleenex, toothbrush and laundry detergent. You will feel more at home using your own things.

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Let visitors know you may be busy in therapy.

Your family is invited to observe therapy but this should be pre-arranged with your therapist

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Welcome to the Geriatric Assessment Unit for treatment and reactivation

(GAU – 1D)

Patient's Name:

_____

Case Manager and contact person:

_____

Primary Nurse:

_____

Physician:

_____

Other health professionals in your care:

_____

_____

_____

_____

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What is The GAU ?

The GAU provides specialized, multidisciplinary assessments of geriatric patients to optimize their medical and functional status.

While you are on the GAU a multidisciplinary team will:

- Ensure a thorough geriatric assessment
- Prepare a plan of care
- Develop a personalized discharge plan

The Multidisciplinary Team

Your progress will be discussed at regular intervals by the multidisciplinary team.

Your **case manager** is a member of this team who will assist you in communicating with the team and provide you with information as needed.

The case manager is your contact person.

Your **primary nurse** will manage your nursing care plan, provide your direct nursing care and participate in the multidisciplinary plan of care.

Your **physician** will be responsible for your medical care.

Depending upon your individual needs, some of the following health professionals may be involved in your care:

Occupational Therapist:
The occupational therapist assesses your ability to function in activities of daily living (such as dressing, bathing, grooming and meal preparation) and helps you become more independent. The therapist may recommend assistive devices for independence and safety.

Physiotherapist:
The physiotherapist assesses your physical movement and makes recommendations to help you move about safely, comfortably and as independently as possible.

Psychologist:
The psychologist assesses your cognitive functioning (including your memory and problem solving) and makes recommendations to manage any identified difficulties.

Social Worker:
The social assists in planning your discharge from hospital and provides information on community resources. Individualized and family counseling may also be provided.

Recreationist:
The recreationist assesses your leisure involvement and leisure interests, helps you maintain or develop leisure skills and provides information on recreation resources.

Registered Dietitian:
The registered dietitian assesses nutritional issues and helps you to eat a safe and healthy diet. Individualized and family counseling may also be provided.

Speech Language Pathologist:
The speech language pathologist evaluates and treats swallowing disorders to ensure maximal safety for swallowing. The therapist evaluates and treats communication disorders and helps you and your caregivers to develop an appropriate method of communicating.

Pharmacist:
The pharmacist monitors drug therapy and provides drug information to the individual and/or family.

CCAC Services:
CCAC services may be involved in coordinating services to assist you after discharge such as occupational therapy, physiotherapy, speech therapy, nursing or personal support.