

Allied Health Consultations in residential aged care

A review by a medical practitioner should be sought where signs and symptoms indicate an emerging condition or deterioration of the resident.

Allied health specialists have specific areas of practice.

The signs and symptoms below can be used as a guide to direct appropriate allied health referral.

| | Podiatry | Dietitian | Physio | OT | Speech Pathology | Wound Consultant | Mental Health |
|---|----------|-----------|--------|----|------------------|------------------|---------------|
| Physical Signs and Symptoms | | | | | | | |
| Dehydration | | ● | | | ● | | |
| Significant weight loss or weight gain (+/- 2kg) | | | | | | | |
| Refusal to eat | | ● | | | | | ● |
| Chronic constipation or loose bowels | | ● | | | | | |
| Allergies or intolerance | | | | | | | |
| Clinical conditions that require dietary modification | | | | | | | |
| Poor food intake resulting in inadequate/imbalanced diet | | ● | | | | | ● |
| Chronic or complex wounds | | ● | | | | ● | |
| Corns & Calluses | | | | | | | |
| Bunions | | | | | | | |
| Ingrown toenail | | | | | | | |
| Pressure ulcerations to the foot | | | | | | | |
| Pain on walking | ● | | | | | | |
| Ill-fitting shoes | | | | | | | |
| Heel pain | | | | | | | |
| PVD, Diabetes | | | | | | | |
| Mobility, Transfers, Falls, Aids & Equipment | | | | | | | |
| Falls – multidisciplinary assessment may be required | | | ● | ● | | | |
| Increased gait time (from A-B) | | | | | | | |
| Reduced step height | | | ● | | | | |
| Decreased general strength and mobility | | | | | | | |
| Difficulty with transfers due to decreased strength or movement | | | | | | | |
| Complex transfers that may be assisted with specialist aids and equipment | | | | ● | | | |
| Functional assessments | | | | | | | |
| Aids prescription for assistance with ADL's | | | | ● | | | |
| Fine motor skill aids (feeding-cutlery) | | | | | | | |
| Pressure care- heel pads/clothing/mattresses | | | | | | | |
| Language, Speech, Communication, Swallowing | | | | | | | |
| Inability to communicate wants and needs | | | | | | | |
| Frustration when attempting to communicate | | | | | | | |
| Difficulty understanding you | | | | | | | |
| Difficulty related to hearing/ aural rehabilitation | | | | | | | |
| Slurring & Poor speech intelligibility | | | | | | | |
| Choking or coughing on oral intake | | | | | ● | | |
| Difficulty breathing, SOB or stopping breathing during /immediately after eating or drinking. | | | | | | | |
| Regular throat clearing | | | | | | | |
| Moist sounding voice/gurgling sounds in throat | | | | | | | |
| Food sitting in mouth or pocketing in cheeks | | | | | | | |
| Facial Paralysis | | | | | | | |
| Mental Health & Wellbeing, Cognitive, Behavioural | | | | | | | |
| Increasing agitation | | | | | | | |
| Restlessness | | | | | | | |
| High Cornell Scale for Depression in Dementia (CSSD) rating | | | | | | | ● |
| Low mood | | | | | | | |
| Increased anxiety | | | | | | | |
| Dealing with grief and loss | | | | | | | |
| Withdrawn from normal social activities | | | | | | | |
| Dementia specific confusion | | | | ● | | | ● |
| Behavioural disturbance- ADLs related | | | | | | | |
| Behavioural disturbance- eating and/or talking related | | | | | ● | | |