



## ACE Cards<sup>®</sup> Check List to Improve the Hospital Care of the Elderly

Acute Care for the Elderly (ACE) Program  
Aurora Sinai Medical Center/UW Medical School

- Prevent Problems:*** Critically review the necessity of all tests/procedures.
- Pressure Ulcers:*** Ambulate; avoid “bed rest” order.  
Correct nutrition restrictions.  
Turn q 2 hrs. if bedridden.
- Delirium:*** Assess cognitive function.  
Bring in glasses/hearing aide/items from home.  
Keep hydrated p.o.
- Immobility/Falls:*** Prescribe assist device; physical therapy.  
Order acute rehab therapy consult.  
Walk with assist.  
(Else, consider DVT prophylaxis.)
- Functional Decline:*** Define baseline ADLs.  
Increase activity level.  
Avoid restraint and catheters.
- Constipation:*** Provide prune juice/power pudding.  
Provide stool softener.
- Undernutrition:*** Review serum albumin.  
Consider nutrition consult; supplement.  
Could medications contribute to anorexia?
- Depersonalization:*** Music, pictures, food from home.  
Encourage visitors, stuffed animals.  
Chaplain visit (hospice care).





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- History:** Collaborate data with family; nursing staff.  
Define goals of care.  
Define Advanced Directives.  
Assess for pain.  
Define baseline functional status ADLs.
- Physical Exam:** Assess for delirium.  
Assess risk for pressure ulcer.  
Is patient out of bed?  
Can urine catheter, IV line be removed?  
Avoid restraints.
- Data Collection:** Review vital signs, intake/output, daily weight, diet intake, bowel movement.  
Review the medication cardex;  
How does it compare to Rx prior to admit?  
Could problems be caused by the Rx?  
Should any Rx be stopped?  
Add multiple vitamin.  
Review therapy notes (PT/OT/speech).  
Review social service note  
(living situation/support).  
Review dietitian notes; lab data changes.
- Communicate:** Talk with the nurse to assess status;  
discuss goals and anticipated discharge.  
Update family of anticipated discharge plans or change in status.

