

# Assessment and documentation



Assessment of the person affected by BU and documentation of the findings | Documentation of indicated POD interventions

# Assessment and documentation

## KEY POINTS

- Assessment of the person affected by BU is important for identifying needs, for planning appropriate interventions, and for monitoring the results of the interventions to see if there is any improvement.
- Interventions are chosen based on the problems identified and are fully discussed with the person affected.
- Documentation helps to inform other health workers about problems and interventions, so that adequate follow-through treatment is provided.
- The results of interventions may depend on correctly selected and applied interventions, the attitudes, knowledge, and skills of the individual and the family, the socioeconomic situation, and an accessible health service.

**T**he assessment of the person affected by BU is important for identifying problems and needs, which leads to planning interventions. Two models of assessment forms are included in Annexes 1 and 2. Annex 1 was developed with health workers in the Ashanti region of Ghana in 2003, and Annex 2 was developed later for Cameroon. These forms can be adapted to the local situation.

Careful assessment of each person's problems will help the health worker choose which interventions are needed to best prevent disability. Documentation of assessment results will help the health worker to monitor interventions to see if the desired results are being obtained.

Routine periodic reassessments should be scheduled. During the physical assessment process, it is important to hear the person's complaints and expectations of treatment. Following the assessment, the person should be informed of the results and proposed interventions (including the benefits, the risks, the amount of time for hospitalization, and special care requirements).

Treatment should be holistic, considering not only physical impairments and difficulties but also psychological functioning and social situation. Effective communication helps to minimize the anxieties of the person and the family, and helps them see the importance of their collaboration.

## **Assessment of BU patients and documentation of the findings**

A POD patient assessment form was developed and initially tested during the Ashanti Region POD/Rehabilitation Workshop in 2003. This

example will be used in this manual to illustrate how to fill out an assessment form. The form (Figure 4.1) allows the health worker to document the person's lesion sites, impairments, limitations with daily activities, and restrictions in social participation.

Following the identification of problems, the health worker chooses which interventions are indicated and describes the intervention to be implemented. This documentation helps in monitoring the results of the chosen interventions and in informing other health workers of problems and interventions.

Additional forms have been developed to monitor oedema in the upper and lower limbs (Annex 3). A range of motion (ROM) assessment form (Annex 4) was developed to document goniometric readings of the most frequently involved joints of the upper and lower limbs. The ROM form can be used to record passive and active measurements – the most helpful are passive measurements. Health workers may find the documentation of ROM is more easily done by drawing the angles of the joints on paper and dating each drawing. This approach helps the health worker and the affected person to see the changes in joint movement (Figure 4.2).

Name:		N <sup>o</sup> :	Sex:	M	F
Contact Address:		Age:			
City/Village:		Classification:	New Case	Recurrent Case	
District:	Region:	Level of Education:			
Date of POID/Rehabilitation Evaluation(dd/mm/yy):		Occupation:			

Body Chart (design location and extent of lesion)		Location of Lesion (X =Yes)		R	L	
	Head and Neck (HN)					
	Thorax (TH)					
	Back (BK)					
	Abdomen (AB)					
	Buttocks & Perineum (BP)					
	Upper Limbs (UL)					
	Lower Limbs (LL)					
			(X =Yes)			
			IMPAIRMENT (Problem/Complication)		R	L
			1. Open Wound			
			2. Wound Infection			
			3. Pain			
			4. Edema / Swelling (* Measure)			
		5. Hypertrophic Scar / Keloid Scar				
		6. Adhesion				
		7. Soft Tissue Contracture (* Measure)				
		8. Joint Contracture (* Measure)				
		9. Deformity of Body Part				
		10. Amputation/Loss of Body Part				
		11. Muscle Weakness				
		12. Loss of Sensation				
		13. Other:				
		ACTIVITY LIMITATION, Explain: (Difficulty doing Self-care/Other Activities)				
		PARTICIPATION RESTRICTION, Explain: (family, school, work, play, social, etc.)				
		Other, Explain:				

\*See Measurements (Edema & Joint ROM) documented on other paper/form

NON - SURGICAL INTERVENTIONS	DESCRIBE SPECIFICS (include type, frequency, time, etc.)	URGENT	Successfully Completed
1. Patient Education/Self-care/ADL			
2. Wound Care			
3. Edema Control			
4. Scar Management and Control			
5. Positioning / Splinting			
6. Management of Pain and Sensory Problems			
7. Exercise and Activity for joint ROM and strengthening weak muscles			
8. Adaptations and Modifications in Activities of Daily Living(ADL)			
Referral			
Other			

Figure 4.1 Buruli ulcer patient's POD assessment form – Ashanti region, Ghana

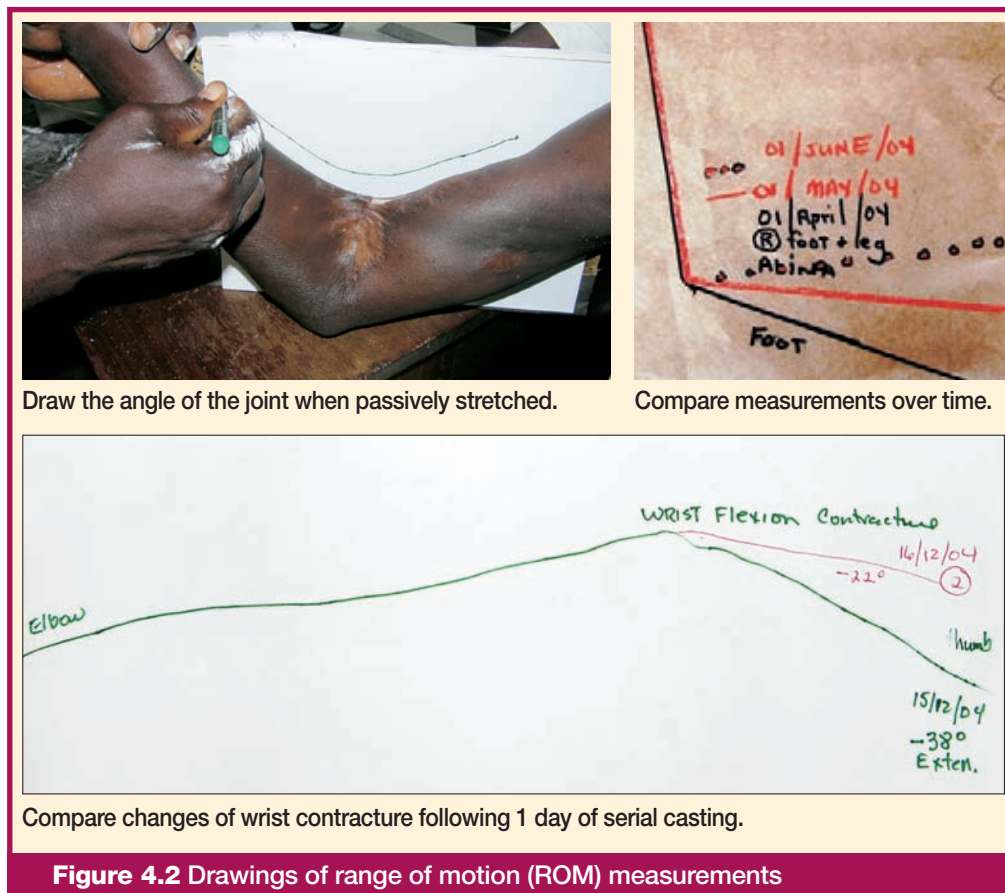
### Buruli ulcer patient's POD assessment form – Ashanti region, Ghana

#### General information

Fill in the person's name, clinical record number (**No.**), address to be used for future contact, the village or city where the person lives, the district and region, and the age at time of assessment. The sex (gender) of the person is identified by placing an **X** in the box marked **M** for male or **F** for female. The disease classification is marked with an **X** in the box labelled **new case** (i.e. no previous history of or treatment for Buruli ulcer) or **recurrent case** (i.e. presenting within one year with a further lesion at the same site or at a different site). Fill in the **level of education** completed and the **occupation** prior to being diagnosed with Buruli ulcer. In addition, include the current status; for example, if a student – *is the individual still going to school or not?* or if a worker – *is the individual working or unemployed* – or, more generally, *has the individual been required to change occupation or to retire because of the disease?*. Each assessment form should include the date the POD assessment was completed, including the day (**dd**), month (**mm**) and year (**yy**).

#### Body chart design

The location and extent of the Buruli ulcer lesions should be carefully drawn in. This information is important for determining the parts of body involved, information that is useful for interventions involving splints and pressure garments.



**Location of lesion**

An **X** is placed under **R** (right side), **L** (left side), or under both sides, at the location of the lesion (head and neck, thorax, back, abdomen, buttocks and perineum, upper limbs, lower limbs).

**Impairments** (*problems and complications*)

An **X** is placed under **R** (right side), **L** (left side), or under both sides, if a problem or complication is identified. Active (AROM) and passive (PROM) range of motion is most easily determined by the health worker. The angles of the joints are recorded on a separate piece of paper, using different colour marking pens for each assessment date (see example, *Figure 4.2*). Care needs to be taken that the same position is used each time. The results can be observed by the patient, so that progress can be seen.

**Measurement of pain**

Pain can be recorded on a numerical scale, using the following method. The person marks on a line from “no pain” to “maximum pain”, and the position of the mark is measured with a 10-centimetre ruler. Both the pain experienced at the time of the assessment, and the greatest pain experienced within the last 24 hours, should be recorded. The person should indicate with

- the pain level currently being experienced (current pain), and mark the line with an **X** to indicate the maximum amount of pain experienced within the last 24 hours (greatest pain). Maximum or severe pain is that pain which is constant and interferes with the person’s normal daily activities (see *Figures 4.3.1, 4.3.2, 4.3.3* and Annex 5). A colour pain scale is usually more easily understood by both adults and children.

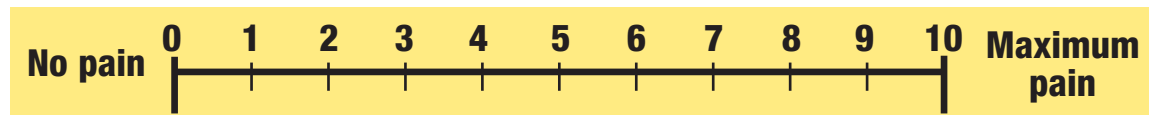


Figure 4.3.1 Numerical pain scale indicator

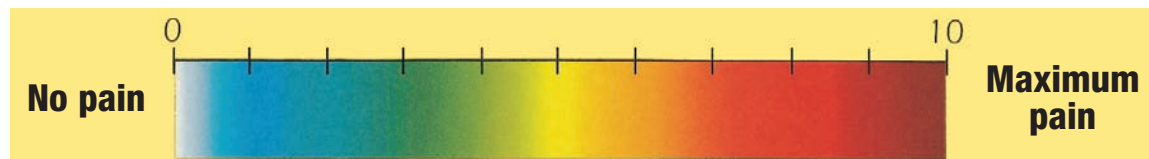


Figure 4.3.2 Numerical colour pain scale indicator for adults

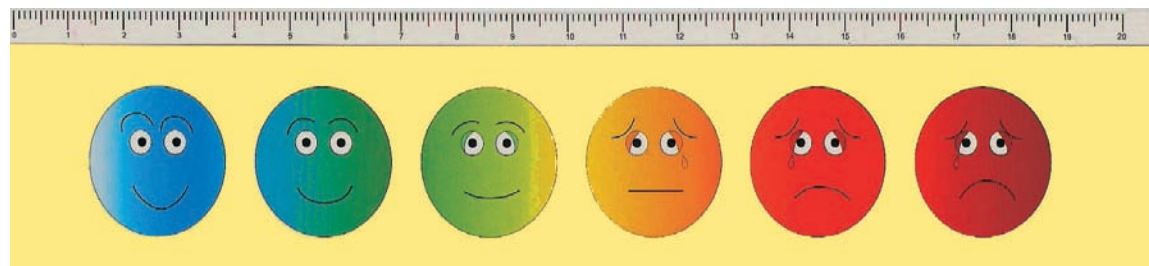
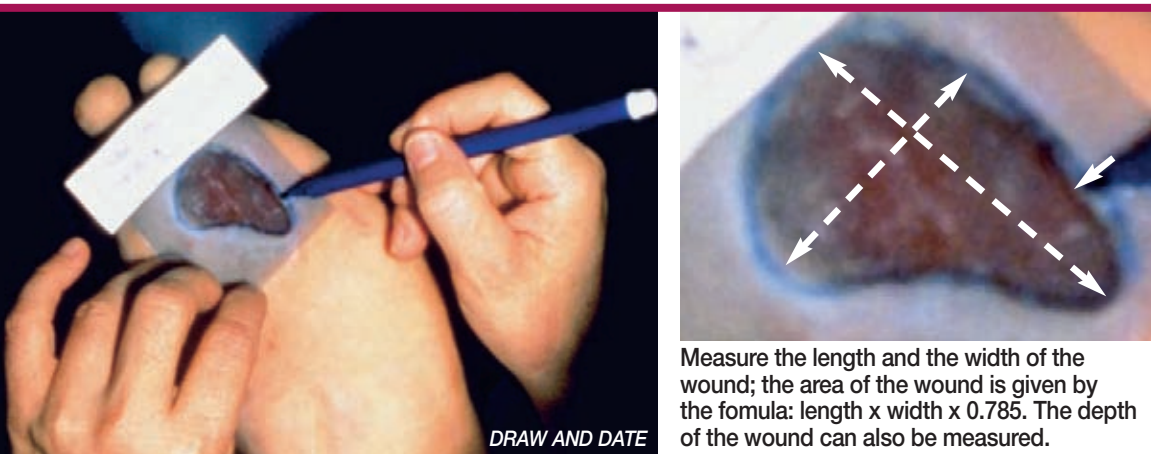


Figure 4.3.3 Numerical colour pain scale indicator for children

KEY		
Current pain	• =	cm
Greatest pain within the last 24 h	X =	cm



DRAW AND DATE

Measure the length and the width of the wound; the area of the wound is given by the formula: length x width x 0.785. The depth of the wound can also be measured.

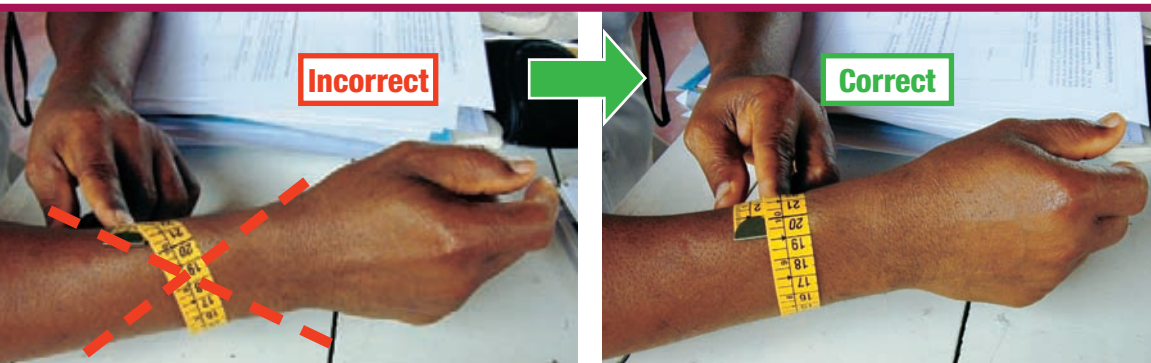
Figure 4.4 Measure wound size and depth

### Measurement of wound size

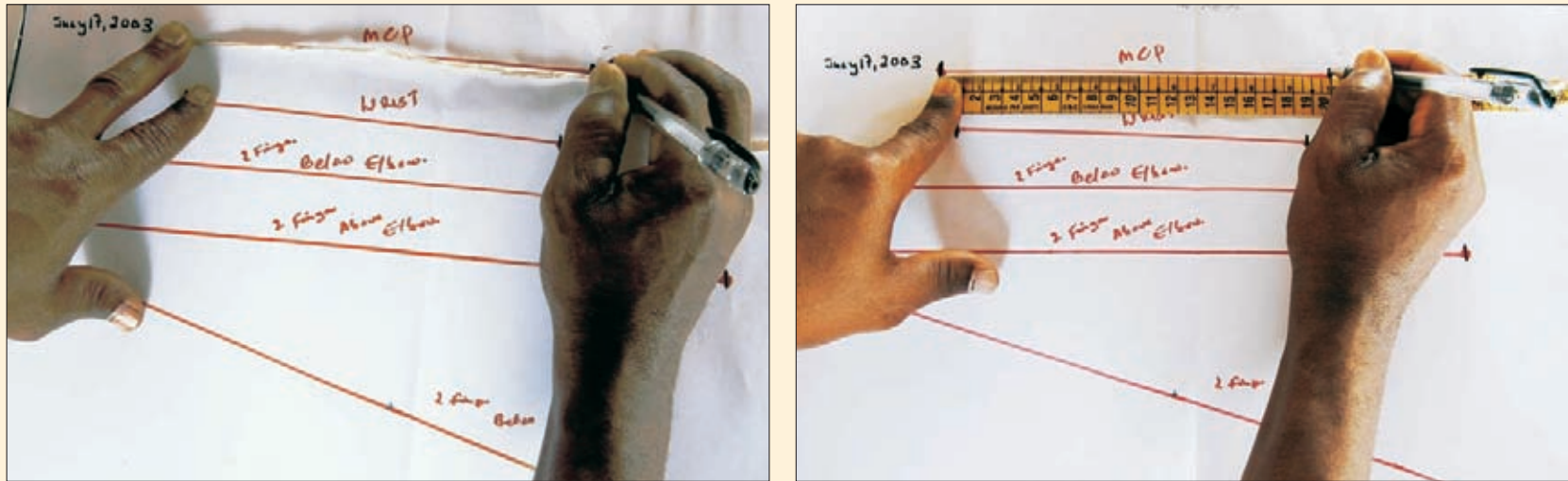
Detailed measurements can be taken on separate pieces of paper to record wound size (Figure 4.4), areas and degree of sensory loss, and the degree of muscle weakness (functional motor test).

### Oedema control measurement of the upper and lower limbs

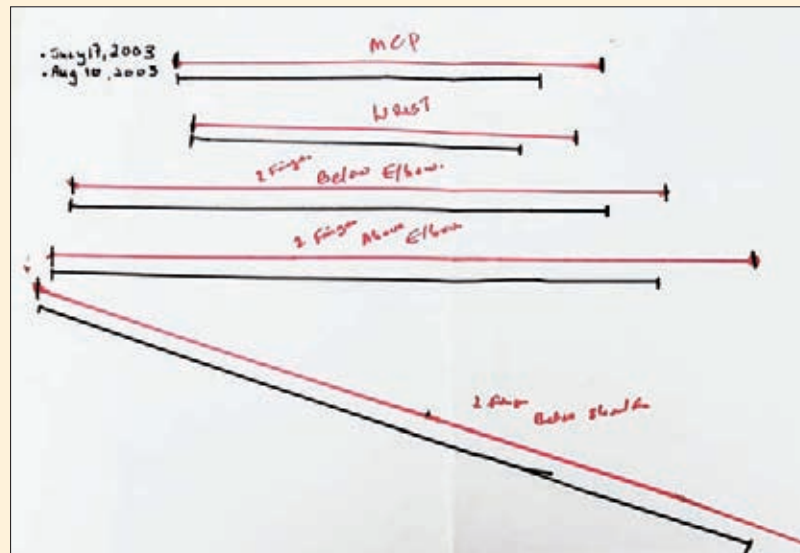
The most accurate way to measure oedema is with a volumeter. The limb is submerged in a standard-size container with a standard quantity of water and the displaced water is measured. If a volumeter is used, care needs to be given to proper cleaning of the container between patients. This manual, however, describes a simpler technique using a measuring tape or a cord to record measurements. Periodic measurements are taken at the same locations, in order to permit comparison with earlier measurements. Additional assessment forms are included in this manual for recording oedema in the upper and lower limbs (Annex 3). Care must be taken not to position the measuring tape at an angle or pull the tape too tightly (Figures 4.5.1, 4.5.2 and 4.5.3).



Figures 4.5.1 & 4.5.2 Positioning of the tape for oedema measurement



▲ Measurements can be taken using string and/or a measuring tape. ▲



◀ Improvement can be monitored by comparing measurements.

Figure 4.5.3 Drawing oedema measurements

### Range of motion measurements

Range of motion (ROM) measurements are most accurately taken using a goniometer (*Figure 4.6.1*). **Passive and active joint range of motion goniometric measurement forms can be found in Annex 4.** Joint angles should be measured both **passively** (the health worker makes the movement of the affected individual's joint to its fullest capacity) and **actively** (the individual makes the movement). Joint angles can also be measured and monitored with paper drawings; this technique is recommended for the field (*Figure 4.6.2*).

### Documentation of activity limitations, participation restrictions, and other

#### Activity limitation

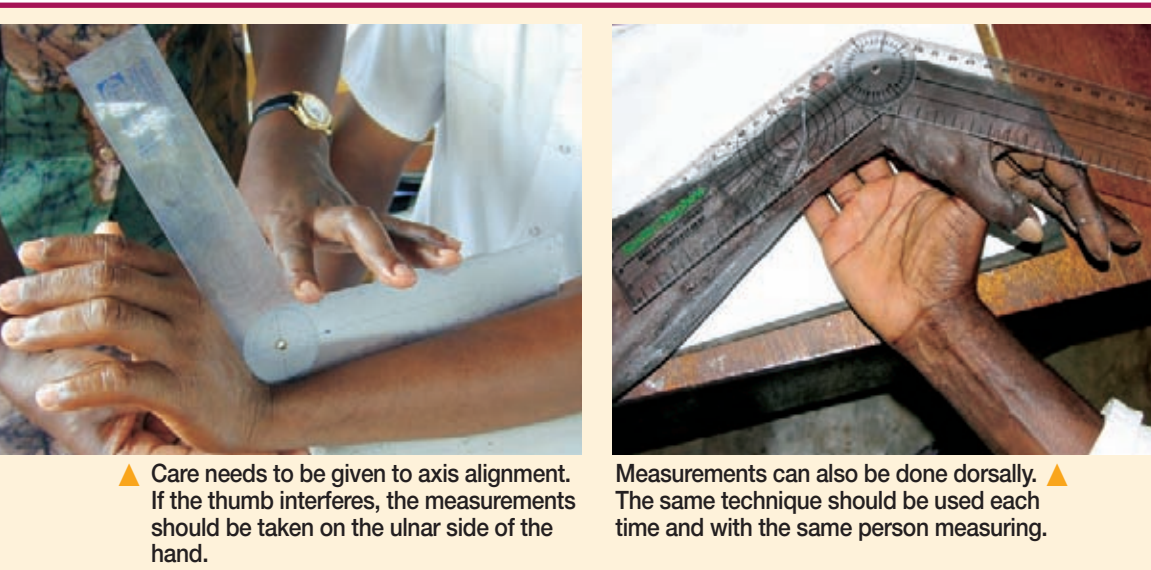
This section of the form should document the individual's perceived difficulties with daily activities because of Buruli ulcer – described by either the individual or the caregiver. A direct assessment of functional limitation can be made using the Buruli Ulcer Functional Limitation Score (BUFLS) included in Annex 6.

#### Participation restriction

This section of the form describes the problems that the individual perceives as being experienced with family, other relationships, school, work, and community because of Buruli ulcer. Assessment of participation restriction is possible by using the participation scale (P-scale), which is included in Annex 7.

#### Other

Explain any other problem or difficulty that the individual describes or that you observe.



**Figure 4.6.1** Goniometric measurement of wrist joint range of motion (ROM)





Measure with goniometer ▲



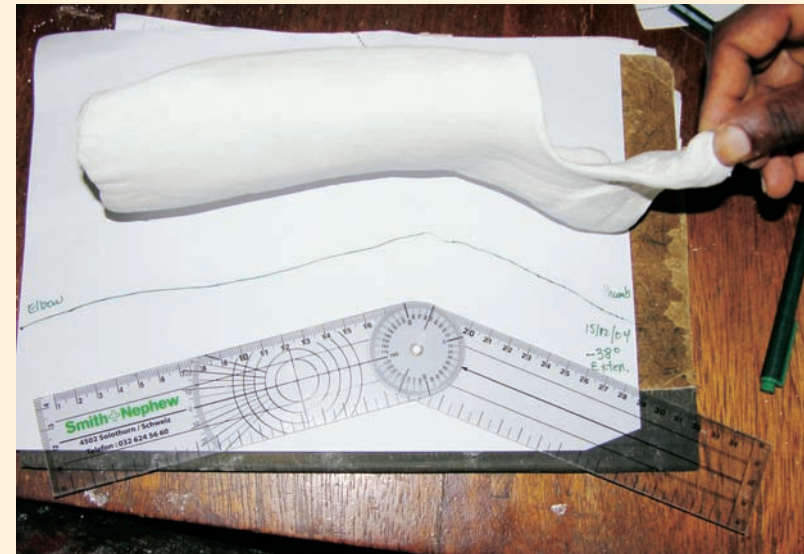
Draw goniometer on paper ▲



Compare ROM changes ▲



Position and draw the ROM ▲



Comparison of goniometer, drawn angle and antideformity splint position ▲

**Figure 4.6.2** Monitoring ROM with paper drawings

### Documentation of indicated POD interventions

Following identification of the problems, the health worker will decide on the POD interventions needed to resolve the impairment, activity limitation, or participation restriction that has been recorded. The intervention methods and frequency should be described.

By marking the “urgent” column of the form with an **X**, all staff will know that this intervention is of high priority to prevent or minimize impairment and disability. When the health worker initials and dates the form with the notation “successfully completed”, others will know that the intervention has been completed and is now no longer needed.

The assessor, other health workers, and the family should clearly know how to follow up and reinforce routine interventions and how to do them correctly (specific treatment techniques are described in Chapter 5 of this manual). This form should permit the supervisor and others to monitor the interventions.

Periodic assessment helps to determine if the condition of the person affected by BU is the same, better, or worse, and whether the chosen interventions are achieving the desired results. If improvement is not seen, either modification of the intervention or referral may be necessary.

The health worker should listen carefully to the complaints of the affected person and the family’s observations of his or her difficulties during activities of daily living. The health worker should ask whether the person may be experiencing difficulties in participation in school, job, or family and community activities because of the disease.

The results of interventions can depend on the following factors:

- accessibility to health services which include POD;
- the family’s socioeconomic situation and support;
- appropriately-selected and correctly-applied POD interventions;
- the knowledge and expectations of the person and the family about POD interventions;
- interest, motivation, and ability to learn; and
- skills and resources to practise what is taught.

## Review questions

1. Why do you need to document the assessment findings and interventions?
2. How do you choose which intervention(s) to use?
3. How do others know which POD interventions are needed?
4. How do you know if the person affected by BU is getting better or worse?
5. What influences the outcome of the POD interventions?