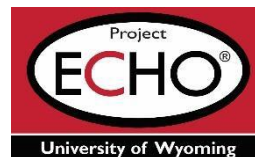




**UW ECHO® in Geriatrics Network**  
 University of Wyoming  
[WyCOA ECHO Clinics](#)

Phone (307) 766-2829 | Fax (307) 766-2847



## UW ECHO® in Geriatrics Network: Case Presentation Prep & Information

### Brief Video Case Presentation Demonstration

Please view this video to support you in presenting your case to the network: <https://youtu.be/FGs4gluMi3c>

**Below is the meeting format.** There are 20-25 minutes for case presentations and discussion. Please present the case as concisely as possible (5 minutes) to allow for robust discussion with the HUB team members. This case form/additional materials will be given to the Hub Team to review ahead of time.

#### UW ECHO® in Geriatrics Format:

- 12:00pm-12:05pm: Introductions & welcome
- 12:05pm-12:30pm: 25-minute community discussion
- 12:30pm-12:55pm: 25-minute case presentation
- 12:55pm-1:00pm: Closing & evaluations

#### Brief sample presentation based on the UW ECHO in Geriatrics Case Presentation format:

- ✓ **Older Adult Snapshot:** Age, sex, and relevant background. Include primary language, communication or cognitive impairments, etc.
- ✓ **Reason for Review:** The primary reason for presentation that answers this question, "WHAT IS THE MAIN QUESTION ABOUT THIS PERSON YOU WANT HELP WITH".
- ✓ **Medical History:** Diagnoses, relevant procedures, treatments, etc.
- ✓ **Current Medications:** list current medications noting any recent changes
- ✓ **Observations:** New or worsening symptoms with staff/caregiver observations (e.g., appetite, behavior, pain, etc.)
- ✓ **Assessments:** Clinical reasoning integrating medical, functional, behavioral, and social data. Include possible diagnoses and contributing factors.
- ✓ **Goals of Care / Advance Care Planning:** A brief overview of the goals of care and ACP information

#### ✓ **Tips for Effective Presentation**

- **Be concise:** Provide relevant details linked to the diagnosis or management.
- **Know the UW ECHO in Geriatrics attendees:** Our team consists of a Geriatrician, Geriatric Pharmacist, Neurologist, Geriatric Psychiatrist, Psychologist, Gerontologist and colleagues in aging around the region!
- **Demonstrate clinical reasoning:** Don't just list facts—explain your thought process.
- **Anticipate questions.** Be ready to provide additional details during the discussion.

Proceed to Page 2 to complete the UW ECHO in Geriatrics Case Presentation Form



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UW ECHO® in Geriatrics Network Case Presentation Form

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Complete ALL ITEMS on this form and fax to (307) 766-2847 or email to wycoa@uwyo.edu

\*When we receive your case, we will email or fax you a confidential Network ID number (ECHO ID) that must be utilized when identifying your person/case during clinic.

Date: \_\_\_\_\_ Case ID: \_\_\_\_\_

Case Presenter Name/Credentials, Organization, and Contact Info: \_\_\_\_\_

Case Information: Age: \_\_\_\_\_ Gender: \_\_\_\_\_ New Case (Y/N): \_\_\_\_\_ Follow-up Case? (Y/N) \_\_\_\_\_ ID # \_\_\_\_\_

WHAT IS THE MAIN QUESTION ABOUT THIS PERSON YOU WANT TO HELP WITH?

Empty box for main question

Please check all that apply:

- Symptom Management (Insomnia, paranoia, hallucinations wandering, anxiety, etc.)
Advanced Care Planning
Incontinence
Constipation
Determining the person's diagnosis
Agitation and/or aggression
Depression
Inappropriate Behavior
Dementia Specific Treatment options
Issues of ADLs and iADLs
Sensory loss
Pain
Sleep Problems
History of Falls
Other: \_\_\_\_\_

Additional information as related to your main question:

Empty box for additional information

**MEDICAL HISTORY**

**Fill in specifics if applicable:**

What are the most important active medical problems?

\_\_\_\_\_  
\_\_\_\_\_

List of medical problems/diagnoses currently being treated (can attach documentation):

\_\_\_\_\_  
\_\_\_\_\_

Do you have any questions or concerns about the individual's current medical treatment?

\_\_\_\_\_  
\_\_\_\_\_

- Current substance use (Circle): ETOH Opioids Nicotine Caffeine Cannabis Other: \_\_\_\_\_ NONE
- Substance abuse history (Circle): ETOH Opioids Nicotine Caffeine Cannabis Other: \_\_\_\_\_ NONE

**What Matters: Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, End-of-life care, and across settings of care. Please provide any of the following information you have currently.**

**GOALS OF CARE/PAST LIFE ACTIVITIES/INTERESTS:**

- Goals of Care (What is important to the person/family?): \_\_\_\_\_  
\_\_\_\_\_
- Goals of Care (What is important to the Care Team?): \_\_\_\_\_  
\_\_\_\_\_
- Main past employment: \_\_\_\_\_
- Life Interests (hobbies, skills, talents): \_\_\_\_\_  
\_\_\_\_\_
- Family Conference Documented? Yes \_\_\_ No \_\_\_ . Details \_\_\_\_\_  
\_\_\_\_\_
- Financial Concerns? Yes \_\_\_ No \_\_\_ Not Sure \_\_\_ . Details: \_\_\_\_\_

**Medication: If medication is necessary, use age-friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care. Please provide any of the following information you have currently.**

Current medications and therapies (may attach a list): \_\_\_\_\_  
\_\_\_\_\_

Do you have questions or concerns about current medications? \_\_\_\_\_  
\_\_\_\_\_

**Mentation: Prevent, identify, treat, and manage dementia, delirium, and depression across settings of care. Please provide any of the following information you have at this time.**

Cognitive Screening Exam Scores (circle one): Please attach findings if available

SLUMS\_\_\_\_ MMSE\_\_\_\_\_ MoCA\_\_\_\_\_ MINI-COG\_\_\_\_\_

Notes: \_\_\_\_\_

Neuropsychology Testing (may attach a report): \_\_\_\_\_

Pertinent Labs and Imaging (may attach a report): \_\_\_\_\_

Person's Decision-Making Capacity: Decisional \_\_\_\_ Not Decisional \_\_\_\_ Not Sure \_\_\_\_

\*For a non-decisional person, decisions are made by: \_\_\_\_\_

- Is your main concern about behavior or emotional symptoms? Yes/No (circle one)
- Has the person been diagnosed with any mental or cognitive disorder? Yes/No (circle one) If yes, what? \_\_\_\_\_
  - Is there a mental/behavioral specialist involved in care? If so what discipline? \_\_\_\_\_
  - Describe the current concern: \_\_\_\_\_
  - Staff reactions to these situations: \_\_\_\_\_
  - What have you tried to address the problem (medications, behavioral interventions, staff training, etc.)? \_\_\_\_\_
- What was the result of the intervention(s)? Did it help address/resolve the problem? What did you learn? \_\_\_\_\_

**Mobility: Ensure that each older adult moves safely every day to maintain function and do What Matters. Please provide any of the following information you have currently.**

- Please describe any issues with mobility and any adaptive equipment or measures: \_\_\_\_\_
- If falls are a concern, please describe any issues with mobility. \_\_\_\_\_

**REMINDER: You will have 20 minutes to present and discuss your case with the network.**

*Please note:*

- This case form/additional materials will be given to the Hub Team to review ahead of time. When presenting be brief, about a 5–10-minute summary, to allow discussion.
- UW ECHO® in Geriatrics Format:
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