

Fulmer SPICES: An Overall Assessment Tool for Older Adults

By: *Terry Fulmer, PhD, RN, FAAN*
The John A. Harford Foundation

WHY: Normal aging brings about inevitable and irreversible changes. These normal aging changes are partially responsible for the increased risk of developing health-related conditions within the older adult population. Prevalent issues experienced by older adults include: sleep disorders, problems with eating or feeding, incontinence, confusion, evidence of falls, and skin breakdown. Familiarity with these commonly-occurring issues helps the nurse prevent unnecessary iatrogenesis and promote optimal function of the aging individual. Flagging conditions for further assessment allows the nurse to implement preventative and therapeutic interventions (Fulmer, 1991; Fulmer, 2007).

BEST TOOL: Fulmer SPICES is an efficient and effective instrument for obtaining the information necessary to prevent health alterations in the older adult patient (Fulmer, 1991; Fulmer, 1991; Fulmer, 2001). SPICES is an acronym for the common syndromes of the elderly requiring nursing intervention:

S is for Sleep Disorders

P is for Problems with Eating or Feeding

I is for Incontinence

C is for Confusion

E is for Evidence of Falls

S is for Skin Breakdown

TARGET POPULATION: The problems assessed through SPICES occur commonly among the entire older adult population. Therefore, the instrument may be used for both healthy and frail older adults.

VALIDITY AND RELIABILITY: The instrument has been used extensively to assess older adults in the hospital setting, to prevent and detect the most common complications. Full psychometric testing has not been done, however, validation has been conducted (Aronow, Borenstein, Haus, Braunstein, & Bolton, 2014; Fulmer, 2007; Mitty, 2010). Used in the acute care setting within 24 hours of admission, SPICES has been shown to be valid and predictive of adverse events, as well as significantly correlated with age and other validated assessments for vulnerability, comorbidities, and depression (Aronow et al., 2014).

STRENGTHS AND LIMITATIONS: The SPICES acronym is easily remembered and may be used to recall the common problems of the elderly population in all clinical settings. It provides a simple system for flagging areas in need of further assessment and provides a basis for standardizing quality of care around certain parameters. SPICES is an alert system and refers to only the most frequently-occurring health issues of older adults. Through this initial screen, more complete assessments are triggered. It should not be used as a replacement for a complete nursing assessment.

MORE ON THE TOPIC:

Best practice information on care of older adults: <https://consultgeri.org>.

Aronow, H. U., Borenstein, J., Haus, F., Braunstein, G. D., & Bolton, L. B. (2014). Validating SPICES as a screening tool for frailty risks among hospitalized older adults. *Nursing Research and Practice*, 2014, 1-5. doi: 10.1155/2014/846759

Fulmer, T. (1991). Grow Your Own Experts in Hospital Elder Care. *Geriatric Nursing*, March/April 1991, 64-66.

Fulmer, T. (2001). The geriatric resource nurse: A model of caring for older patients. *American Journal of Nursing*, 102, 62.

Fulmer, T. (2007). How to try this: Fulmer SPICES. *AJN*, 107(10), 40-48; quiz 48-49.

Mitty, E. (2010). Iatrogenesis, frailty, and geriatric syndromes. *Geriatric Nursing*, 31(5), 368-374.

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Patient Name:		Date:	
SPICES	EVIDENCE		
	Yes	No	
S leep Disorders			
P roblems with Eating or Feeding			
I ncontinence			
C onfusion			
E vidence of Falls			
S kin Breakdown			

Adapted from Fulmer, T. (1991). The Geriatric Nurse Specialist Role: A New Model. *Nursing Management*, 22(3), 91- 93.

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The Hartford Institute for Geriatric Nursing recognizes Meredith Wallace Kazer, PhD, APRN, A/GNP-BC as one of the original authors of this issue.