

## Fulmer SPICES: An Overall Assessment Tool for Older Adults

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**WHY:** Normal aging brings about inevitable and irreversible changes. These normal aging changes are partially responsible for the increased risk of developing health-related problems within the elderly population. Prevalent problems 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 disorders helps the nurse prevent unnecessary iatrogenesis and promote optimal function of the aging patient. Flagging conditions for further assessment allows the nurse to implement preventative and therapeutic interventions (Fulmer, 1991; Fulmer, 1991).

**BEST TOOL:** Fulmer SPICES, developed by Terry Fulmer, PhD, APRN, FAAN at New York University College of Nursing, 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 (Fulmer, 2001; Lopez, et al, 2002; Pfaff, 2002; Turner, J., et al, 2001; NICHE). Psychometric testing has not been done.

**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 problems 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: [www.ConsultGerRN.org](http://www.ConsultGerRN.org).

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

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.

Lopez, M., Delmore, B., Ake, J., Kim, Y., Golden, P., Bier, J., & Fulmer, T. (2002). Implementing a Geriatric Resource Nurse Model. *Journal of Nursing Administration*, 32(11), 577-585.

Nurses Improving the Care of the Hospitalized Elderly (NICHE) project at the Hartford Institute for Geriatric Nursing, <http://www.hartfordign.org>.

Pfaff, J. (2002). The Geriatric Resource Nurse Model: A culture change. *Geriatric Nursing*, 23(3), 140-144.

Turner, J. T., Lee, V., Fletcher, K., Hudson, K., & Barton, D. (2001). Measuring quality of care with an inpatient elderly population: The geriatric resource nurse model. *Journal of Gerontological Nursing*, 27(3), 8-18.

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