



Special Considerations: Geriatric Patient Assessment

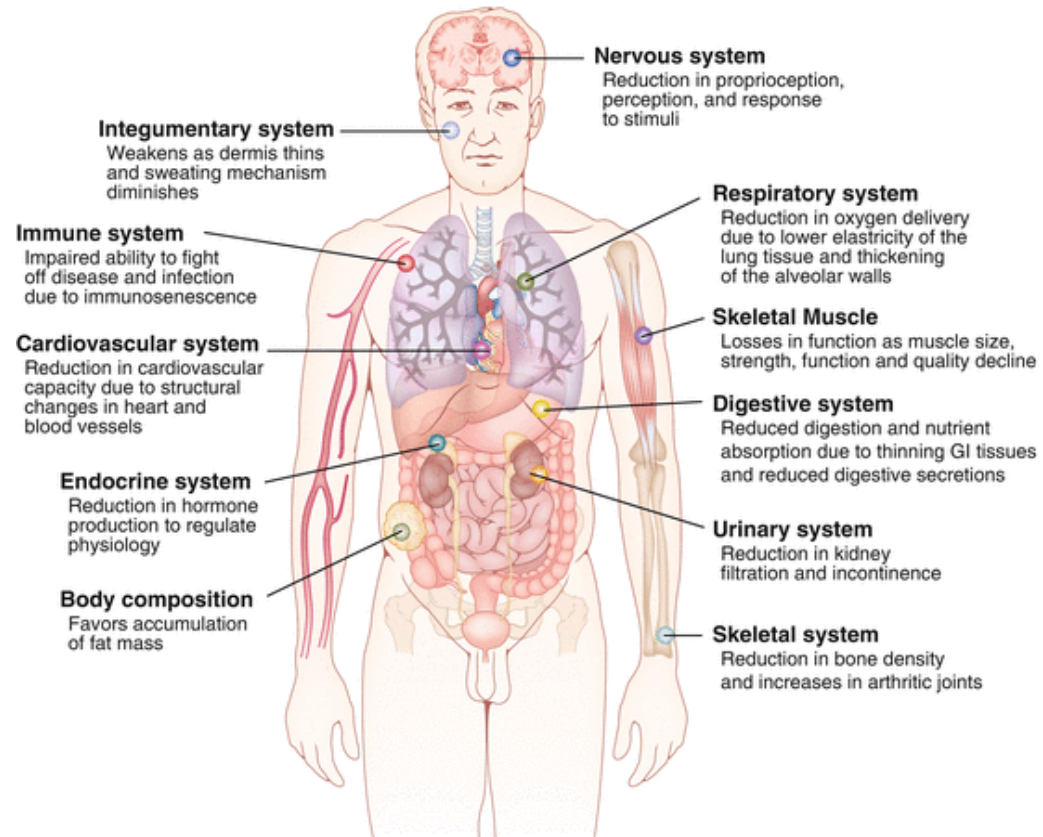
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Geriatrics

- ▶ A specialty that focuses on the health care of elderly people. Derived from Greek language meaning “old man” and “healer”.
- ▶ Geriatric medicine is aimed at those 65 years and older.
- ▶ What percentage of your calls involve caring for geriatric patients?





Physiological Changes of Aging

General Principals to Consider: Assessment of the Geriatric Patient

- ▶ Special considerations of the geriatric patient:
 - ▶ They are likely to have more than one chronic illness.
 - ▶ Chronic health problems can make assessment for acute problems challenging.
 - ▶ Signs and symptoms of chronic illnesses can overlap with acute illness.
 - ▶ Aging can affect a persons response to illness and injury.
 - ▶ Pain may be diminished or absent.
 - ▶ Social and emotional factors may have a greater influence on health.
 - ▶ The patient may fear loosing autonomy.
 - ▶ The patient may have financial concerns about the cost of care.

Geriatric Patient Communication Techniques



Always identify yourself



Speak at eye level



Locate hearing aids, eye glasses, and dentures



Turn on the lights



Speak slowly and distinctly



Use the patients surname



Be patient



Preserve dignity

Geriatric Patient Assessment

- ▶ Primary Assessment
- ▶ History
- ▶ Secondary Assessment
- ▶ Movement and Transport
- ▶ GEMS (Jones & Bartlett)
 - ▶ Geriatric patient
 - ▶ Environmental Assessment
 - ▶ Medical Assessment
 - ▶ Social Assessment





As The Baby Boomers Age: The Silver Tsunami

- ▶ In 2015 there were 47 million Americans over the age of 65. In 2060 there will be 98 million Americans over the age of 65.
- ▶ This will create societal challenges for caring for older adults. This may also require healthcare reform to be able to effectively care for older populations in the future.
- ▶ Research indicates 40% of EMS runs are for older adults.



“I don’t have anyone else to call so, I have to call you and wait on the floor until you arrive.”

Scenario 1

- ▶ You're called lights and sirens to a local residence for life line alarm. No answer on call back. You arrive on scene and the front door is locked, there is no car in the driveway and it's quiet. You receive notes about the location of a hidden key. As you are searching for the key in the front yard the neighbor runs up to you and states "they are not home. They just left for the day. What are you doing?" You locate the key and the neighbor restates that the people that reside there are not home. The neighbor seems agitated.
- ▶ How do you proceed?

Special Considerations: Treating Geriatric Patients



1. EXPECT AGE RELATED DIFFERENCES



2. PAY ATTENTION TO MEDICATIONS



3. LOOK BEYOND THE CHIEF COMPLAINT



4. LOOK FOR SIGNS OF ELDER ABUSE AND/OR NEGLECT



5. BE SURE TO IDENTIFY COMMUNICATION BARRIERS AND ADDRESS THEM

Scene Considerations: Activities of Daily Living

- ▶ Activities of daily living: paramedics are in a unique situation to be able to observe the patients living conditions first hand
 - ▶ Medication management
 - ▶ Laundry and house chores
 - ▶ Meal preparation
 - ▶ Financial responsibilities, bill paying
 - ▶ Running errands
 - ▶ Using the telephone or computer

Medication Considerations: Polypharmacy, Availability



- ▶ Are the patients medications available?
- ▶ Has the patient been taking their medications?
- ▶ Are there prescribed medications that should not be taken together?
- ▶ Is there a possibility of sharing medications or taking medications that aren't prescribed?

Nursing Home Scene Call Considerations

- ▶ It may take some effort to find staff that knows the patient. The CNA may know the patient better than the floor nurse.
- ▶ Be sure to obtain complete paperwork that contains a complete hx, medications, and allergies
- ▶ Is the patient a full code?
- ▶ Looks for signs of neglect





Elder Abuse and Neglect

- ▶ **Elder abuse** is "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person."
- ▶ **Elder Neglect**, depriving a person of proper medical treatment, food, heat, clothing or comfort or essential medication and depriving a person of needed services to force certain kinds of actions, financial and otherwise. Neglect can include leaving an at-risk (i.e. fall risk) elder person unattended. The deprivation may be intentional (active neglect) or happen out of lack of knowledge or resources (passive neglect).

Elder Abuse

- ▶ Statistically, the abusers tend to be adult male children that are primary care givers. These caregivers are usually financially dependent on the patient and will suffer a loss of income if the patient isn't home with them.
- ▶ Elder abuse and neglect should be reported



Moving and Transporting the Elderly



- ▶ Evaluate mobility and pathways through the home.
- ▶ Plan the move and use your tools to ensure comfort and safety. Stair chairs, mega movers, binder lifts, etc.
- ▶ Pre-medicate if indicated
- ▶ Keep your patient warm
- ▶ Pad the boards or hard surfaces

Other Geriatric Special Considerations

- ▶ Aphasia
- ▶ Normal baseline mental status
- ▶ Access to medical care and community resources
- ▶ Social networks and mental health
- ▶ Denial
- ▶ Coping mechanisms

Scenario 2

- ▶ You're called to an MVA involving a 77 y.o. male patient involved in a traffic accident. You arrive to find your patient sitting in the drivers seat of his SUV awake and alert. He is hesitant to answer your questions and will not provide his name or information. His injuries are minor, bumps and bruises. His medications involve Eliquis, Lisinopril, Atorvastatin, and Aspirin. He is A04 and is refusing medical treatment and transport.





Quiz and Evaluation Link. Required to Receive CE Certificate

- ▶ https://msu.co1.qualtrics.com/jfe/form/SV_8bNKSXURkh12FZb

Bibliography

1. **Respect Your Elders Issue 8 Volume 38. 2013 JEMS. K. Widmeier**
2. **Silent But Deadly: The Trauma We Miss in Geriatric Care. 2018. EMS1. R. Duckworth**
3. **Treating Geriatric Patients: 5 Tips for EMTs and Paramedics 2017. EMS1. K. Grange**
4. **Preparing Fire Based EMS for the Silver Tsunami 2018. EMS1. K. Hatt**