Chapter 36 - Geriatric Emergencies

36 Geriatric Emergencies

OBJECTIVES

36.1 Describe common changes in body systems that occur in older age. Slide 9
36.2 Discuss adaptations that may be required in communicating with and assessing older patients. Slides 10–12, 14–22
36.3 Discuss the need for awareness of and the special considerations regarding medical conditions and injuries to which older patients are prone, including effects of medications, shortness of breath, chest pain, altered mental status, gastrointestinal complaints, dizziness/weakness/malaise, depression/suicide, rash, pain, flu-like symptoms, and falls and the possible significance of general or nonspecific complaints in older adults. Slides 24–33
OBJECTIVES

36.4 Recommend changes to improve safety in the home of an elderly person. Slide 13
36.5 Discuss possible indications of elder abuse. Slide 34
36.6 Discuss psychosocial concerns of older patients, including the fear of loss of independence. Slide 35

MULTIMEDIA

- Slide 37 Information About Alzheimer’s Disease Video
- Slide 38 Elder Mistreatment and Abuse Video

CORE CONCEPTS

- Age-related changes in the elderly
- Communicating with older patients
- Assessing and caring for older patients
- Illness and injury in older patients
The Geriatric Patient

Age-Related Changes

• After age 30, organ systems lose 1 percent of function each year
• Maximum heart rate declines
• Older patient with internal bleeding won’t exhibit heart rate as rapid as expected
• If unaware, EMT may miss that older patient is in shock
Communicating with Older Patients

- Causes of patient’s communication difficulties
  - Changes in hearing, vision, memory
  - Loss of teeth
  - Loss of brain function (Alzheimer’s most common)
- First assume altered mental status result of present injury/illness

History and Assessment of Older Adult Patient

- Scene size-up and safety
- Primary assessment
- Secondary assessment
Scene Size-up and Safety

- Look inside and outside residence for clues to physical and mental abilities
  - Condition of residence
  - Half-eaten food
  - House dirty or clean
  - Items left out that patient can trip on

Primary Assessment

- General impression
- Mental status
- Airway
- Breathing
- Circulation

Identifying Priority Patients
Secondary Assessment

- History
  - Take time needed to get full information
  - Find out whether patient is compliant with medical advice
  - Ask family members, others familiar with patient’s condition
- Physical exam
- Baseline vital signs

Components of Physical Exam

- Head and neck
- Chest and abdomen
- Pelvis and extremities
- Spine

Head and Neck
Pelvis and Extremities

- Hip and proximal femur commonly fractured in fall
- Weakening of bone results in injuries to wrists and proximal humerus, also
- Check extremities for edema and swelling
  - When significant, these can be signs of underlying heart, vascular, or liver disease

Spine

- Very commonly injured in motor-vehicle collisions
- Abnormal curvature may make immobilization challenging
- Do best to keep vertebrae in alignment and reduce patient’s discomfort
Reassessment

Think About It

- What is commonly seen when assessing an elderly patient's blood pressure?
- What is most commonly fractured in female elderly patients?
- What are some challenges you might face in immobilizing elderly patients?

Illness and Injury in Older Patients

- Elderly patients prone to some problems because of age-related changes
- Problems present differently than in younger patients
- May present with vague signs or symptoms
Medication Side Effects and Interactions

- Drug-patient interactions
- Drug-drug interactions

Shortness of Breath

Chest Pain
Altered Mental Status

Abdominal Pain and Gastrointestinal Bleeding

Dizziness, Weakness, and Malaise

- Don’t take complaints lightly
- Can be associated with a number of serious conditions
- Can be life threatening
- Be diligent in assessment, even for vague symptoms
Depression and Suicide

- Causes in elderly patients
  - Conditions that limit activity
  - Medications that sap energy
  - Loss of friends and spouse
  - Biochemical imbalance

Rash, Pain, Flulike Symptoms

- Shingles
  - Virus reawakens after years
  - Appears as belt-like band around torso
  - Scabs over after a few days
  - Pain on side of torso
  - EMT can contract it from fluid

Falls

- Death may result from complications of fall
  - Bruised ribs, can’t cough because of pain, develops pneumonia
- May indicate more serious problem
  - Abnormal heart rhythm, stroke, internal bleeding
- Assess for cause of fall as well as injuries from fall
Elder Abuse and Neglect

Loss of Independence

- Help patient who is losing independence due to illness/injury
  - Treat patient with dignity
  - Don’t minimize fears and concerns
  - Lock up house
  - Arrange for care for pets
  - Be reassuring
  - Empathize

Think About It

- What are some important facts to remember when treating elderly patients?
- What are the best preventative measures for an EMT who comes in contact with shingles?
- What is a side effect of NSAID use?
Chapter Review

• Despite generalizations, older people are individuals who can differ significantly in their health needs.
• The prevalence of many diseases increases with age, increasing the portion of the older population that requires health care.

continued

Chapter Review

• Age-related decline in system function alters the body's response to illness and injury, requiring modified interpretation of assessment findings and complaints.
• Multiple medical problems and medications can lead to unpredictable problems and drug interactions.

continued

Chapter Review

• Nervous system changes, along with isolation, financial problems, loss of loved ones, and chronic health problems increase the risk for depression in the elderly. This can interfere with a person's self-care and ability to communicate.
Remember

• Aging produces common body changes, with different impacts on different patients. Evaluate older patients individually.
• In some cases, EMT must adapt assessment and treatment procedures to account for age-related anatomic and psychosocial changes.

Remember

• Medication difficulties are common in older patients. EMTs must keep this in mind when assessing and treating this age group.
• Elder abuse is a far too common problem. EMTs must learn to recognize the signs of abuse and neglect.

Questions to Consider

• What size blood pressure cuff might be better suited to an elderly patient?
• What challenges might you encounter when assessing the mental status of an elderly patient?
Critical Thinking

- You are called to the nursing facility for an 85-year-old female who is having trouble breathing and is very confused. What do you suspect may be wrong with this patient? What actions would you take in treating this patient?

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