


CHAPTER 32

Geriatric Patients



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Geriatric Patients

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Of All Patients Age 65+

- Nearly half have bone/joint disorders.
- A third have high blood pressure and heart disease.
- A quarter are hearing-impaired.

Continued...

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Of All Patients Age 65+

- A tenth have diabetes and/or visual impairments.
- Most take multiple medications.

Continued...

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Of All Patients Age 65+

Nearly half have bone/joint disorders
A third have high blood pressure and heart disease
A quarter are hearing-impaired
A tenth have diabetes and/or visual impairments
Most take multiple medications

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Of All Patients Age 65+

- Over half of patients over age 85 live alone or with a spouse.
- This number is even greater in the 65–74 age range.

ONLY 5% LIVE IN NURSING HOMES!

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Communication with Geriatric Patients


- May have vision deterioration
- Possible hearing loss
- Difficult speech pattern
 - Dentures
 - Previous medical problems

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Don't Assume...

Confusion is normal for any patient, including the elderly. (It isn't.)



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Don't Assume...

Aging means impaired thinking ability. (It doesn't.)

The world is full of 85-year-olds who manage their own affairs very well.

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Assessing Geriatric Patients

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Scene Size-Up & Safety

- Are there physical hazards that could produce injuries?
- Is environment well ordered?
- Are meds organized and current?

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Scene Size-Up & Safety

- Do you see half-eaten food?
- Are surroundings sanitary?
- What is the temperature of the home?

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General Impression

- Level of distress?
- Body positioning?
- Medical equipment?
 - Oxygen tanks, hospital beds, etc.
- Mental status?
 - What is normal baseline?

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Assess ABCs

- Airway & Breathing may be affected by:
 - Stiffness in neck
 - Dentures may cause blockage
- Arthritis/Circulation may be affected by:
 - Irregular heart rates

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Focused & SAMPLE History

- May have long medical history
... or none at all
- May have multiple medications
... or none at all
- May have little knowledge of their condition/problem
... or know it very well

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Use Special Consideration...

- Be gentle, especially if skin appears thin and fragile.
- Listen patiently if patient speaks slowly.
- Protect patient's modesty.
- Take extra time to pad or cushion unusual body curves.

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Common Complaints of Elderly Patients

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Pharmacology

- Often take multiple medications
- May lose track if they have taken them

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Pharmacology

- Expensive, may not take regularly
- Drug-patient interactions
- Drug-drug interactions
 - May act differently on each patient
 - May interact with each other

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Shortness of Breath

May or may not have chest pain!

- Asthma
- Emphysema
- Heart Failure
- Myocardial Infarction

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Chest Pain

May or may not have shortness of breath!

- Angina
- Myocardial Infarction
- Aortic Aneurysm
- Pneumonia
 - 4th leading cause of death in elderly

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Other Complaints

- Abdominal pain
 - May be aneurysm or bowel obstruction
- Weakness/Malaise
 - May be sign of underlying problem
- Depression/Suicidal Behavior
 - Elderly males most successful of all age groups

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Additional Concerns

25% of falls result in death.

- Impact on lifestyle can be devastating
- Circumstances often linked to serious disorders

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Additional Concerns

Many elderly fear hospitalization.

- Loss of control over own circumstances.
- Separation from loved ones.
- High costs can wipe out resources.
- Consider the possibility that an elderly patient might understate medical complaints.

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Elder Abuse and Neglect

(It's not easy to be a caretaker!)

- Physical
 - Overtly hitting, pushing, shoving, etc.
 - Ignoring physical needs
- Psychological
 - Threats, insults, "silent treatment"
- Financial
 - Exploitation for resources

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Review Questions


1. How do you find out whether an elderly patient's complaint represents a normal condition?
2. What findings in a patient's environment should attract your attention?

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Review Questions

3. Name some of the most common medical reasons for EMS access by elderly patients.
4. Name the most common mechanism of injury involving elderly patients.


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STREET SCENES

- What is your initial priority for providing care to the patient?
- After the initial assessment is completed, what assessment information should be obtained next?


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STREET SCENES

- Why is the condition of the apartment significant?
- Based on the assessment, would you expect the patient's condition to worsen? How should you be prepared if it does?


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STREET SCENES

- What additional assessment should be done en route to the hospital? How often should the vital signs be taken?

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STREET SCENES

- What information about the patient's living situation seems significant enough to provide to the hospital staff?

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Sample Documentation

PATIENT NAME: Paul Menley PATIENT AGE: 67

PARAMETER	TIME	RESP	PULSE	B.P.	GLUCOSE	SpO2	LOC	SKIN
Difficultly breathing	12:40	22	110	180	100	95	Alert	Warm, Moist
PAST MEDICAL HISTORY								
None	24	104	150				Alert	Warm, Moist
Always in	20	108	150				Alert	Warm, Moist
Hypertension	20	108	150				Alert	Warm, Moist
Diabetes	20	108	150				Alert	Warm, Moist
COPOD	20	108	150				Alert	Warm, Moist
Other (List)	20	108	150				Alert	Warm, Moist
CONVULSIONS								
None	20	108	150				Alert	Warm, Moist
20	20	108	150				Alert	Warm, Moist
30	20	108	150				Alert	Warm, Moist
40	20	108	150				Alert	Warm, Moist
50	20	108	150				Alert	Warm, Moist

NARRATIVE Dispatched for difficulty breathing. Found confused 67 y/o male sitting upright, wheezing, speaking only a few words at a time and complaining of "trouble catching my breath."
Patient appears to be in significant resp. distress. He has asthma and unknown other medical problems. Patient has two inhalers, but can't remember if he used them today. Administered 15 gm O₂ via NRB, transferred patient to unit and transported. En route, patient became more lucid, appeared to be in less distress and began speaking in longer sentences. Further medical history not obtained because of patient's initial mental status and short transport time. Care report to E.D. staff and transferred patient and care. No other changes in patient's condition.

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