

# Emergency

Care and Transportation of the Sick and Injured



Section 6: Special Populations

33: Geriatric Emergencies

## Cognitive Objectives (1 of 2)

1. Define the term “geriatric.”
2. Discuss appropriate ways to communicate with geriatric patients.
3. Discuss the GEMS diamond.
4. State the leading causes of death of the geriatric population.
5. Describe the physiologic changes of aging.

## Cognitive Objectives (2 of 2)

6. Define the problem known as polypharmacy.
7. State the principles and use of advance directives involving older patients.
8. Define elder abuse.
9. Discuss the causes of elder abuse.
10. Discuss why the extent of elder abuse is not well known.

## Affective Objectives

11. Explain why the special needs of older people and the changes that the aging process brings about in physical structure, body composition, and organ function provide a fundamental base for maintenance of life support functions.
- There are no psychomotor objectives for this chapter.
  - All of the objectives in this chapter are noncurriculum objectives.

## Geriatrics (1 of 2)

- Geriatric patients are individuals older than 65 years of age.
- In 2000, the geriatric population was almost 35 million.
- By 2020, the geriatric population is projected to be greater than 54 million.

## Geriatrics (2 of 2)

- Older people are major users of EMS and health care in general.
- Effective treatment will require an increased understanding of geriatric care issues.



## Communications (1 of 2)

- Show the patient respect.
- Position yourself at eye level in front of the patient.
- Speak slowly and distinctly.
- Give the patient time to answer.
- Be patient.

## Communications (2 of 2)



Older patients may need a little more time to process your question.

## The GEMS Diamond



- **G**eriatric patients:  
Normal aging, atypical presentation



- **E**nvironmental assessment: Safety, neglect



- **M**edical assessment:  
Past history, medications



- **S**ocial assessment:  
Basic needs, social network

## Leading Causes of Death

- Heart disease
- Cancer
- Stroke
- COPD and other respiratory illnesses
- Diabetes
- Trauma

## Common Stereotypes

- Common stereotypes include mental confusion, illness, sedentary lifestyle, and immobility
- Older people can stay fit; most older people lead very active lives.



## Physiologic Changes (1 of 3)

- Skin
  - Susceptible to injury; longer healing time
- Senses
  - Dulling of the senses
- Respiratory system
  - Decreased ability to exchange gases

## Physiologic Changes (2 of 3)

- Cardiovascular system
  - Increased risk of cardiovascular disease
- Renal system
  - Decline in kidney function
- Nervous system
  - Memory impairment, decreased psychomotor skills

## Physiologic Changes (3 of 3)

- Musculoskeletal system
  - Decrease in muscle mass and strength
- Gastrointestinal system
  - Decrease in ability of body to digest food properly

## Polypharmacy

- Older people account for a large portion of overall medication usage.
- Many medications can have interactions or counter actions when taken together.
- Polypharmacy refers to the use of multiple prescriptions by a single patient.

## Geriatrics and Trauma

- An older patient may have decreased ability to localize even simple injuries.
- Assessment must include all past medical conditions.



## Cardiovascular Emergencies

- Syncope
  - Interruption of blood flow to the brain
  - Many underlying causes
- Heart attack
  - Classic symptoms often not present

## Acute Abdomen (1 of 3)

- Acute abdominal aneurysm
  - Walls of the aorta weaken.
  - Treat for shock and provide prompt transport.
- Gastrointestinal bleeding
  - Blood in emesis
  - May cause shock

## Acute Abdomen (2 of 3)

- Bowel obstructions
  - Vagus nerve is stimulated and produces vasovagal syndrome.
  - Vasovagal syndrome can cause dizziness and fainting.
  - Patient requires transport to rule out other conditions.

## Acute Abdomen (3 of 3)

Older patients with abdominal pain have higher chances of hospitalization, surgery, and death than younger patients.



## Altered Mental Status

- Delirium
  - Recent onset
  - Usually associated with underlying cause
- Dementia
  - Develops slowly over a period of years

## Psychiatric Emergencies (1 of 2)

- Depression is common among older adults.
- Physical pain, psychological distress, and loss of loved ones can lead to depression.
- Women are more likely to suffer depression.

## Psychiatric Emergencies (2 of 2)

- Older men have the highest suicide rate.
- Older patients use much more lethal means.
- EMT-Bs should consider all suicidal thoughts or actions to be serious.

## Advance Directives

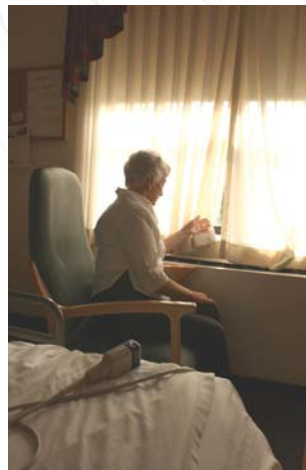
- Do not resuscitate (DNR) orders give you permission not to attempt to resuscitate.
- DNR orders may only be valid in the health care facility.
- You should know state and local protocols regarding advance directives.
- When in doubt, initiate resuscitation.

## Elder Abuse (1 of 2)

- This problem is largely hidden from society.
- Definitions of abuse and neglect among older people vary.
- Victims are often hesitant to report an incident.
- Signs of abuse are often overlooked.

## Elder Abuse (2 of 2)

Nursing home residents who receive no visitors have a higher likelihood of abuse and neglect.



## Assessment of Elder Abuse (1 of 2)

- Repeated visits to the emergency room
- A history of being “accident prone”
- Soft-tissue injuries
- Vague explanation of injuries
- Psychosomatic complaints

## Assessment of Elder Abuse (2 of 2)

- Chronic pain
- Self-destructive behavior
- Eating and sleeping disorders
- Depression or a lack of energy
- Substance and/or sexual abuse

## Signs of Physical Abuse

- Signs of abuse may be obvious or subtle.
- Obvious signs include bruises, bites, and burns.
- Look for injuries to the ears.
- Consider injuries to the genitals or rectum with no reported trauma as evidence of abuse.