

Emergency

Care and Transportation of the Sick and Injured



Section 6: Special Populations

34: Geriatric Assessment and Management

Cognitive Objectives (1 of 3)

1. Describe the following basics of patient assessment for the geriatric patient:
 - Scene size-up
 - Initial assessment
 - Focused history and physical exam
 - Detailed physical exam
 - Ongoing assessment
2. Discuss common chief complaints of older patients.

Cognitive Objectives (2 of 3)

3. Describe trauma assessment in older patients for the following injuries:
 - Injuries to the spine
 - Head injuries
 - Injuries to the pelvis
 - Hip fractures

Cognitive Objectives (3 of 3)

4. Describe acute illnesses in older people, including:
 - Cardiovascular emergencies
 - Dyspnea
 - Syncope and altered mental status
 - Acute abdomen
 - Septicemia and infectious disease
5. Discuss response to older patients in nursing and skilled care facilities.

Psychomotor Objectives

6. Demonstrate the patient assessment skills that should be used to care for an older patient.
 - There are no affective objectives for this chapter.
 - All objectives in this chapter are noncurriculum objectives.



Geriatric Assessment

- Geriatric assessment has unique challenges.
- The GEMS diamond can be a helpful tool.
- Preexisting conditions may affect findings.



Scene Size-up

- Be keenly aware of the environment and why you were called.
- Scene safety should include looking for unsafe conditions.
- Look for hazards.
 - Steep stairs, missing handrails, poor lighting, other fall hazards

Scene Size-up

- The general condition of the home will provide clues.
 - Cleanliness, heat, lighting, food
- Look for signs of activities of daily living.
 - Personal hygiene, getting dressed, food preparation
- Scene size-up continues throughout call.

Initial Assessment

- Never assume altered mental status is normal.
- May have to rely on family or caregiver to establish patient's baseline LOC
- Assess the patient's chief complaint and ABCs.



Focused History and Physical Exam

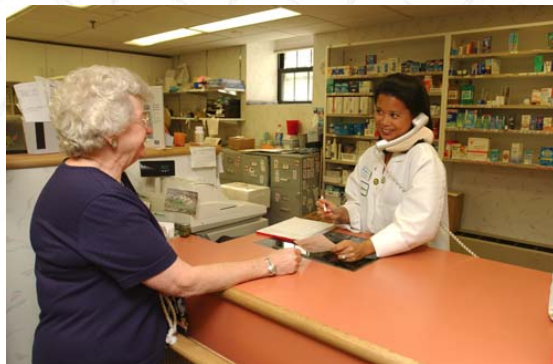
- History is usually the key in helping to assess a patient's problem.
- Patience and good communication skills are essential.
- Treat the patient with respect.
- Face the patient and speak in a normal tone.



Focused History and Physical Exam

- Medication history
 - Often have multiple medication
 - Obtain a list of medications and doses.
 - Ask about medications recently started or stopped.
 - Determine if the patient has taken other medications.

Medication Use



The average geriatric patient takes four or more medications.

Detailed Physical Exam

Ongoing Assessment

- Normal aging may affect physical findings.
 - Increased BP, respiratory changes
- Chronic changes can mask acute problems.
- Ongoing assessments will help determine changes.
 - Geriatric patients have decreased ability to compensate.

Common Complaints

- Dyspnea
- Chest pain
- Altered mental status
- Dizziness or weakness
- Fever
- Trauma
- Falls
- Generalized pain
- Nausea, vomiting, and diarrhea

Trauma Assessment (1 of 2)

- Common mechanisms of injury
 - Falls
 - Motor vehicle trauma
 - Pedestrian accidents
 - Burns



Trauma Assessment (2 of 2)

- Priorities in rapid trauma are the same.
- Confounding factors:
 - Medical conditions or previous injuries
 - Dentures or other dental implants
 - Decreased ability to compensate
 - Changes associated with aging

Injuries to the Spine

- Classified as stable or unstable
- Osteoporosis is a contributing factor to spinal injuries.
- Prompt spinal immobilization can reduce further damage and pain.
 - Pad void spaces.



Head Injuries

- Assume a significant injury in older patients who have signs and symptoms of head injury.
- Suspect brain injury in patients who take blood thinners and who suffer head injury.
- Maintain oxygen delivery to brain.



Injuries to Pelvis and Hip Fractures

- Often present as hip or buttock pain
- Pelvic ring disruption can lead to hemorrhage or internal organ injury.
- Hip fractures:
 - Common debilitating injury
 - Maintain leg in static position to prevent further injury.

Hip Fracture



Blanket rolls maintain the leg in a static position so that further injury does not occur.

Medical Emergencies

- Determining chief complaint is challenging.
 - Multiple conditions and complaints
 - Ask what bothers them most today.
- Sensation of pain may be diminished.
- Fear of hospitalization
- Conditions may present differently.

Cardiovascular Emergencies

- Classic symptoms are often not present.
- Many have “silent” heart attacks.
- Common signs and symptoms
 - Difficulty breathing
 - Toothache
 - Arm pain
 - Back pain

Dyspnea

- Related to many causes
 - Asthma
 - COPD
 - Congestive heart failure
 - Pneumonia
- Provide oxygen for all patients experiencing dyspnea.

Syncope

- Can occur for many reasons in geriatric patients
 - Standing up too fast
 - Straining to have bowel movement
 - Myocardial infarction
 - Diabetic shock

Altered Mental Status

- Acute onset is not normal in any patient.
- Most sudden changes are caused by a reversible condition.
- Evaluate and treat for hypoxia or hypoglycemia if present.

Acute Abdomen

- Complaints of abdominal pain in older patients usually indicate a serious event.
- Nervous system response to pain is lessened.
- Consider gastrointestinal problems or abdominal aortic aneurysm.

Septicemia

- Results from presence of microorganisms or their toxic products in bloodstream
- Patients may present with:
 - Hot, flushed appearance
 - Tachycardia and tachypnea
 - Hypotension
 - Chills, cough

Response to Nursing and Skilled Care Facilities

- Important information to know from staff:
 - What is the patient's chief complaint today?
 - What initial problem caused the patient to be admitted to the facility?
- Ask the staff about the patient's overall condition.
- Obtain any type of transfer papers.