Assessment of Older Adults

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Objectives

- To identify some of the challenges facing the older adult in hospital
- To begin to understand some of the complexities of caring and assessing the older adult in the health care setting
- Begin to understand some of the assessments that may be indicated for the elderly person in hospital using critical thinking
Ageing concerns each and every one of us – whether young or old, male or female, rich or poor – no matter where they live.”


Normal Ageing: Ageing in the absence of any biological or mental pathology
Why should our assessment be any different?
Our perceptions...

- Easy to make negative assumptions and be overcritical with elderly patients
- Generalisations can often be made to the detriment of older patients
- Primary diagnoses are more important than secondary concerns or issues
Elderly people may live healthy lives, but have a diminished capacity or physiological reserve to be able to manage and/or maintain homeostasis.

Therefore, an increased vulnerability to disease.

Frailty = an inability to maintain or regain homeostasis effectively causing a cumulative decline across multiple systems of functioning.
Manifestations of this...

- Physiological changes
- ↑ prevalence of cognitive decline
- ↑ prevalence of physical disability and comorbidity
- ↑ falls
- ↑ polypharmacy and adverse drug reactions
- ↑ prevalence of pressure injury
- ↑ hospitalisations and length of stay
- Lengthier recovery time
- Inadequate dietary intake
- ↑ admissions to long term care
- ↑ mortality
Frail Elderly Pathway: Ian Sturgess

- Identification between:
  - Short stay
  - Sick specialty
  - Sick frail
  - Complex (very frail)

- Looks at improving patient flow through our healthcare system in order to bring about timely and appropriate interventions and subsequent discharge and prevent negative outcomes for patients

- Timely assessment and planning, and constant review against plan
Comprehensive assessment

- Consider Baseline functioning and the deviation from this
- Includes...
  - Current presentation including medication use and polypharmacy - don’t forget smoking and AOD
  - Past medical history - chronic conditions
  - Current life situation and social functioning including supports
  - ADLs and IADLs
Comprehensive assessment cont...

- Cognitive and mental functioning
- Physical Assessment
- Risk assessments
  - Continence- DIAPPERS (Resnick, 1996 as cited in Eustice, Kennedy & Haslam, 2007)
    - Delirium, Infection, Atrophic urethritis/vaginitis, Pharmaceuticals, Psychological, Excessive UO, Restricted mobility, Stool impaction)
  - Falls risk
  - Nutrition
  - Braden scale
- Developmental assessment
- Self assessment
Falls

- More likely in hospitalised elderly
- Significant impact on life satisfaction and quality of life
- Several intrinsic and extrinsic factors contributing to falls risk
- Falls risk assessment - how often?
- Interventions??
Malnutrition

• Several risks of malnutrition in terms of perioperative recovery, wound healing, infections and complications

• 2004 study- 12-50% in acute inpatients found to be *malnourished* (Rosenthal, 2004, as cited in Dewan, Zheng & Xia, 2012).

• Consider lab values, food and fluid chart, bowel habits, diet, recent weight loss or change, physical assessments such as mucous membranes, skin turgor, capillary refill etc.

• Interventions??
Delirium

- Occurs in 25-60% hospitalised patients but often unrecognised
- Severity of delirium linked to poorer outcomes
- Risk factors (often multifactorial):
  - Elderly
  - Hypoxia
  - Dehydration/malnutrition
  - Polypharmacy
  - Acute illness/trauma/surgical interventions
  - Infection
  - Electrolyte imbalances
  - Pre-existing cognitive dysfunction
- Four main distinguishing features of delirium:
  - Acute onset (1)
  - Inattention (2)
  - Disorganised thinking (3)
  - Altered LOC (4)
Prevention is the best cure!

- Sleep patterns
- Enhanced communication
- Reorientation
- Exercise
- Restraint reduction
- Vigilance around changes in health status- early detection of symptoms
- Pain management
- Medication review
- Falls prevention strategies
- Consider urine output, use of IDCs, bowel habits
Case study

‘Ruby’ is 75 years old. She is admitted to hospital with cellulitis in her left lower leg and is currently being treated with IV flucloxacillin. Prior to her admission she had been living independently in her own home. She has no local family but has a neighbour she is close with who visits regularly. Her neighbour prompted Ruby to visit her GP about her leg. Regular medications include aspirin, citalopram, metoclopramide, simvastatin, omeprazole, cilazapril, frusemide and paracetamol.

What are some questions you could ask of Ruby?

What are some of the assessments that you could make?

What are some protective factors for her?

What are the risks of her hospitalisation?
Critical thinking

- Regular medication review
- How is the patient functioning?
- What is their oral intake?
- How is their mental health?
- How is their mobility?
- Does the patient need all these attachments?
- What is the discharge plan and destination? Can anything be done early in regards to this?
- Are the family aware?
- Consider direction of care and quality of life
When a teacher wants to know if there are any questions, she doesn't mean any question. She wants to be asked about the thing she’s teaching. So if she’s teaching you about Mexico, don’t ask if “Bubbles” is a good name for a hamster.
Bibliography


