

Don't call
me Honey!



Understanding our Geriatric Patients: *From Brittle Bones to End-of-Life Issues*

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Developed for the 2013 Virginia EMS Symposium

Average geriatric patient ??



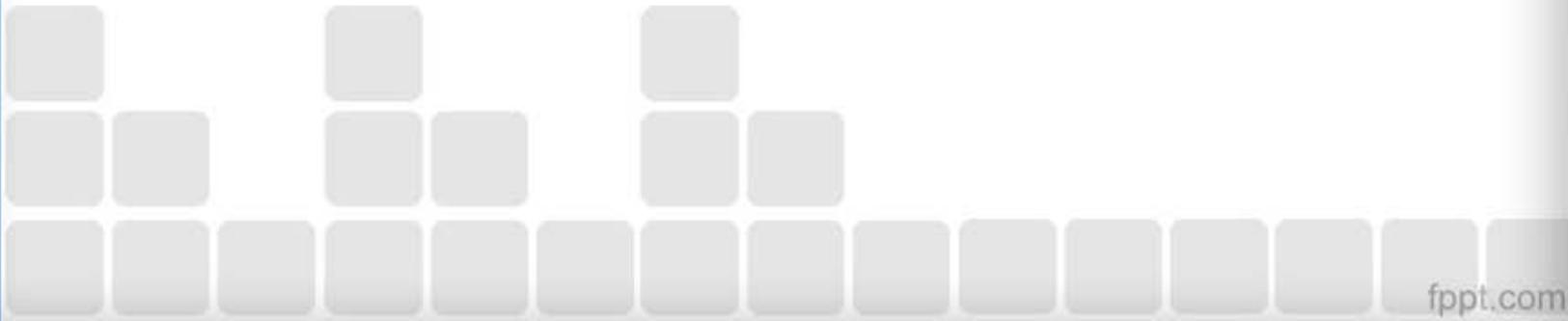
Why do we really need presentations like this?



Is this what you picture
when you get
assigned to the
*“70 year old male
unknown medical “?*

Before we go any further.....

- Has anyone here taken a “pediatric patient” EMS course ?
- Has anyone here taken a “geriatric patient” EMS course?
- How many people here see more geriatric patients than pediatric patients?

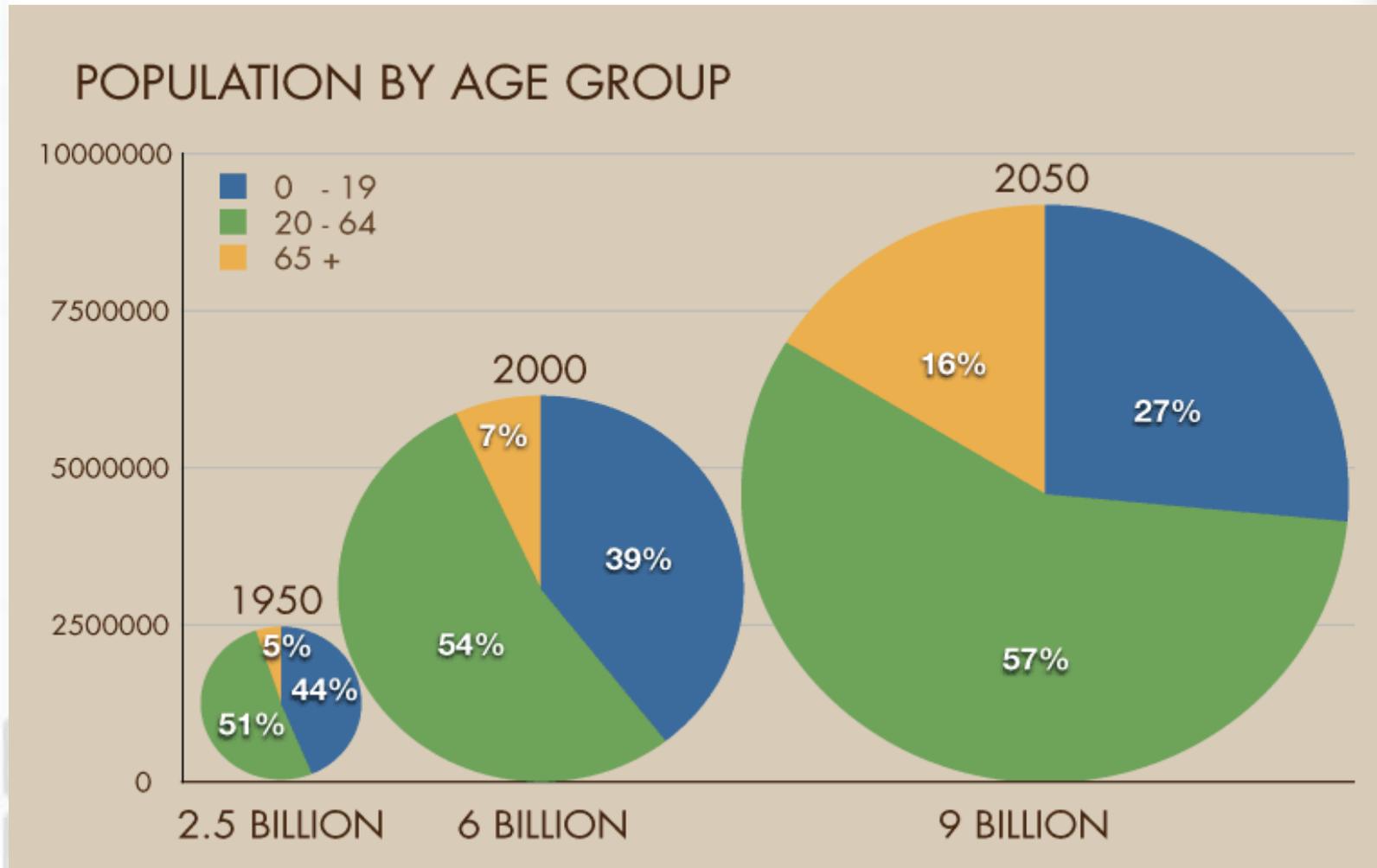


A new look at the familiar

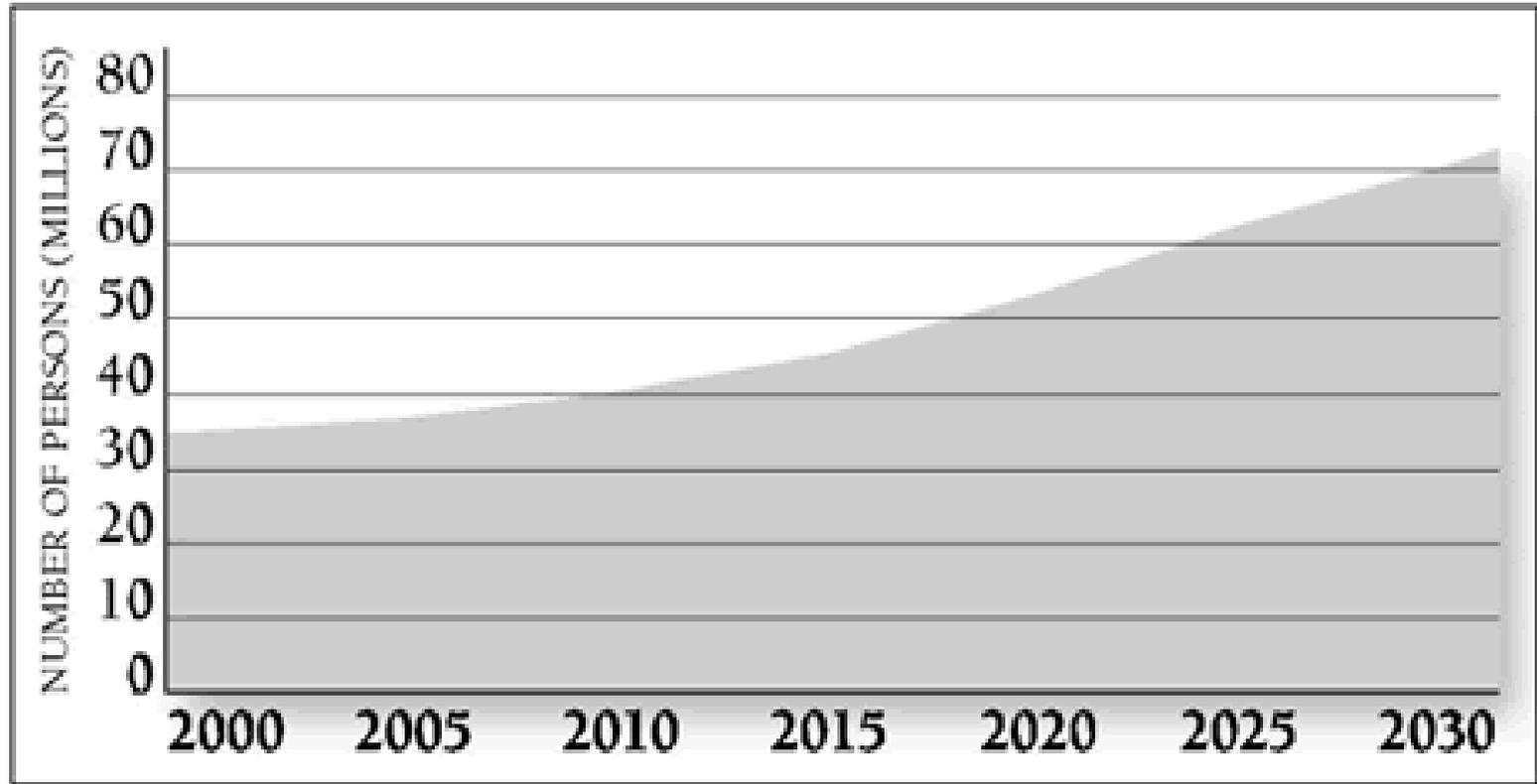
- Geriatric use of EMS
 - *What's going on/basic statistics*
- Unique characteristics
 - *Physical/Social aspects/Communication issues*
- Specialized equipment
- Geriatric Trauma
- Elder abuse
- Hospice
- Final thoughts



What we are seeing



What we are seeing



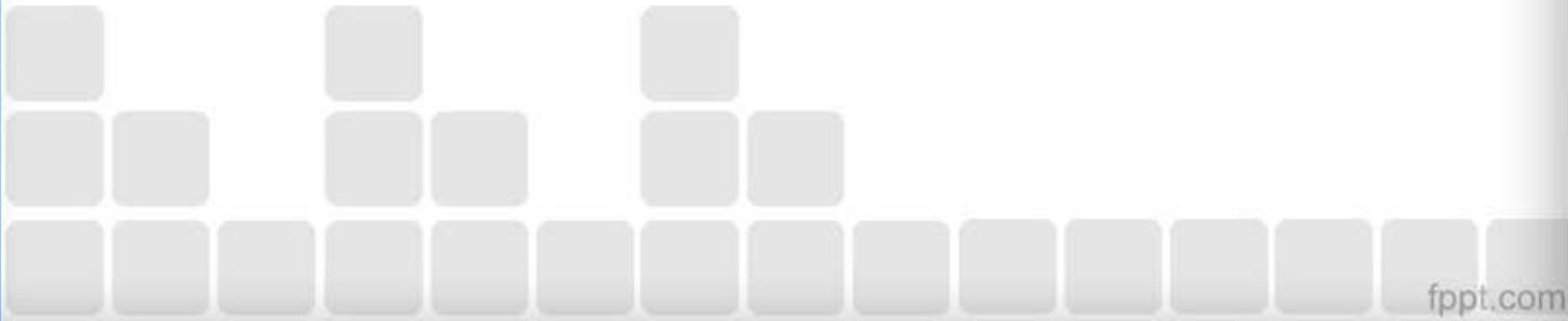
Projection of Number of Americans over Age 64 (in millions)

Source: U.S. Census, Population Projections, 2000

More stats.....

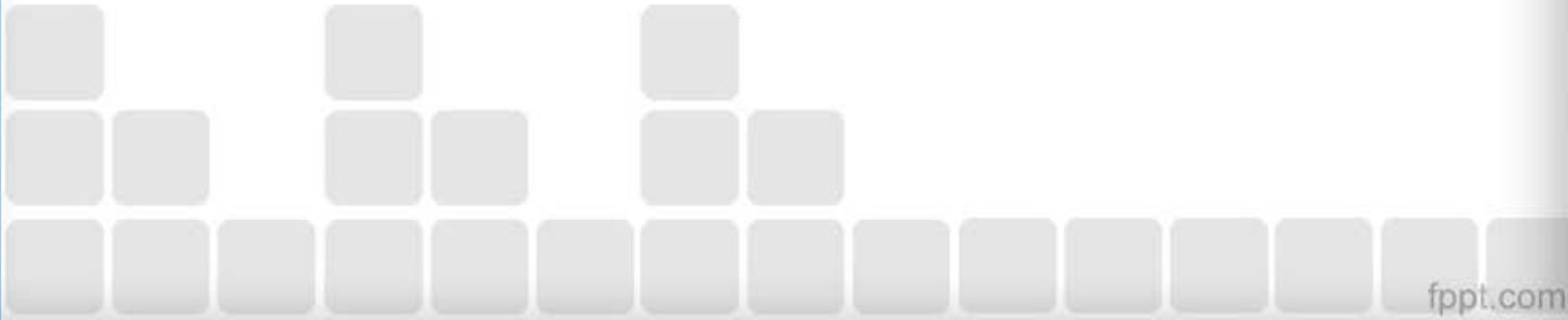
As shown in the graphs:

- Geriatric people in the US made up only about 5% in 1950 and 7% in 2000.
- Right now, it is estimated 13% of people in the US are over age 65 with the figure expected to hit 16 to 20% in 2050



Even more stats.....

- The “Baby Boomers” are a major contributor to the increase in this number and around 2030, it is estimated that 20% of the population will be 65 years old or older.
- This translates into an increase in emergency calls involving Geriatric patients.



EMS realities

- The proportion of patients using EMS to reach NC ED's increases steadily with age. By 2030, older patients will account for approximately half of EMS transports to NC EDs.
 - ***Emergency medical services use by the elderly: analysis of a statewide database.***
Prehosp Emerg Care. 2010 Jul-Sep

EMS Realities

- Elders report using EMS because of immobility, perceived medical needs, or requests by others. Similarly, the presence of acute illness symptoms, older age, and poor social and physical function, rather than health beliefs, predict EMS use among elders. These factors must be considered when managing the demand for EMS services.

- **Predictors of emergency medical services utilization by elders.**

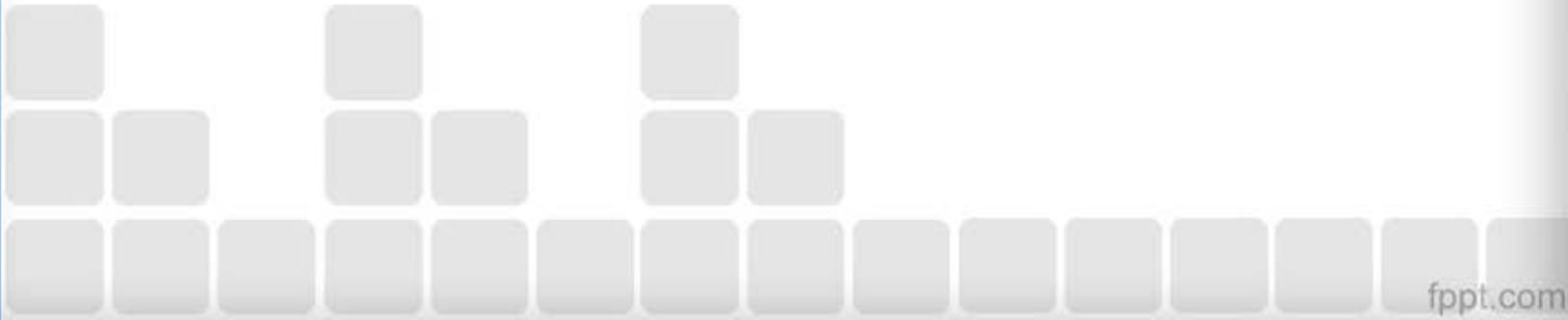
Acad Emerg Med. 2003 Jan;10(1):52-8.

Absolutely last statistic (I really promise this time).....

- Geriatric patients are at increased risks of morbidity and mortality when experiencing trauma of all varieties, and although they account for just 12.5% of the population, they account for one-third of all traumatic deaths.
 - **Elderly trauma inpatients in New York State: 1994-1998.** *Journal of Trauma.* 2004 Jun;56(6):1297-304
 - **“Geriatric Trauma” in *The Trauma Manual*.** Lippincott Williams and Wilkins: Philadelphia, 2002, pp. 469-476

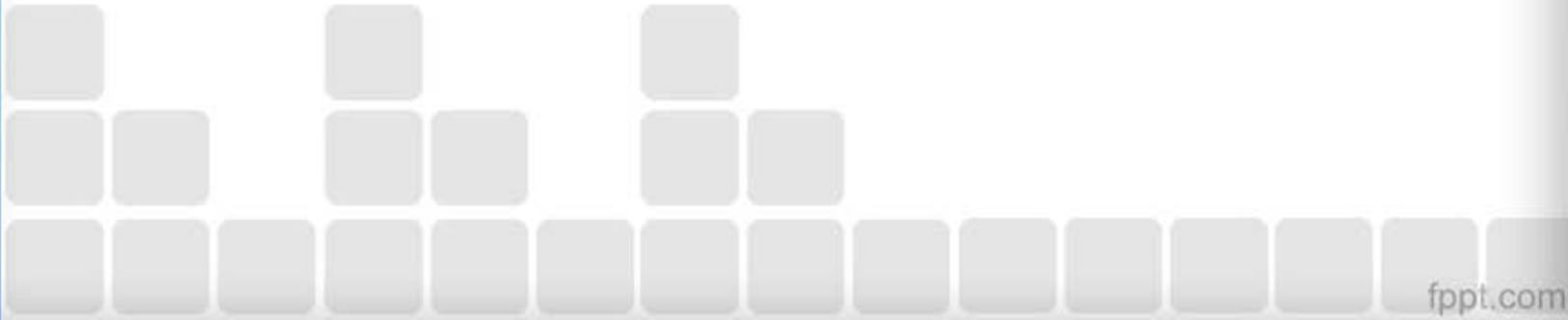
What's going on?

- People are living longer due to:
 - Better living conditions
 - Better primary health care
 - Better acute health care
 - Better pharmaceuticals



What else is going on?

- The mean survival rate of older persons is increasing.
- The birth rate is declining.
- Health care and living standards have improved significantly since WWII.
- By 2030, 70 million people will be 65 or older.



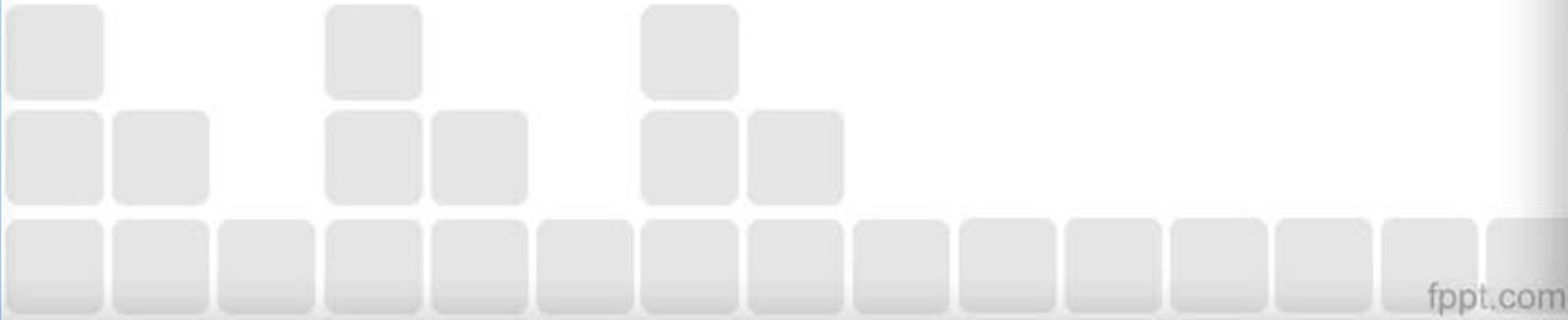
So what is there to know...

Why do we need presentations like this?

- Curriculums
 - How much time did you spend in your basic EMT class discussing the different needs of the geriatric patient versus the general adult population?
- Misperceptions
 - How often to do you hear a colleague automatically diagnosis an Geriatric patient as having dementia if he or she is not cooperative with an EMS exam or treatment?

...that isn't reflected in our training?

- Average # of hrs in an EMT class = 120 to 150 hrs
- Average # of hrs in a paramedic class (classroom) = app. 1200 hrs
- Average # of hrs spent on geriatrics = 6 hrs (usually under “special considerations” and lumped in with pediatrics and EDP’s.....)



...that isn't reflected in our training?

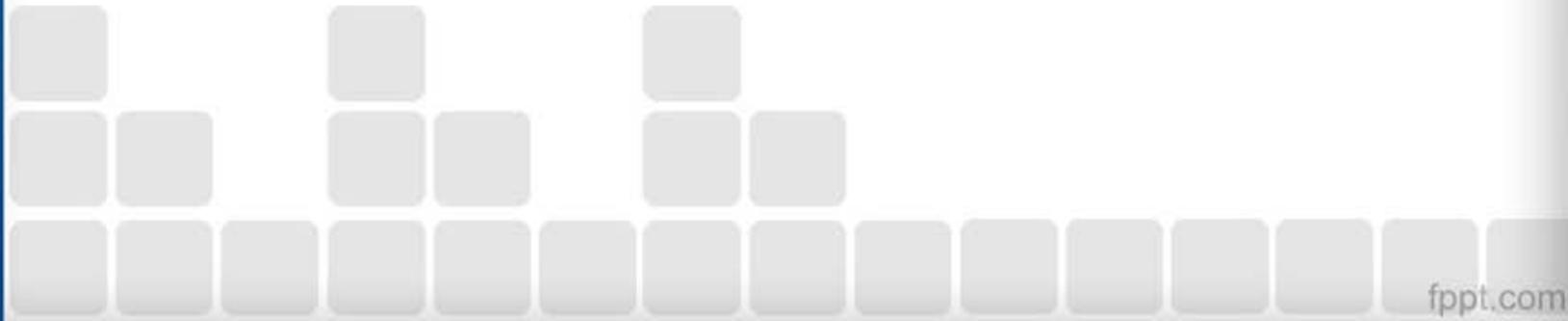
- Most EMT and paramedic classes tend to give more time to pediatric patients than they do to the geriatric patient.
- The same holds true for most EMT and paramedic textbooks.



The joys of growing older...

Physical realities

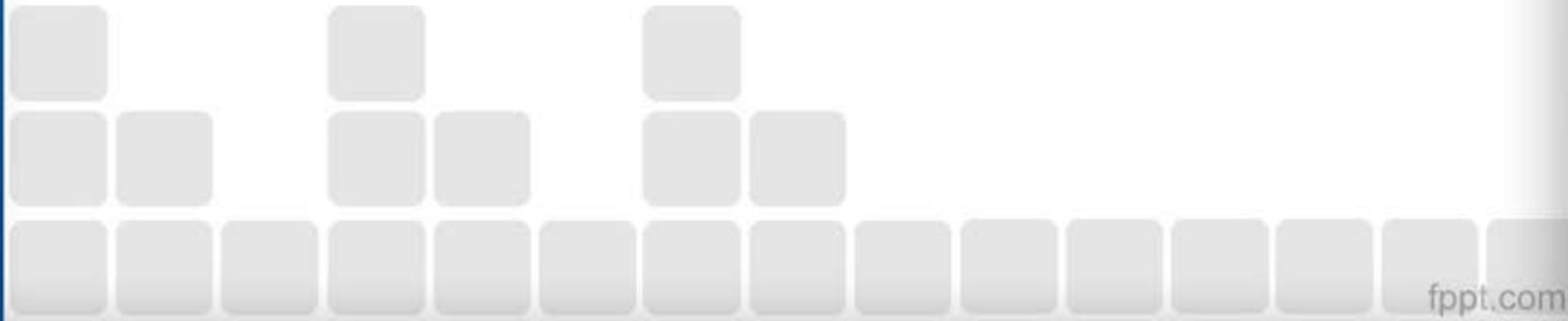
- Loss of hearing
- Deterioration of vision
- Weakening of Musculoskeletal system
- Breakdown of skin hydration / replacement cycle



The joys of growing older...

Physical challenges

- The body becomes less efficient with age.
- The Geriatric often suffer from more than one illness or disease at a time.
- The existence of multiple chronic diseases in the Geriatric often leads to the use of multiple medications, or polypharmia, better known as.....



The joys of growing older...

-“Bag o’meds” or “meds in a shoebox” syndromes
- Long history - “just the facts ma’am”



Social aspects



- Living healthier lives means the average “older” or “elderly” person can and will remain very active later in life
- Socialization and group involvement with peers remains important
 - Positive change in affect
 - Sensory stimulation

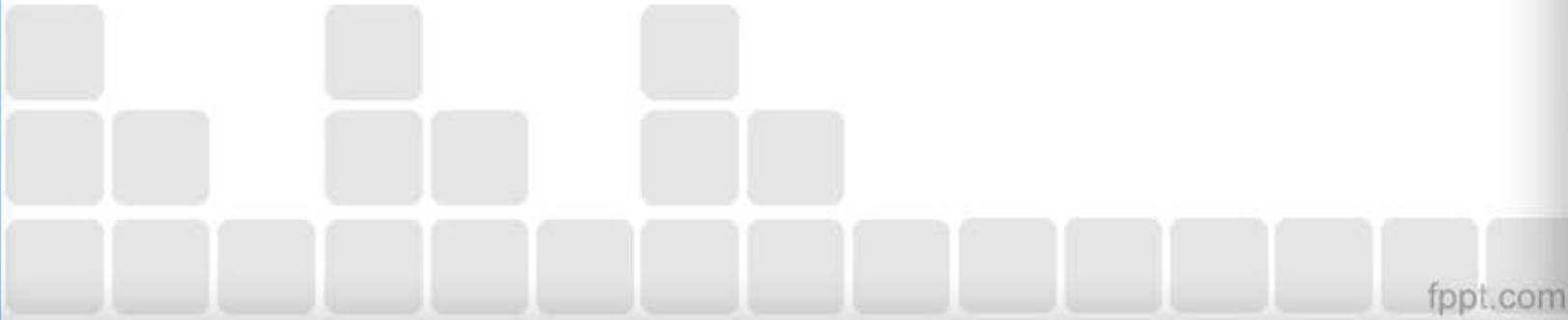
Failure to communicate...



**"Yes! That was very loud Mr. Potter,
but I said I wanted to hear your *HEART!*"**

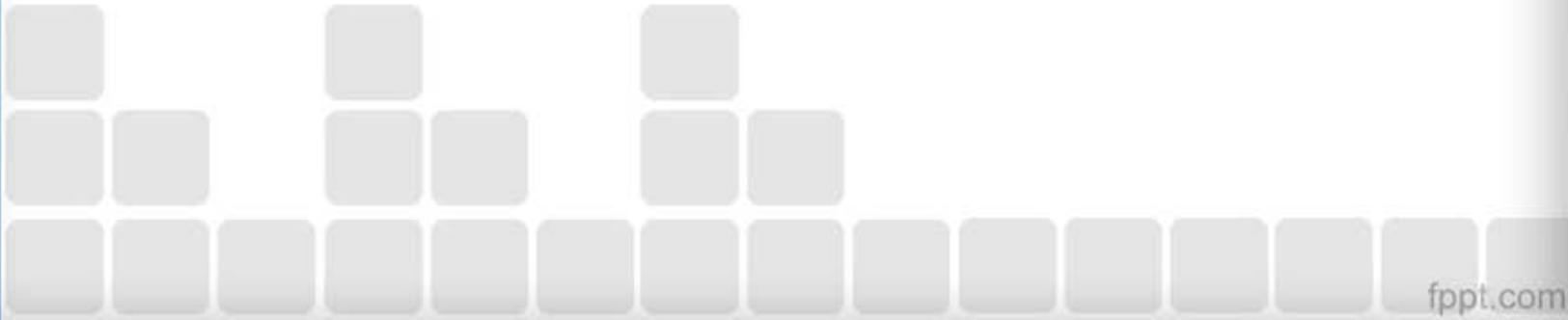
Failure to communicate...

- Normal physiological changes may include:
 - An impaired or loss of vision
 - An impaired or loss of hearing
 - An altered sense of taste and/or smell
 - A lower sensitivity to touch
- Any of these conditions can affect your ability to fully communicate with the patient



Failure to communicate...

- Talk directly to the patient
 - Formal, respectful approach
 - Face your patient when speaking
 - Try to stay in the middle of the field of vision



Failure to communicate...

- Protect the dignity of your patient:
DO NOT use terms like “Sweetie”, “Hon”, “Dear”, “Pops”
- Use Mr., Mrs. or Ms., or simply ask:
“My name is Ray. May I call you (insert first name here)?”

Failure to communicate...

- Don't let well-meaning family members and/or care givers prevent you from hearing what the patient has to say if he or she can speak.
- Watch out for "*I don't want to bother anyone*" syndrome
 - More minor injuries/illness can become more serious over time
 - Probe for significant complaints/ symptoms
 - Chief complaint may be trivial/non-specific
 - Patient may not volunteer information

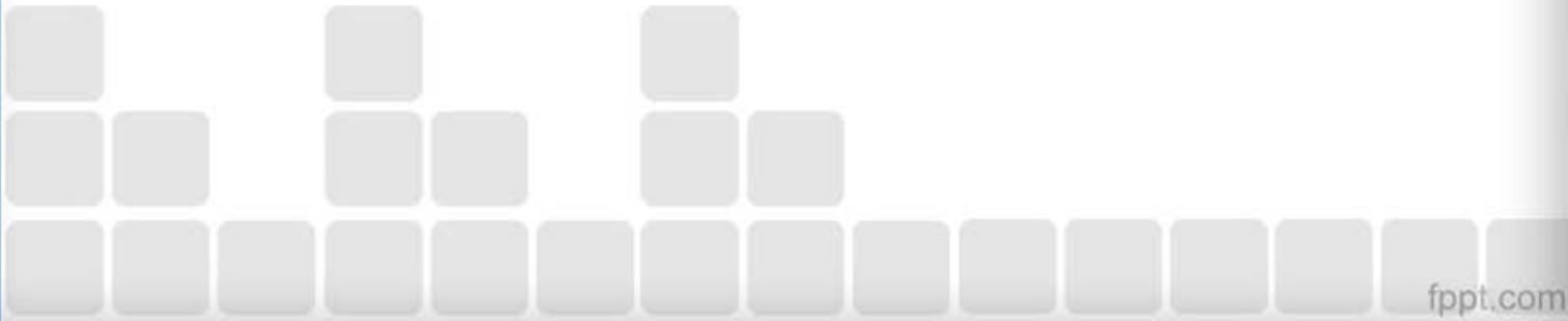
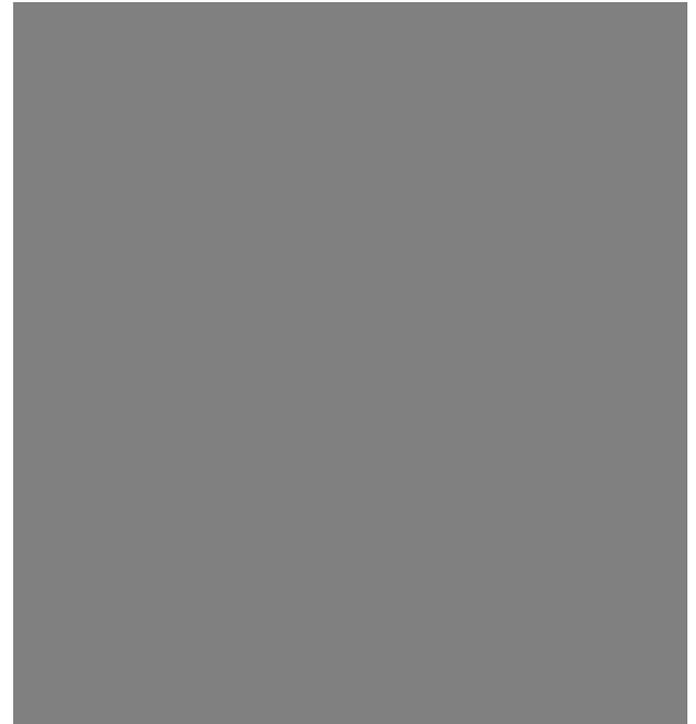
Failure to communicate...

- Speak slowly utilizing easy to understand terms (*watch the acronyms and big medical words!*)
- Allow for autonomy – is it really that bad to let a patient lock their own door or take a few minutes to find a favorite hat ?



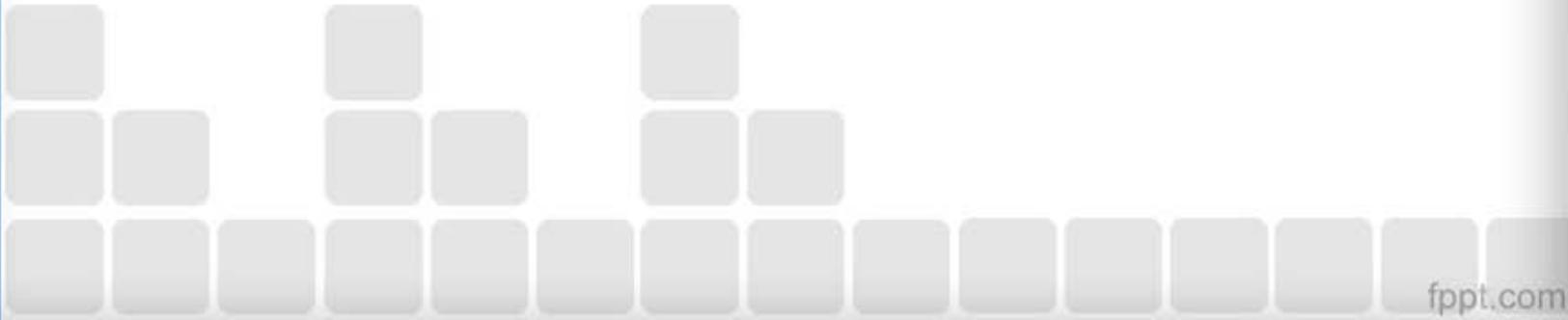
Comfort can be a small thing

- When transporting a Geriatric patient, try to bring along:
 - Meds
 - Glasses
 - Hearing aids
 - Dentures
 - Contact information



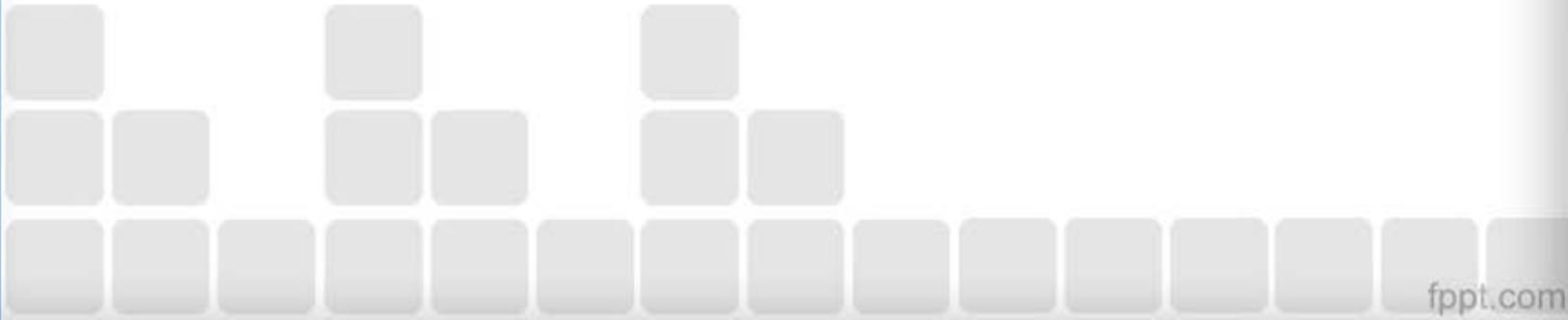
Get the whole story

- Factors needed to form a complete patient impression
 - Living situation
 - Level of activity
 - Network of social support
 - Level of independence
 - Medication history



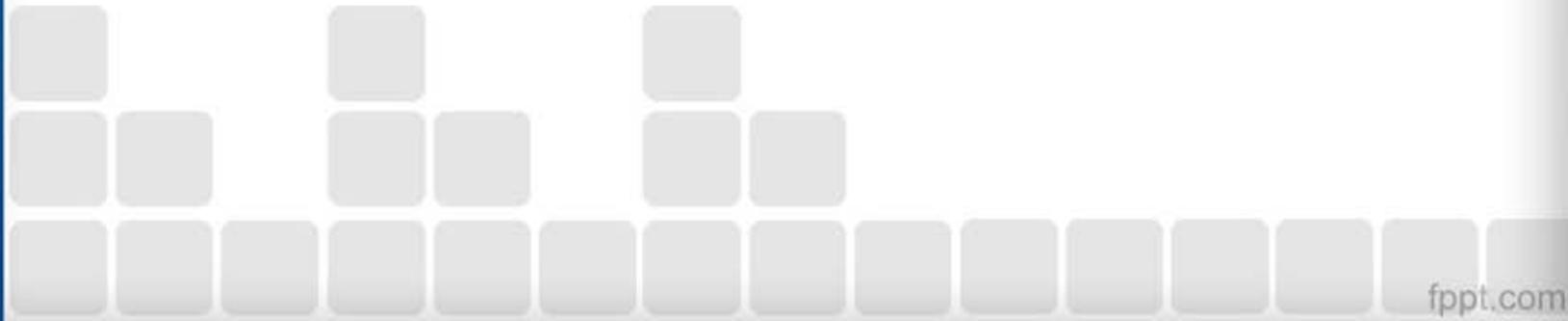
Looking with new eyes...

- Geriatric patients who are especially “at risk” :
 - Live alone
 - Have recently been hospitalized
 - Have recently been bereaved
 - Have an altered mental status
 - Are incontinent
 - Are immobile



What do seniors fear most?

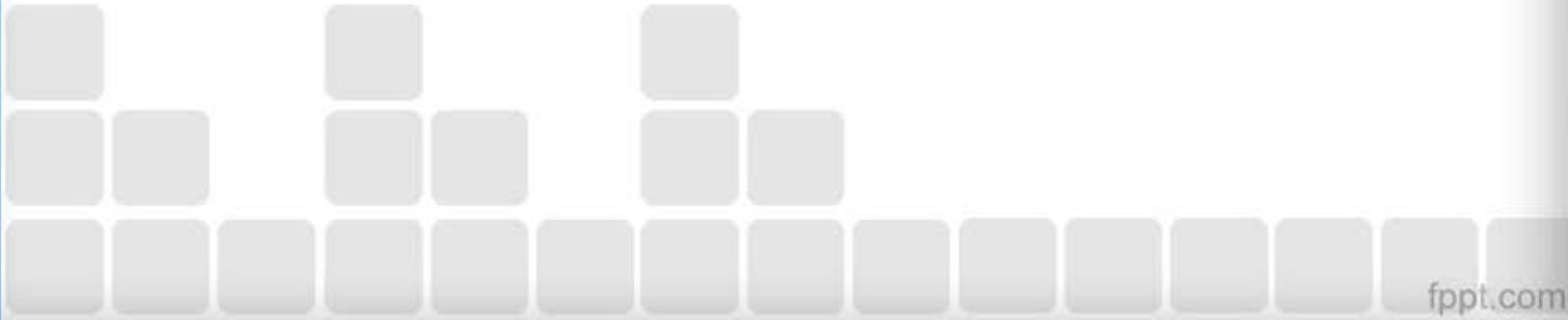
- Loss of memory
- Robbery/assault
- Stroke/loss of mobility
- Loss of vision
- Cancer
- Finances/loss of health insurance
- Health of children
- Health of a spouse
- Loss of ability to drive



Stupid is as stupid does...

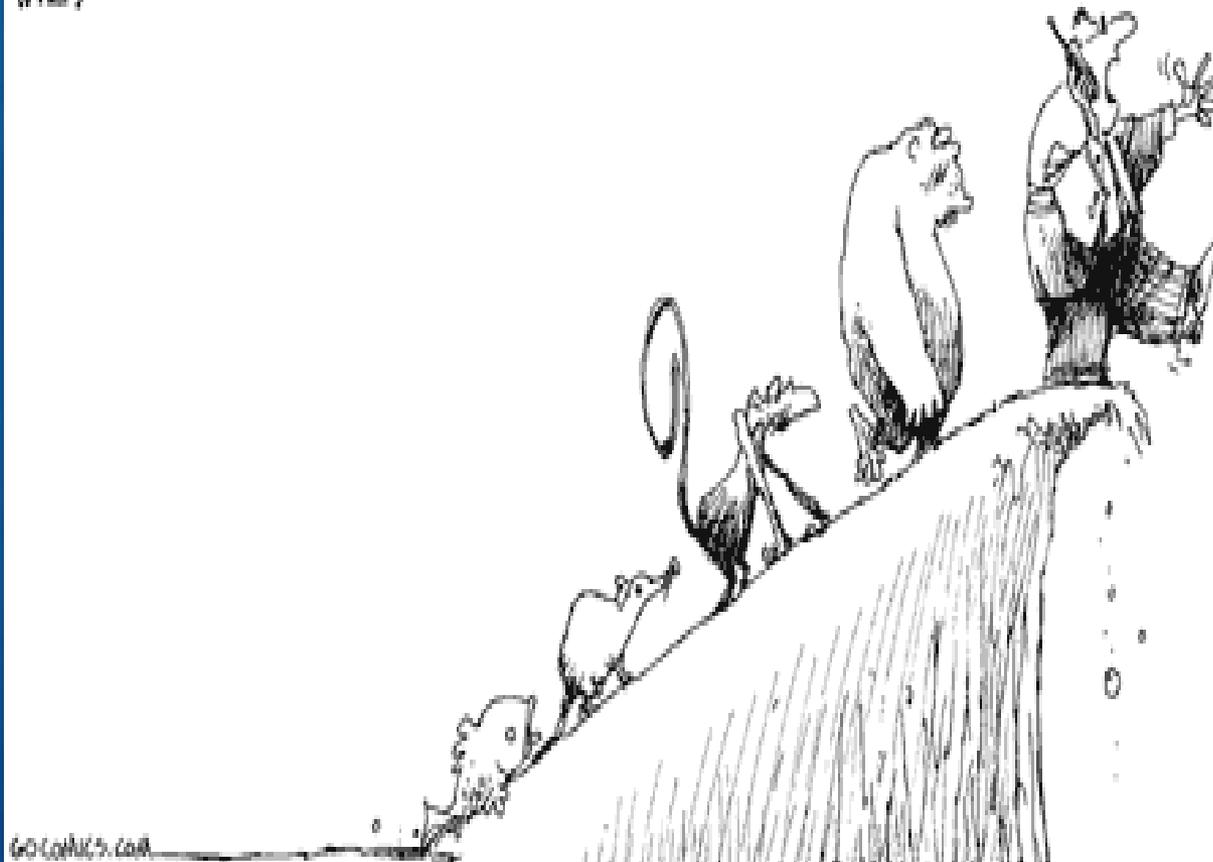
DO NOT assume:

- Confusion is normal for any Geriatric patient
- Aging means impaired thinking ability



Technology is a wonderful thing

WILEY



60.com/5.com

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Technology is a wonderful thing

- How many times have you been confronted by a piece of medical equipment in a patient's home that you are unfamiliar with?
- Don't mess with what you don't understand!
- Family and /or care givers may have more experience dealing with specialty equipment – use them to help properly manage the patient's technology needs
- Caution! Some equipment is not rated for ambulance use

Technology is a wonderful thing



Geriatric trauma

Most common:

- Falls
 - Fractures
 - Open wounds
 - Superficial injuries
 - Strains and sprains
- MVC – fewer, but more serious injuries and/or deaths related to older drivers
- Burns



Geriatric trauma: Falls



- Represent the leading cause of accidental death among the Geriatric
- Presents an especially serious problem
- You may need to encourage a geriatric patient to make their home safe

Geriatric trauma: Handle with Care

- Be aware of underlying medical problems
- Different splinting / immobilization techniques need to be utilized
- Think outside of the box



Geriatric trauma: Handle with Care



Not always the “Golden Years”

Trauma or abuse?

Abuse is the

“Willful infliction of injury, unreasonable confinement, intimidation or cruel punishment, resulting in physical harm, pain, or mental anguish; Willful deprivation of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness”

Webster's Dictionary



Not always the “Golden Years”

- As with Child Abuse, Elder Abuse can manifest in variety of ways:
 - Physical abuse
 - Sexual abuse
 - Emotional/Psychological abuse
 - Neglect
 - Abandonment
 - Economic
- Abuse may exacerbate pre-existing medical conditions

Not always the “Golden Years”

- Assessments and History:
 - Note explanations that just sound wrong
 - Conflicting histories from patient and caregiver
 - History inappropriate to the type or degree of injury
 - Bizarre or unrealistic explanation
 - Long delay in treatment from time of injury.
 - History of being “accident prone”
 - Denial in view of obvious injury

Not always the “Golden Years”

- What to look for:
 - Injuries inconsistent with story – bruises, black eyes, welts, lacerations, rope marks, fractures
 - Open wounds, untreated injuries in different stages of healing
 - Patient reporting that he or she has been abused



Not always the “Golden Years”

- Physical Exam
 - Note the location and pattern to bruises or injuries:
 - Any bruising at the neck
 - Circumferential bruising
 - Injuries on the torso only
 - Injuries that take the shape of an object.



Not always the “Golden Years”

- The reasons for Elder Abuse and Neglect are not always clear cut:
 - Increased life expectancy
 - Vulnerable population due to physical and / or mental impairment
 - Decreased productivity
 - Increased dependence with greater longevity
 - Limited resources for care of the Geriatric
 - Stress of the middle-aged caretaker responsible for two generations



Not always the “Golden Years”

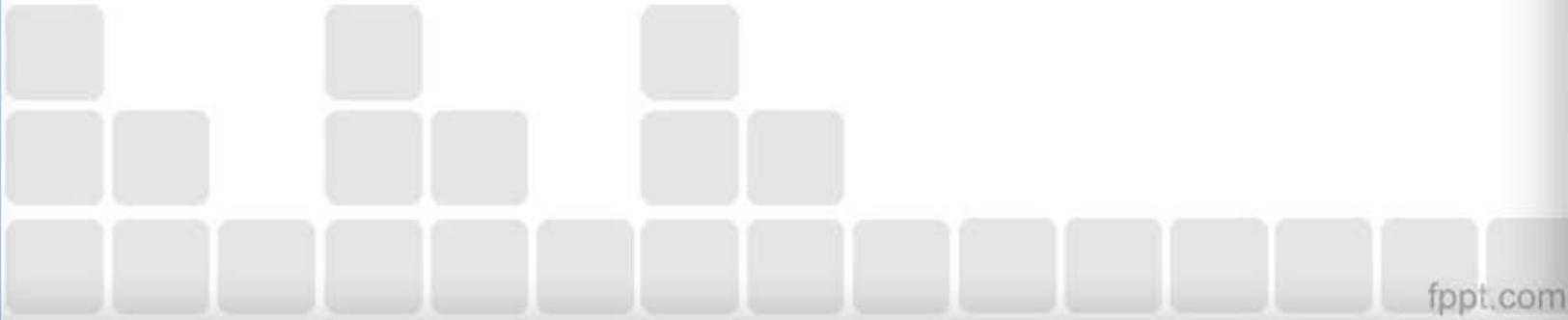
- Mandated Reporting of Elder Abuse
 - Many states have laws that require EMS personnel to report suspected cases of Elder Abuse and/or Neglect
 - What does your state require?



Who must report

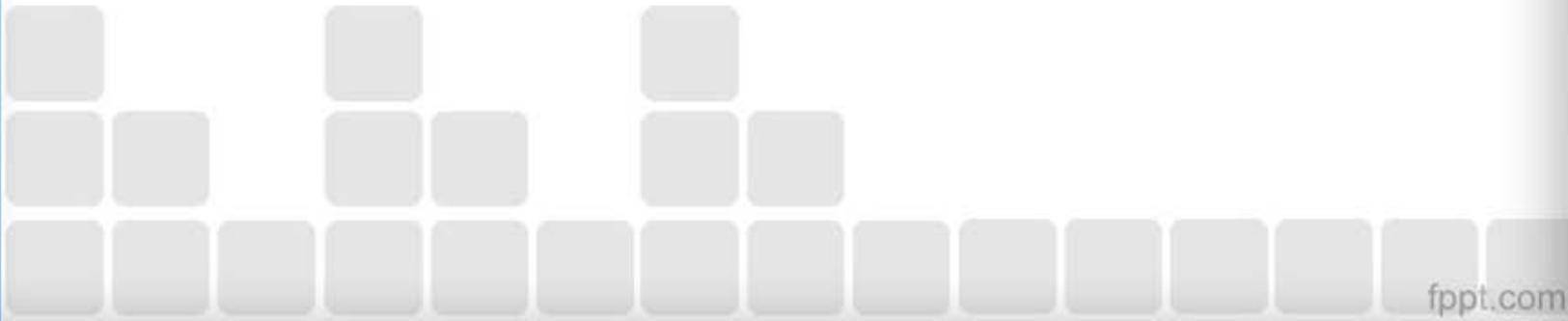
- Virginia EMS providers, volunteer and career, are identified as one of these mandated reporters. Mandated reporters must report the following to APS and law enforcement:

Suspected sexual abuse, death, serious bodily injury or disease believed to be the result of abuse or neglect. Applies to an adult 60 years of age or older or an adult 18 years of age or older who is incapacitated and is being abused, neglected or exploited.



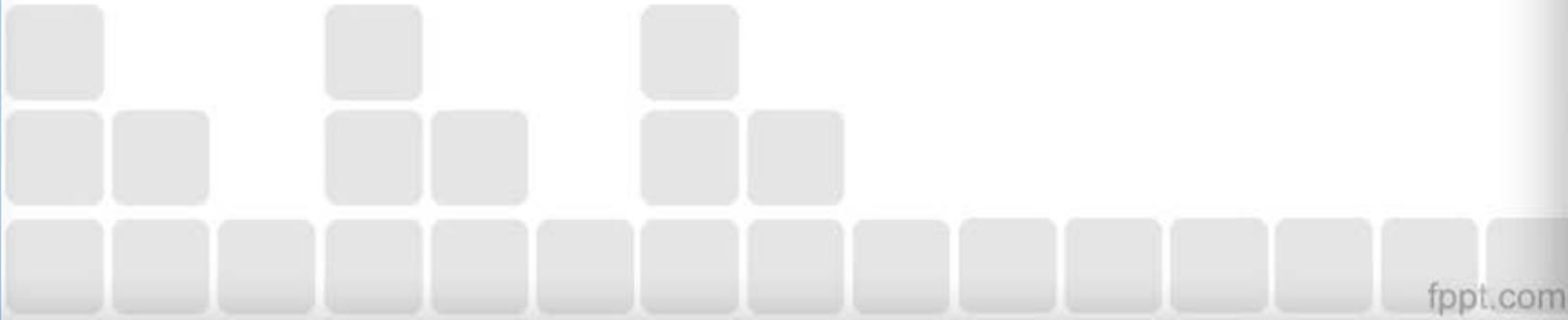
How to report

Mandated reporters must report the situation immediately to the local department of social services in the locality where the adult resides or where the abuse is believed to have occurred or you may also make reports to the 24-hour, toll-free VDSS APS hotline at 1-888-83ADULT.



What you need to do

- Understand the mandated reporting requirement in your State
- Advise the receiving facility and nurse/physician/PA of your suspicions
- Document your findings and actions



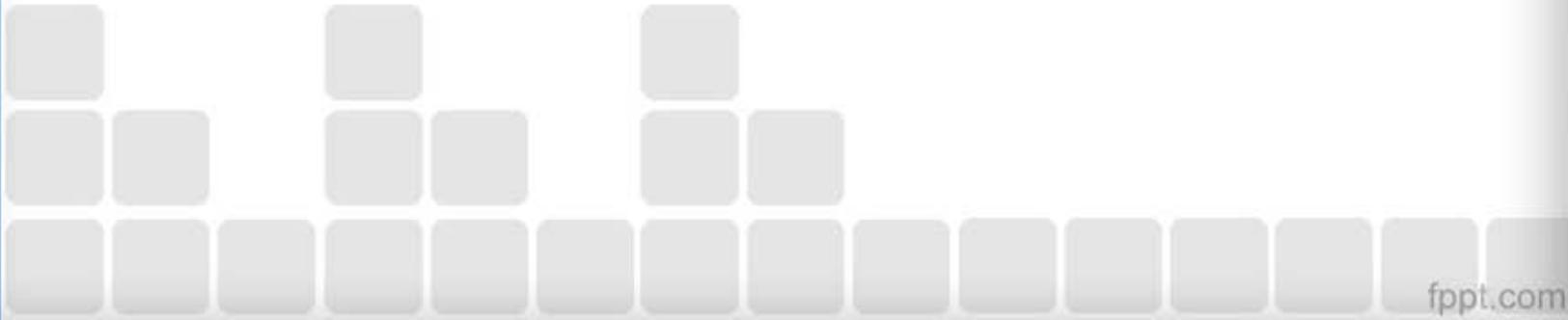
Going gently into that good night

- Understanding Hospice
 - What is it?
 - Webster's defines it as "*a program of medical and emotional care for the terminally ill*"
 - The concept of hospice is one of comprehensive care for the dying. The physical facilities may be very extensive or quite minimal.



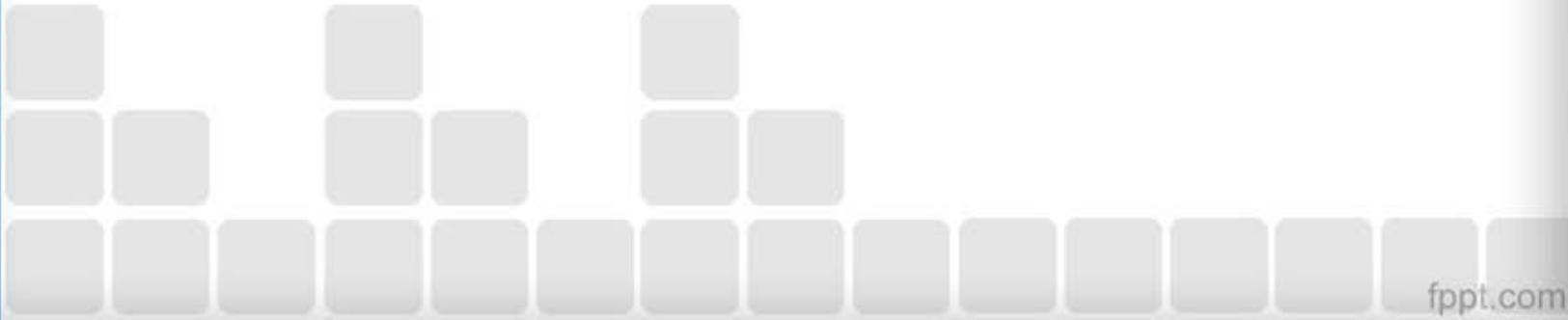
Going gently into that good night

- The goal of hospice care is to provide palliative or comfort care rather than curative care.
- More than 2250 hospices across the US provide support for the terminally ill and families.



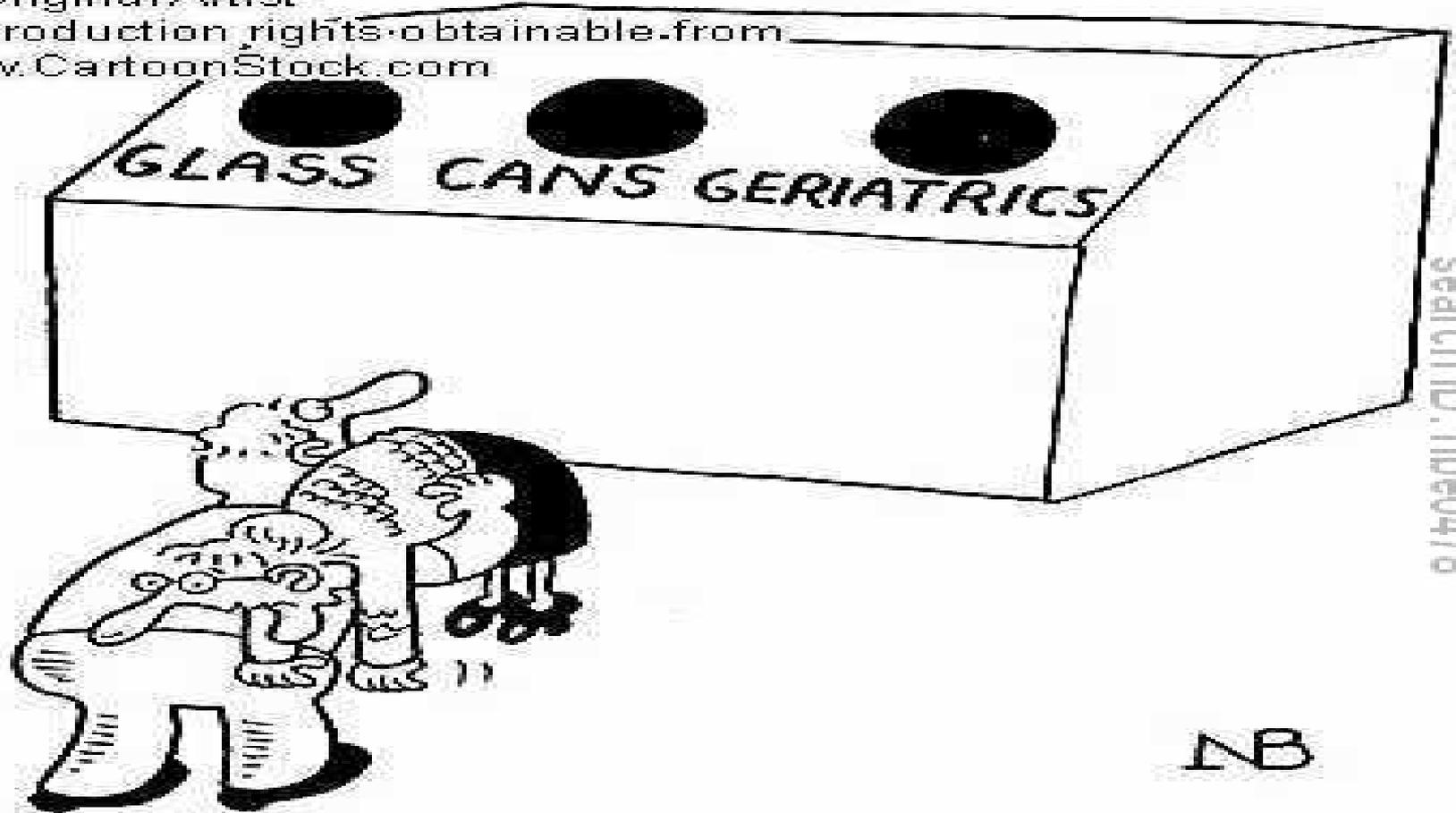
Going gently into that good night

- Where worlds collide –
 - EMS is geared to the “emergency” or acute care mode – success is measured by how patients’ outcomes are improved
 - Hospice personnel work in a “non-emergency” or chronic care mode – their patients will never get better and success is measured in how comfortable the patient is made



Remember

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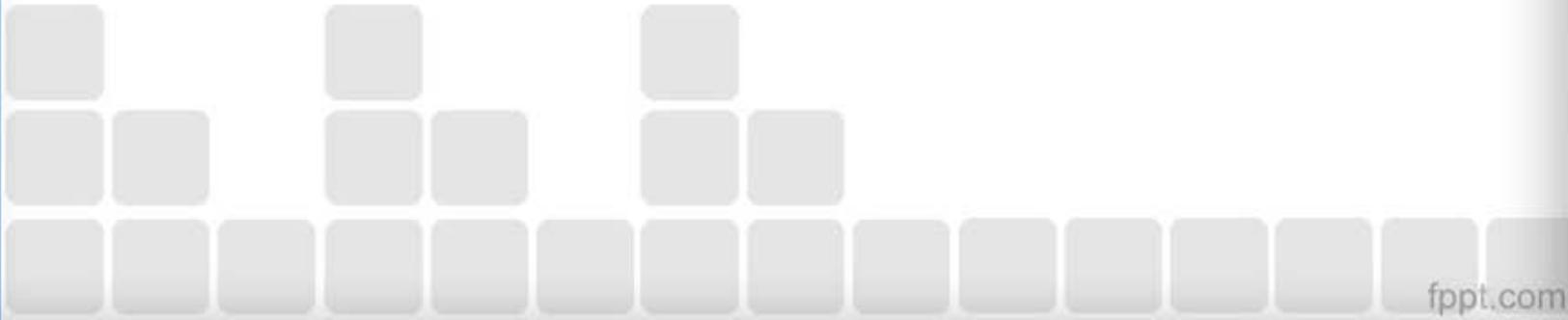


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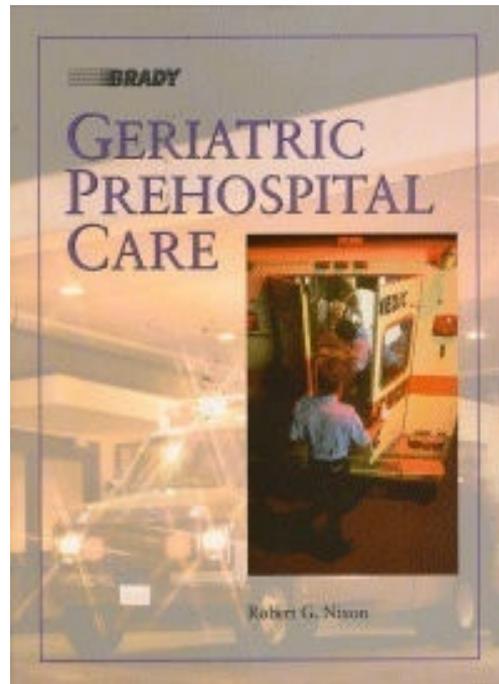
One man's opinion

- This presentation, including the resources just mentioned on the next slides, are not enough.
- EMS needs a federal program – not just an educational program – to address geriatric EMS much as EMS for Children has addressed pediatric EMS.

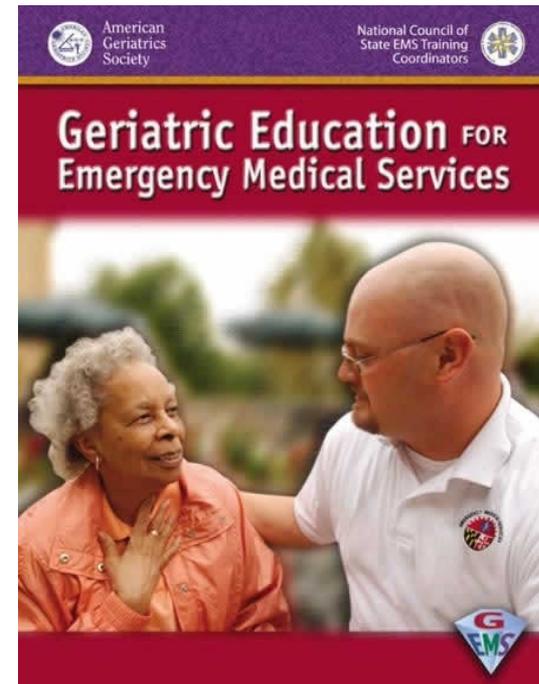


Resources

Texts:



Geriatric
Prehospital Care
By Robert G. Nixon



Geriatric Education for
Emergency Medical
Services

Resources

- LA County Geriatric Care course objectives
 - <http://de.lbcc.edu/e-courses/webenhanced/syllawebs/emt/reno/Geriatrics.pdf>
- Geriatric EMS website
 - <http://www.gemssite.com/>
- Article on Geriatric assessment tips
 - [http://emsresponder.com/print/EMS-Magazine/The-Geriatric-Patient/1\\$5493](http://emsresponder.com/print/EMS-Magazine/The-Geriatric-Patient/1$5493)

Remember

*Here's a tip as you get older:
Never wear a hearing aid,
because if you do,
people expect you
to listen to them.*



THANK YOU!

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