

## Geriatrics – Assessment Challenges

### **Introduction**

Today, people over the age of 65 represent approximately 12.6 percent of the population. This percentage is expected to rise in the next several years due to the aging “baby boomer” population. Persons 65 years of age or older are typically referred to as *elderly*. In recent years, physicians and other healthcare workers have increasingly specialized in the field of medicine dealing with elderly patients, called *geriatrics*.

Nearly 36 percent of all emergency medical calls involve the elderly. Therefore, it is increasingly important for healthcare workers to be familiar with the health-care considerations for this age group. This module lists some of the assessment differences EMTs may encounter as well as some of the challenges EMTs face when dealing with geriatric patients.

### **Age-Related Changes**

As people age, there is a decline in the function of virtually every organ system. Some medical authorities believe that, starting at age 30, there is a 1% decrease in organ function per year. This can make it difficult to distinguish between a normal decrease in organ function due to aging and a decrease caused by an acute condition. Some of the common age-related changes are listed below:

- ☞ Total body fat decrease of 15-30 percent
- ☞ Decreased tolerance to heat and cold
- ☞ Increased risk of heart attack and stroke
- ☞ Decreased respiratory capacity and function
- ☞ Decreased kidney function
- ☞ Degeneration of the joints

These are just a few of the changes that may occur in the normal aging process. Each of these normally occurring changes can mimic the symptom(s) of an acute condition. It is important that the EMT conduct a thorough assessment geared toward the geriatric patient.

### **Communicating With the Geriatric Patient**

Although most elderly people are healthy and are able to live on their own, you will encounter patients who have conditions that make communication difficult. Some of the problems you may encounter are:

- ☞ Poor vision due to cataracts or vision deterioration

- ☞ Shrinkage of the structures in the ear, resulting in decreased hearing and diminished sense of balance
- ☞ Ill-fitting dentures or deterioration of teeth and gums, which can cause difficulty speaking
- ☞ Significant memory loss and/or decrease in overall intelligence from Alzheimer's disease, or other conditions

When you are speaking to any patient, it is important that the patient be able to see and hear you. Make sure that you are in front of and at eye-level with the patient, since the patient's peripheral vision may be poor. Speak clearly to the patient. Remember, though, that speaking loudly is not necessarily the same as speaking clearly. Treat your patient with respect. It is a good idea to ask the patient how they would like to be addressed, and do whatever you can to put them at ease.

### **Assessment of the Geriatric Patient**

Assessing the geriatric patient can be a challenge to even the most seasoned EMT. There can be complications that are unique to the geriatric patient. Often, the chief complaint of the geriatric patient may seem trivial or vague at first. Also, your patient may fail to tell you about important symptoms. Because of this, it is important to distinguish the patient's chief complaint from the patient's *primary problem*. The chief complaint is what the patient is most concerned about, while the primary problem is the most critical or life-threatening condition the patient is experiencing. Another difficulty is that elderly patients often suffer from more than one disease at one time. A chronic problem may make it more difficult to assess an acute problem due to a similarity of the symptoms. Also, a decreased response to pain may cause you and the patient to underestimate the severity of the problem, and the alteration of the thermal regulation system of the elderly patient may cause the patient to present with an absent or minimal fever, even in the presence of a severe infection. It is up to the EMT to ask the proper questions in order to pinpoint the primary problem that the patient is experiencing.

Your assessment of the elderly patient will be conducted in the same order as you would for any other patient. However, there are special circumstances for the elderly patient that must be noted:

**Mental Status:** This can be challenging because some older people have an abnormal mental status as part of their baseline condition. If family or caregivers are present, it is best to ask them what the patient's normal mental status is.

**Airway:** You may find it difficult to extend the head or flex the neck of an older patient due to arthritic changes in the bones of the neck. Also, loose or ill-fitting dentures may be a potential airway obstruction in an unconscious patient.

**Breathing:** Older patients are at higher risk for foreign body airway obstruction. This is due to the presence of large, poorly chewed food pieces and dentures. If

attempts to ventilate are unsuccessful, follow AHA guidelines and suspect a FBAO.

Circulation: The pulse of an elderly patient may be irregularly irregular (completely without any cycle or regularity). This result is very common, and not a reason of concern in itself.

Identifying Priority Patients: Older patients are less likely to exhibit severe symptoms under certain conditions therefore it can be difficult to determine a patient's priority. Keep a high index of suspicion for serious conditions in elderly patients, even if symptoms seem mild or vague.

Vital signs: Vitals in the geriatric patient will be similar to those of any other patient, for the most part. However, there are a few differences that need to be addressed.

- ☞ The *resting respiratory rate* is normally higher in the elderly.
- ☞ The *resting heart rate* is normally greater than 90 beats per minute.
- ☞ The *skin* is normally dry and less elastic.
- ☞ *Fever* is less common in the elderly, even when a serious infection is present.
- ☞ The *systolic blood pressure* will increase in the elderly patient, making systolic hypertension more common. The hypertension may give a false reading in the patient who has lost blood or who is dehydrated; however, the blood pressure will fall quickly since the patient cannot compensate well.
- ☞ The *pupils* are more sluggish to respond to light due to the normal aging process. The pupils may be distorted (not round) due to cataract surgery or other conditions. Eye drops that the patient may be taking for conditions such as glaucoma may cause the pupils to dilate and not react normally to light.

## **Falls**

The significance of a fall for an older person should not be underestimated. Of older patients seen in an emergency department for a fall,  $\frac{1}{4}$  will die within a year. Death may not be a direct result of the fall, but instead may be a result of complications from the fall. For example, while recuperating from bruised ribs sustained in a fall, a 74-year-old woman may not breathe as deeply as normal because of the pain associated with inhalation. As a result of not coughing and other changes in the lung associated with aging, if the patient comes down with pneumonia, she is more likely to die from complications of the disease.

Often, a fall is just an indication of a more serious problem. A number of older people fall because of abnormal heart rhythms. Others fall because of a stroke or internal bleeding from an ulcer. Whenever possible and when time allows, assess the patient not only for injuries that may have resulted from the fall, but also for the cause of the fall.

## Geriatric Abuse and Neglect

Geriatric abuse and neglect is as big a problem in our society as child abuse and neglect. Abuse of the elderly occurs in some care centers and other institutions, but it also can -- and does -- happen at home. An elderly person is especially at risk if he is cared for by someone who is under stress from other sources. Abuse of the elderly can be physical, financial, or mental (usually involving threats or insults). Abuse often occurs when an older person is no longer able to be totally independent, or to those who are bedridden, suffering from dementia, incontinent, frail, or who have disturbed sleep patterns.

Signs of abuse can include bruises, bite marks, bleeding beneath the scalp (which could indicate hair-pulling), lacerations on the face, trauma to the ears, broken bones, deformities in the chest area, cigarette burns, and rope marks. The average abused patient is older than 80 years and has multiple medical problems such as cancer, congestive heart failure, heart disease, and incontinence.

Whenever you suspect geriatric abuse, the most important thing you can do is to obtain a complete patient and family history. DOCUMENT, DOCUMENT, and DOCUMENT! Pay particular attention to inconsistencies. *Do not confront the family.* Remember that your priority is to provide emergency care for the injuries. Any time you suspect geriatric abuse, make sure the Emergency Department is informed of your suspicions.

### Summary

The EMT of today will be treating an increasing number of aged patients. It is important to remember that many changes occur - anatomical, physiological and emotional. Keep these changes in mind when treating elderly patients. Elderly patients are more susceptible to certain illnesses, medication side effects, trauma and environmental stressors. Abuse of the elderly occurs and should always be kept in mind, especially when injuries do not match the history. Any suspected abuse or neglect of an elderly patient should be reported to the emergency department.