Geriatric Assessment





(A PROJECT OF NEW LIFE COLLEGE OF NURSING KARACHI)

UNIT 12 : ASSESSMENT OF THE An Elderly Client

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Objectives

- By the end of the unit, learners will be able to:
- Describe the common structural changes brought on by aging in various body systems.
- Recognize the geriatric syndrome.
- Discuss the variations in history taking for an elderly client.
- Examine elderly client by modifying examination techniques.
- Describe assessment abnormalities in elderly clients.
- Describe how communication should be varied to communicate with elderly clients



What is geriatric assessment?

A geriatric assessment is a comprehensive evaluation designed to optimize an older person's ability to enjoy good health, improve their overall quality of life, reduce the need for hospitalization and/or institutionalization, and enable them to live independently for as long as possible.



Normal Changes of Aging

- Physical changes related to "Normal" aging ARE NOT disease
- Changes occur in most body systems to include:

Sensory System Brain and Central Nervous System Muscles and Bones Digestion Heart/Circulatory System Respiratory System



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.







- 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

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Scene Size-up

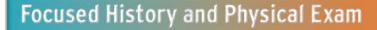
- The general condition of the home will provide clues.
 - Cleanliness, heat, lighting, food
- Look for signs of activities of daily living.
 - Personal hygiene, getting dressed, food preparation
- Scene size-up continues throughout call.

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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.





- 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.



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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.



Geriatric syndrome

- The term "geriatric syndrome" is used to capture those clinical conditions in older persons that do not fit into discrete disease categories.
- Many of the most common conditions cared for by geriatricians, including delirium, falls, frailty, dizziness, syncope and urinary incontinence, are classified as geriatric syndromes.



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.

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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.



References.

- Bicklay, L. S. (1999). Bates' guide to physical examination and history taking (7th ed). Philadelphia: J.B. Lippincott.
- Weber, J. & Kelley, J.(2007). *Health assessment in nursing* (3rd ed). Williams & Wilkins: Lippincott.