

Don't call me Honey!

Understanding our Geriatric Patients
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Average geriatric patient ??

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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

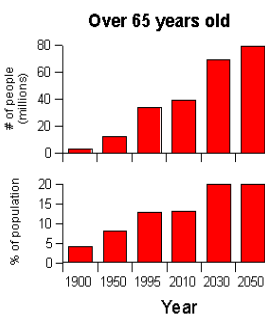
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Before we go any further.....

- 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?

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Some quick stats.....



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More stats.....

- As shown in the graphs:
 - Elderly people in the US made up only 4.1% of the population in 1900 but 8.1% in 1950 and 12.8% in 1995.
 - Right now, 13% of people in the US are over age 65.

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Some quick stats.....

- The “Baby Boomers” will significantly increase 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 older patients.

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Last stats (I promise).....

- Elderly patients are responsible for approximately 22- 39 % of EMS calls nationally
 - Emergency Medical Service utilization by the elder. *Annals of Emergency Medicine*. 1982;11:610-612
 - Geriatric use of Emergency Medical Services. *Annals of Emergency Medicine* 1996;27:199-203
- Geriatric use of EMS is twice that of patients less than age 65 and three times greater over the age of 85
 - Medical transport of the elder: A population-based study. *American Journal of Emergency Medicine* 1995;13:297-300

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Absolutely last statistic (I promise).....

- 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

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What's going on?

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

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What else is going on

- * The mean survival rate of older persons is increasing.
- * The birth rate is declining.
- * There has been an absence of major wars or other catastrophes.
- * Health care and living standards have improved significantly since WWII.
- * By 2030, 70 million people will be 65 or older.

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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 elderly patient as having dementia if he or she is not cooperative with an EMS exam or treatment?

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Why do we really need presentations like this?



- Is this what you picture when you get the call for the “unknown medical 75 y.o. male?”

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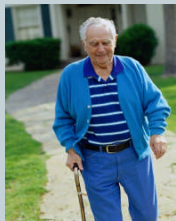
That aren't reflected in our training...

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

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That aren'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



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The joys of growing older.....

• Physical realities

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



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The joys of growing older.....

• Physical challenges

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

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The joys of growing older.....

▣“Bag o’ meds” or “meds in a shoebox” syndromes

▣ Long history - “just the facts ma’am”



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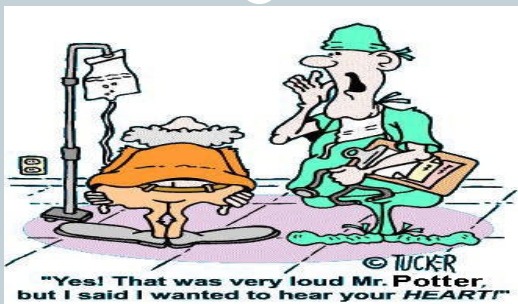
Social aspects



- 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

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Failure to communicate...



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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

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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



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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)?”

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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

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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 ?



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Comfort can be a small thing.....

- When transporting an geriatric patient try to bring along:
 - Meds
 - Glasses
 - Hearing aids
 - Dentures
 - Contact information



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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

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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

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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

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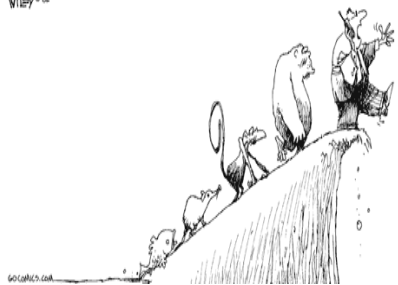
Stupid is as stupid does.....

- ***DO NOT*** assume:
 - Confusion is normal for any elderly patient
 - Aging means impaired thinking ability

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Technology is a wonderful thing...

VIE/1st



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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

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Technology is a wonderful thing...



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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



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Geriatric Trauma: Falls



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

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Geriatric Trauma: Handle with Care

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



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Geriatric Trauma: Handle with Care



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Geriatric Trauma: Handle with Care



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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

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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

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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

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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 he or she have been abused



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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.



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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 elderly
- Stress of the middle-aged caretaker responsible for two generations



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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?



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Not always the “Golden years”

- By law, Connecticut requires law enforcement agents, human service professionals, and health care practitioners to report all cases of suspected adult abuse, including neglect, self-neglect, and financial exploitation immediately.

- **Connecticut Protective Services for the Elderly**

1-888-385-4225 or 1-860-424-5241

After Hours/Emergency: 2-1-1 (In-State only)

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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

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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.



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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.



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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

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Conclusion



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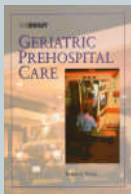
One man's opinion.....

- This presentation, including the resources just mentioned on the previous slide, 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

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Resources

Texts:



Geriatric Prehospital Care
By Robert G. Nixon



Geriatric Education for Emergency Medical Services

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Online:

- [LA County Geriatric/Elder Care Course Objectives](#)
- [Geriatric EMS website](#)
- [Article from EMS Magazine/EMS Responder on Geriatrics and their specific needs](#)

Questions

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



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THANK YOU!

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