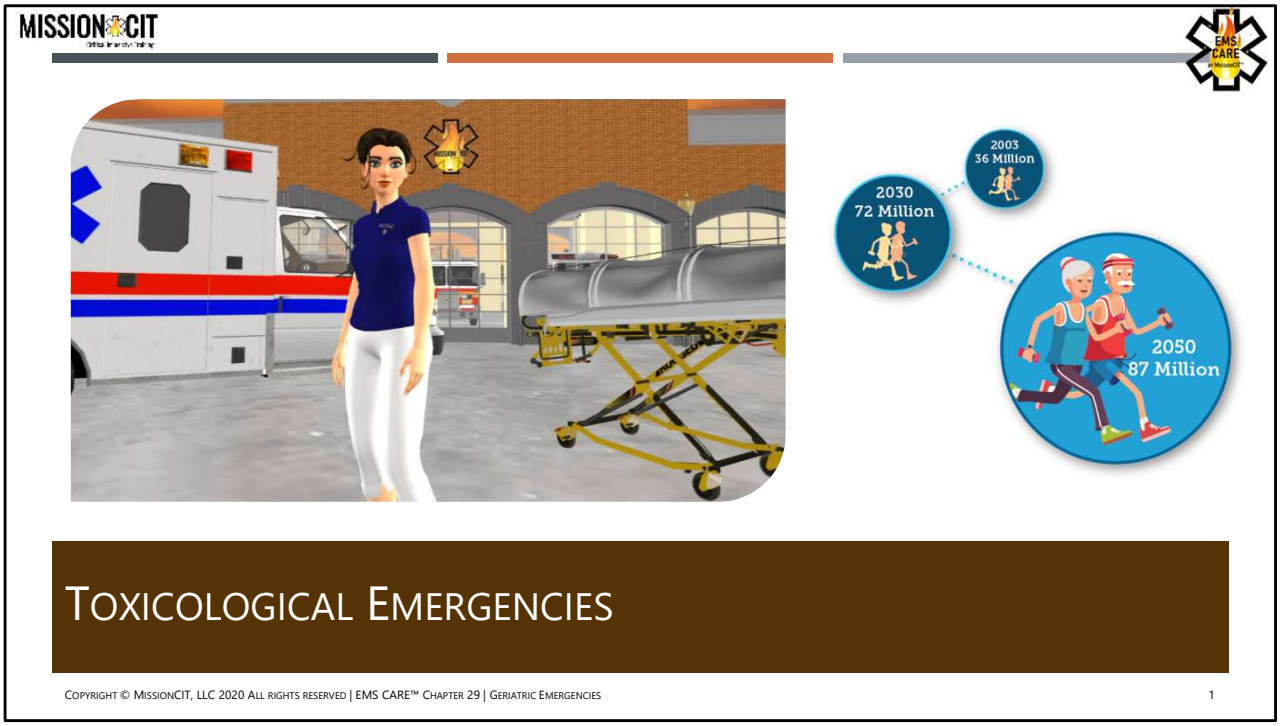
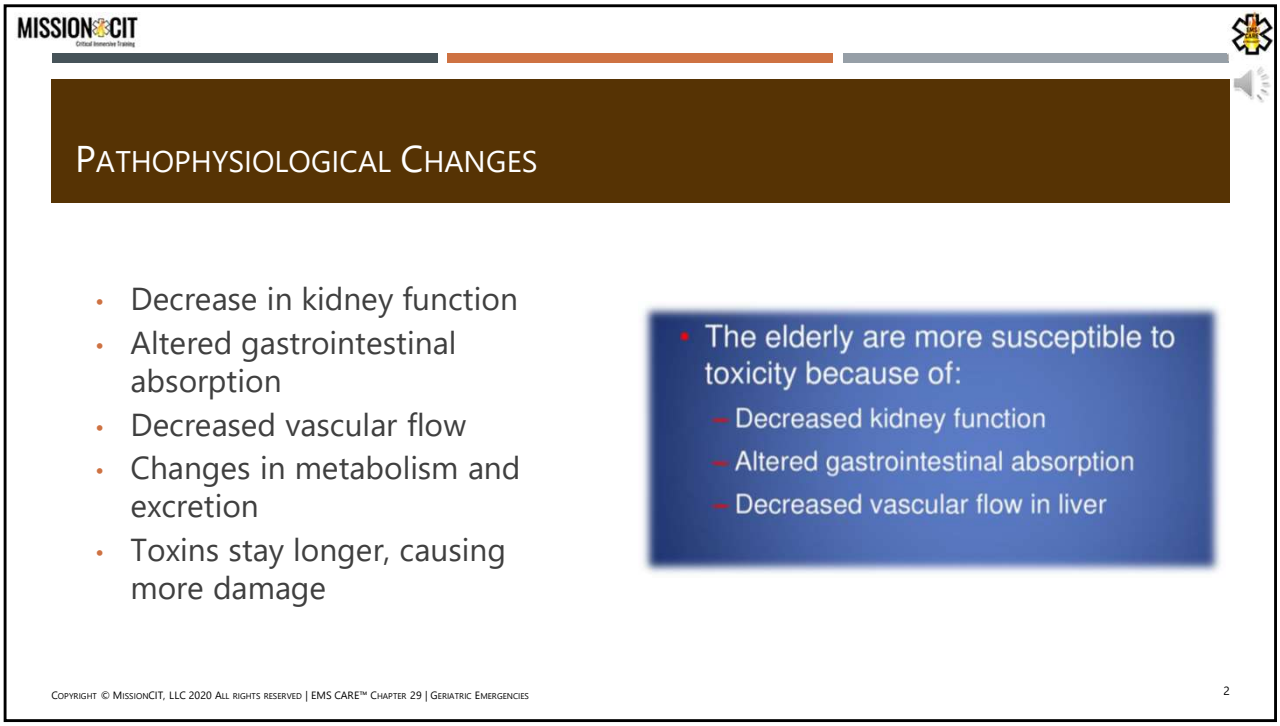


Thank you, Justin!

In this lesson, we will talk about how elders are more prone to toxicology emergencies. Many times, it is due to the physiological changes that occur due to age. We will also probe the other likely causes for toxicology emergencies among seniors.

Good Studying

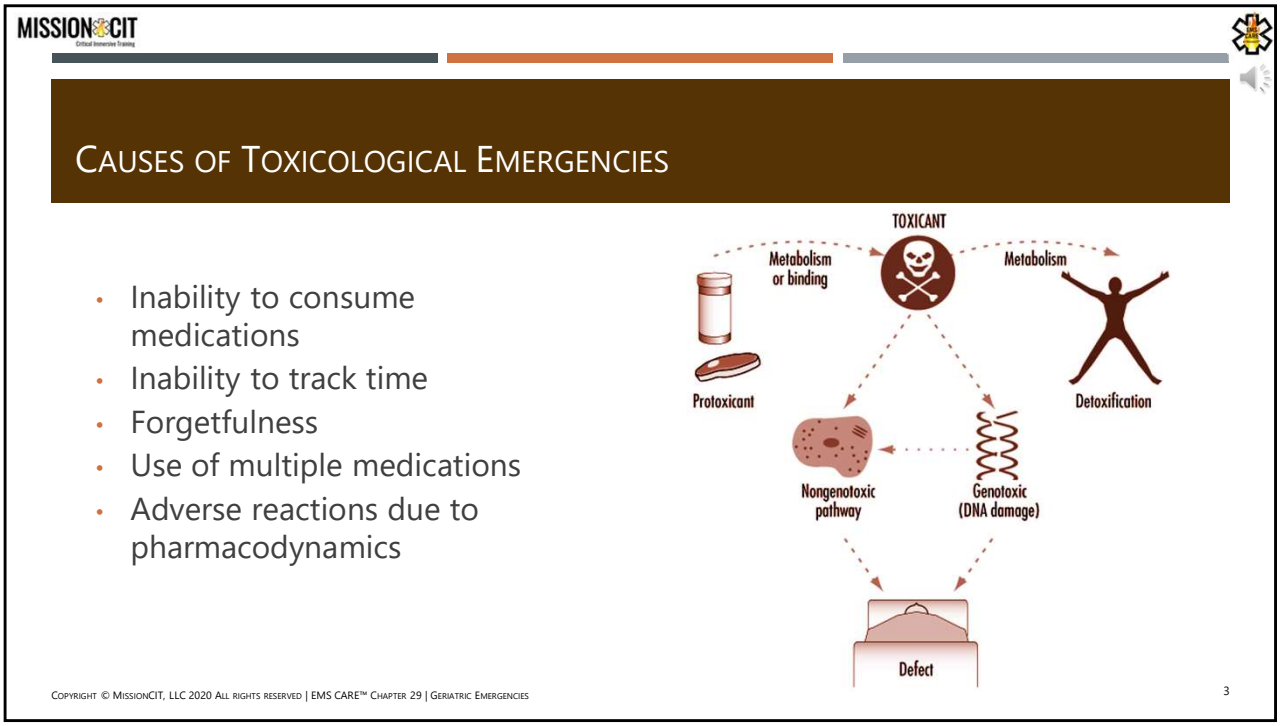


Some of the pathophysiological changes that make seniors more prone to toxicological emergencies are:

- Decreased kidney function that makes it difficult for the body to remove toxins from the body
- Altered gastrointestinal absorption that changes the way toxins are absorbed by the body when compared to young adults
- Decreased vascular flow
- Changes in metabolism and excretion

Due to these factors, toxins tend to stay longer in the body, thereby causing more damage. Also, for the same

reasons, recovery from a toxicological emergency is delayed.



Besides the physiological changes, the senior population is more prone to toxicological emergencies because of a host of reasons. They include:

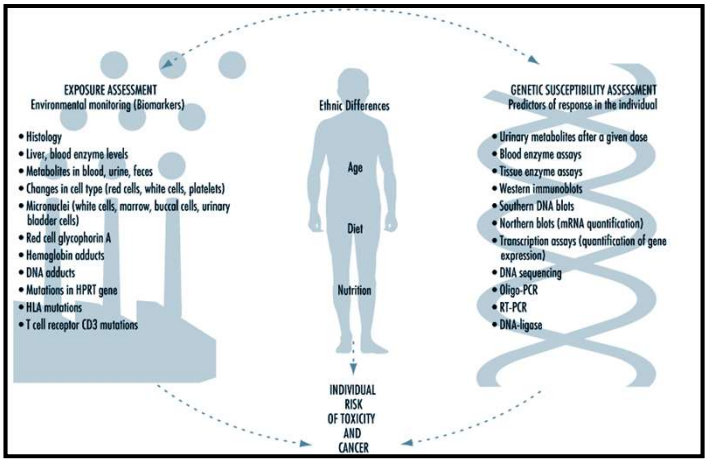
- Inability to consume the right medications due to financial problems, difficulty to open bottle caps because of decreased motor functions, impaired cognitive abilities, and loss of vision and hearing.
- In addition, the patient may be unable to properly track the time to take medicines on schedule. Sometimes, this forgetfulness can cause the patient to consume more or less medicine than prescribed.

- And Adverse reactions due to the pharmacodynamics and pharmacokinetics of consuming multiple medicines, often prescribed by multiple doctors for different conditions and unaware of the other medications being consumed by the patient.

All these factors greatly increase the possibility of toxicology among seniors.

Assessment And Treatment

- Stabilize the patient
- Intubation is necessary if respiratory distress is severe
- Gather information
- Document everything



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As with all toxicological emergencies, your priority must be to stabilize the patient by checking the circulation, airways, and breathing.

In general, patients with mild respiratory depression may not need intubation, but if the depression is severe, intubation is necessary. Depending on what you see, decide on emergency transportation.

In the meantime, gather information about what the patient ingested. You can either get it from the patient or other caregivers.

Document everything.

This brings us to the end of this lesson and in the next one, Justin will talk about the sensory changes that happen in seniors.