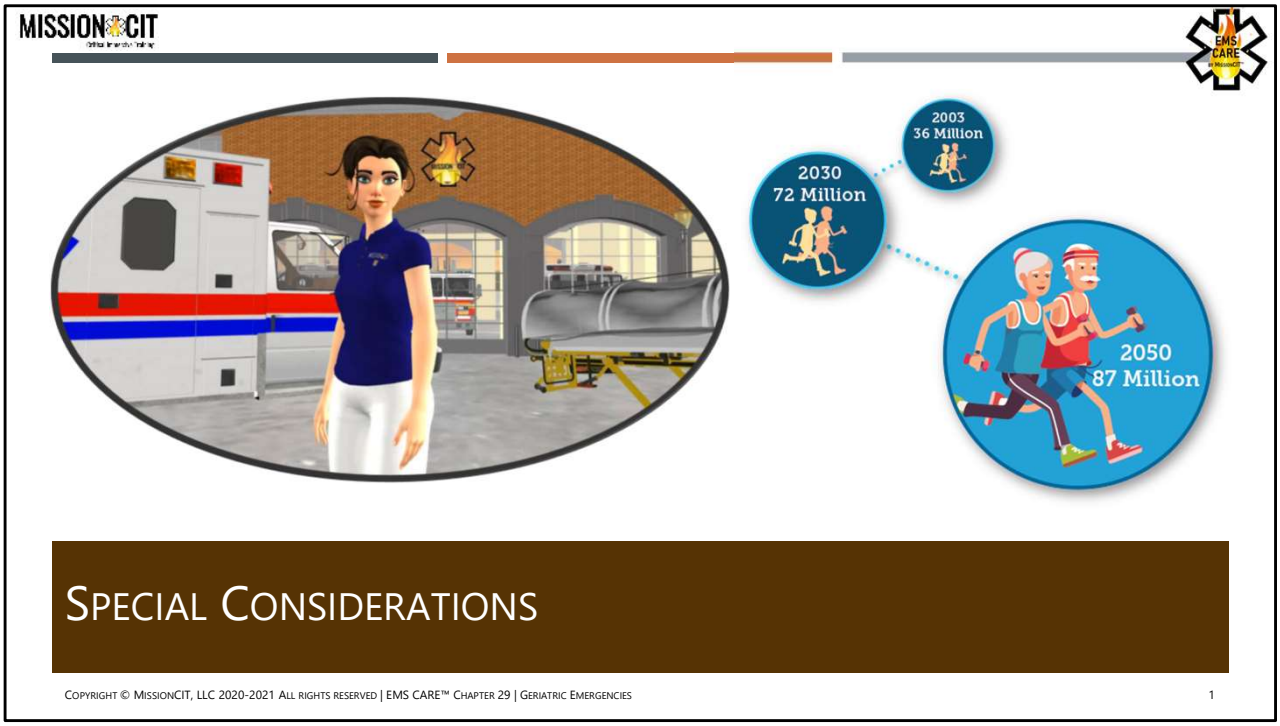


Thank you Justin!

This lesson discusses some additional special considerations to keep in mind while handling geriatric patients. We review communications, assessment challenges, scene size-up, and the art of assessment for the elderly.

Good Studying.

COMMUNICATION

- Key and challenging
- Loss of hearing, vision, memory, and retention
- Residual effect of stroke and dementia
- Speak slowly and clearly
- Use hand gestures
- Talk to them directly

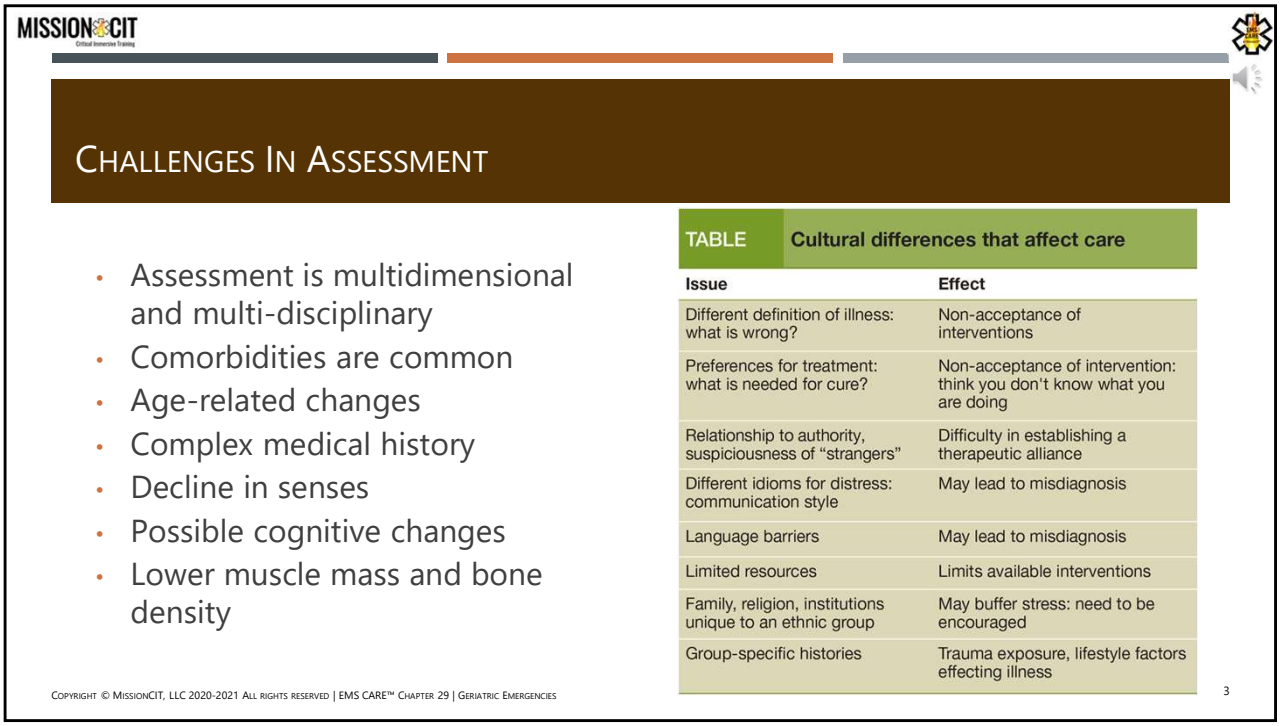


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Communication is a vital and challenging aspect of caring for geriatric patients because they tend to lose hearing, vision, memory, and retention. Also, the residual effects of stroke and dementia can impact the way they understand what you say.

This is why we need to speak slowly and clearly, so they can understand. Use hand gestures if required to communicate.

Above everything, talk to them directly and not through caregivers as this can hurt their self-esteem.



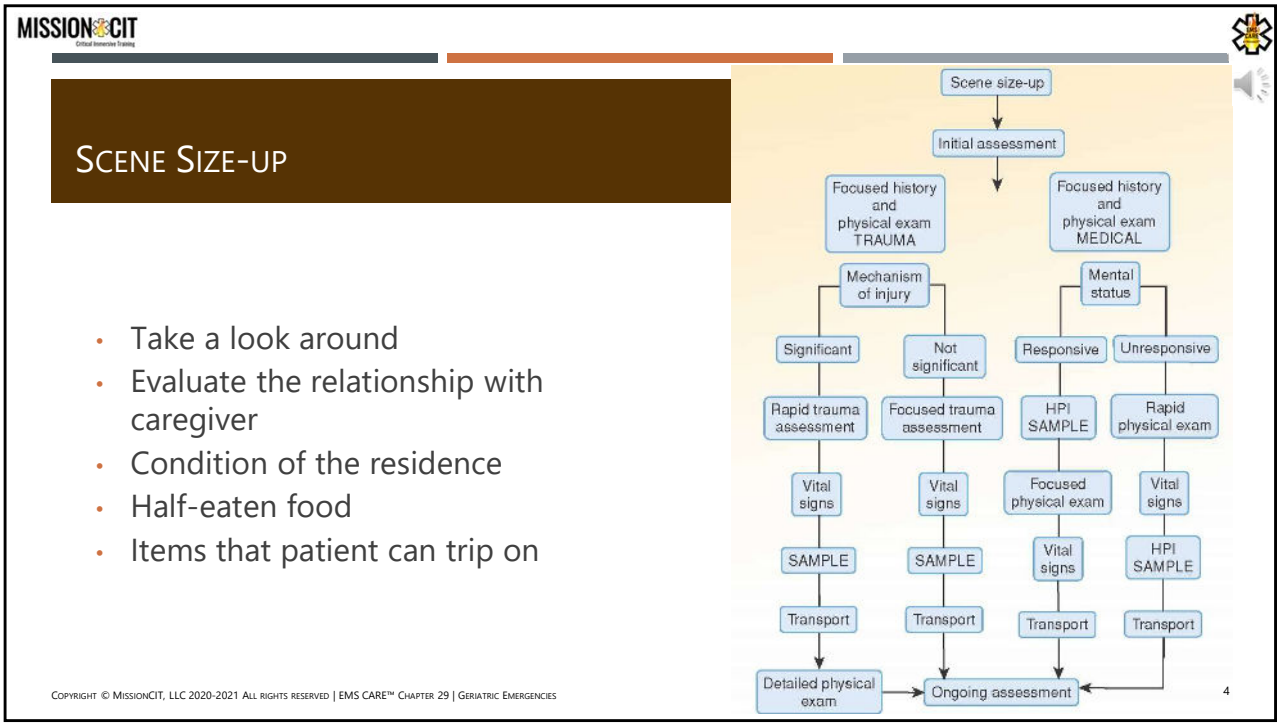
Many challenges come up while assessing a geriatric patient. Some of them are:

- Assessment is always multidimensional and multi-disciplinary,
- Comorbidities are common, and
- Many age-related changes make treatment difficult.

We then need to be prepared for patients that

- Have complex medical histories,
- A decline in all the five senses,
- Possible cognitive changes, and

- Lower muscle mass, bone density, and ligament elasticity.

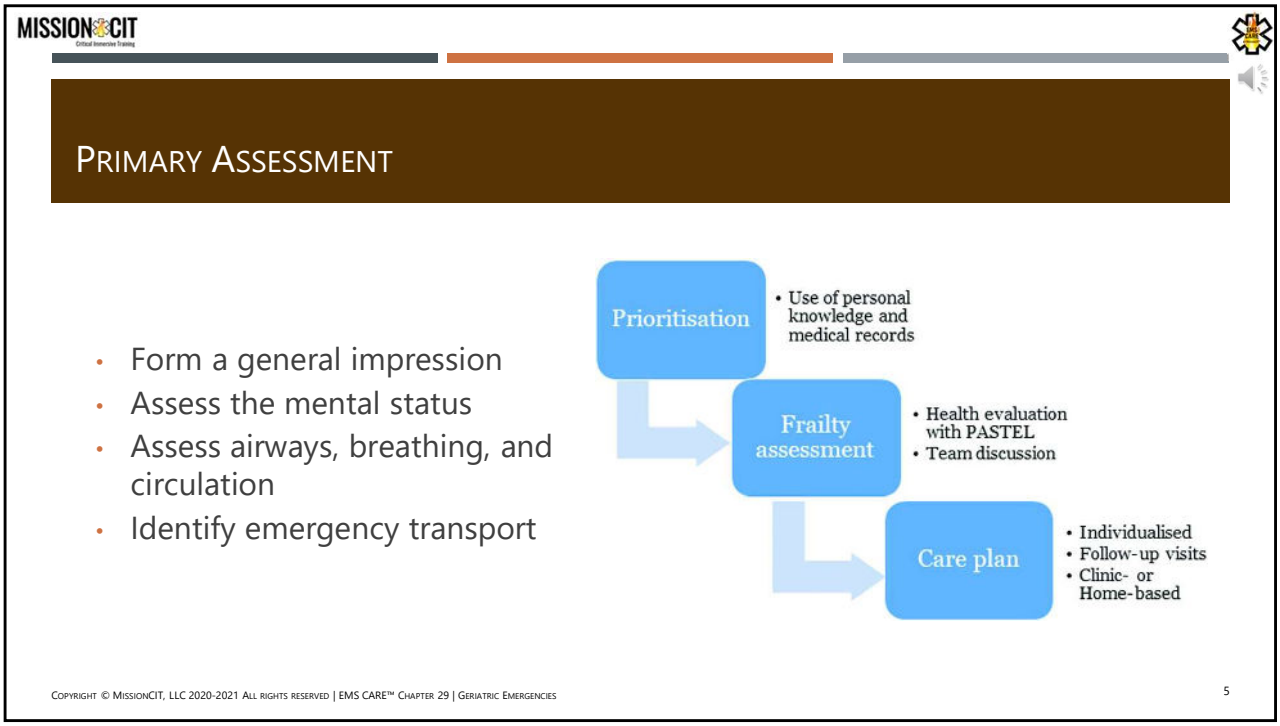


As soon as you arrive, size up the scene. Look inside and outside the patient's residence for possible clues on what could have caused the problem. Also, evaluate the relationship and communication levels that exist between the patient and the caregiver, to help weigh possible assault or abuse.

Specifically, look out for things such as, The condition of the residence, Half-eaten food that could indicate possible G I problems, and Items that the patient can trip on.

These factors can give you a good idea of the possible

cause of the problem.



Your primary assessment must include these four steps.

1. Form a general impression based on the patient's condition and residence.
2. Assess the patient's mental status and never assume that every problem is due to an altered mental status.
3. Assess airways, breathing, and circulation to ensure that the patient is stable, and
4. Identify if the patient requires emergency transport.

History Taking

- Take the history of the patient
- Get it from the patient if possible
- Talk to family members and caregivers
- Check compliance

Guidelines regarding history taking

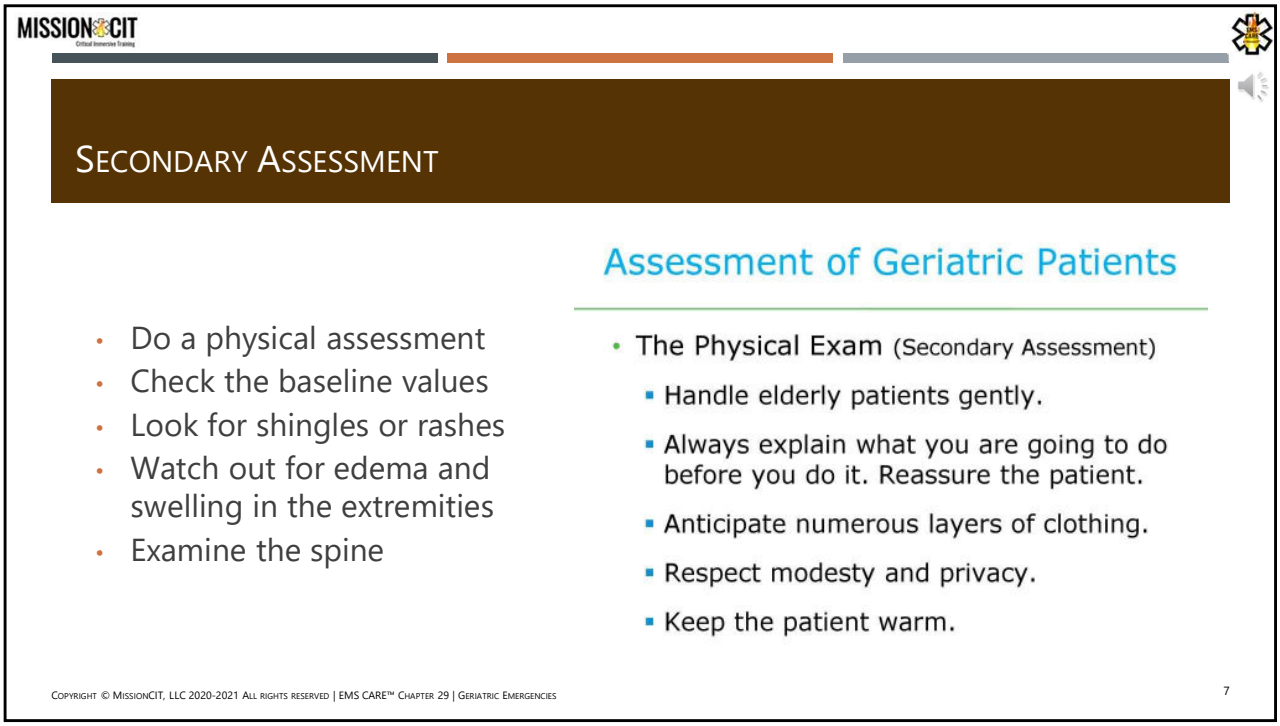
- ✓ Remember, the elderly have age related changes
- ✓ Keep the pace slow
- ✓ Introduce yourself at the beginning
- ✓ Address each individual with his or her preference
- ✓ (adopt effective way of communication)Eye contact , loud voice
- ✓ Ensure that pt. can hear what is said
- ✓ Provide glasses if needed
- ✓ Speak at eye level, facing the elderly
- ✓ Never treat the elderly as a child
- ✓ Respect the elderly as an individual.



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An essential part of your assessment is to take the history of the patient. If the patient can recall the needed information, go ahead and obtain it from them. Also, talk to caregivers and family members to gain more knowledge.

This is also an excellent time to check if the patient is compliant with healthcare providers' medical advice.

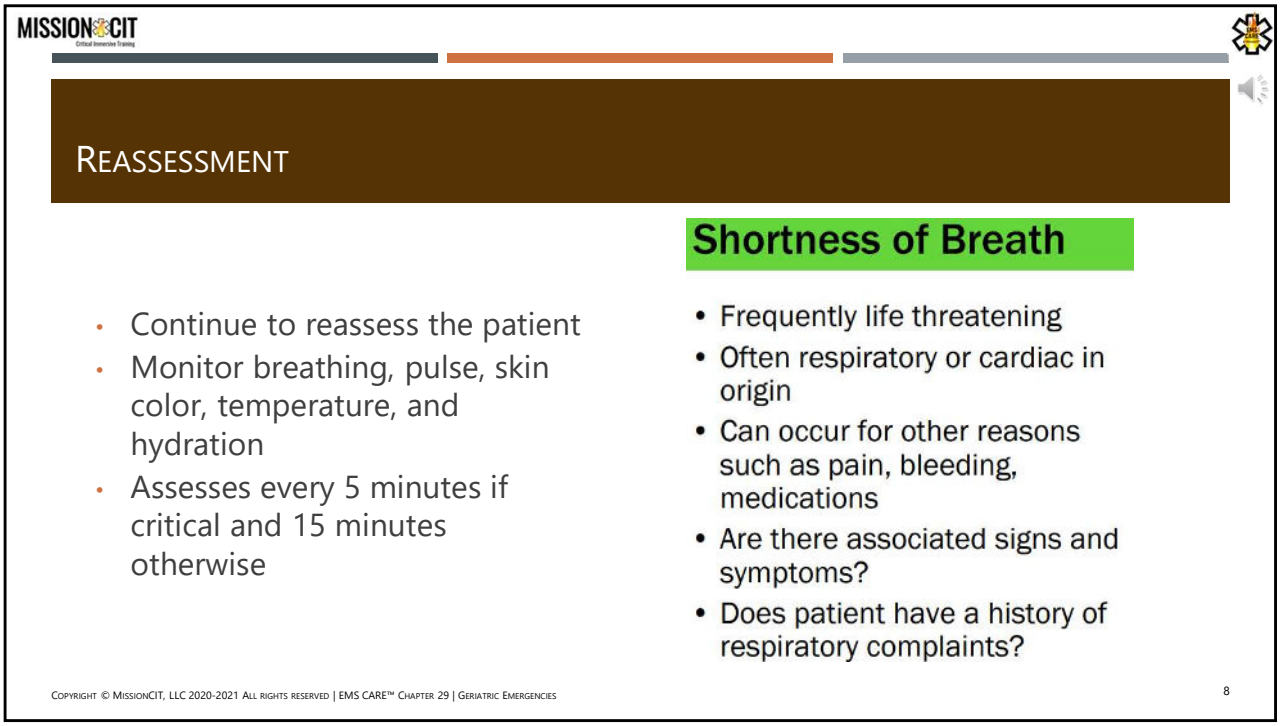


Next, start the secondary assessment that includes a physical evaluation. Begin with the vital signs and check the baseline values of the patient. Then, continue from the head and neck, move down to the chest and abdomen, and finally, to the pelvis and extremities.

In particular, look for shingles or any other rash on the body as this could be a sign of an underlying condition. Likewise, look for edema and swelling in any extremities as this could indicate problems in the heart, vascular, or liver.

Next, examine the spine and do your best to keep the

vertebrae in alignment to reduce the patient's discomfort.



If you're taking the patient to the hospital, continue to reassess the patient until the responsibility is handed to another healthcare provider.

This reassessment will include monitoring breathing, pulse, skin color, temperature, hydration, and more. Reassess at least once every five minutes if the patient is unstable and once every 15 minutes if the patient is stable.

With this, we come to the end of this lesson, and in the next one, Justin will take you through elder abuse and

neglect.