

Nursing the Elderly Population

Characteristics of Aging

- Young-old adult
 - 65-74 years
- Old
 - 75-84 years
- Old-old adult
 - 85-99 years
- Elite Old
 - >100 years
- Frail elderly

Attitudes Toward Aging

- Aging is normal
- Influenced by many factors
- Older adults have diverse characteristics
- Value their life experiences and history
- Assess their perceptions of age and health
- Care should not be based on age alone
- Myths and stereotypes can lead to poor care
- “Ageism”—negative attitude; leads to discrimination and disparities in care

Definitions of Aging

Aging is the normal physical & behavioral changes that occur under normal environmental conditions as a people mature & advance in age.

Geriatrics

Branch of medicine that deals with problems & diseases of aging people.

Gerontology

Study of all aspects of aging & its consequences

Ethno-Geriatrics

Specialty of providing culturally competent care.

Gerontologic Nursing

Care of older adults based on specialty body of knowledge

Application of the nursing process to older adults to achieve a level of wellness

Advocacy for the health of older adults at all levels of prevention.

Theories of Aging

Biological

Aging is a progressive loss of function

Multifactorial process

Genetics, oxidative stress, & cellular changes

Research aimed at improving quality of life while increasing lifespan

Goal is to slow or reverse aging

Psychosocial

Personality

Developmental

Disengagement

Activity

Continuity

Nursing Interventions

Safety

Safety Issues

Side rails up with bed in lowest position

Keep items within reach

Dangle before standing

Apply non-skid soles on shoes

Assure clear pathway

Lock wheels on beds, chairs, stretchers

Accidents

Fallophobia

Fear of falling

Factors that increase accident likelihood

Presbyopia

Reduced sense of touch

Decreased reaction time

Peripheral neuropathy

Arthritis

Prevention

Driving Safety

Motor vehicle accidents most common cause of injury-related death in young old population

Adult Driver Safety

Attend driving refresher courses

Avoid high risk driving

Be aware of prescription side-effects.

Prevention of Trauma

Environmental safety crucial

Falls, fires, motor vehicles most common cause of accidental death

Impaired thermoregulation

Use of analgesics/sedatives

Interventions at Home

Improved lighting, colored step strips

Grab bars, handrails

Fire & security alarms

Interventions at Hospital or LTC

Thorough orientation to environment

Large clocks, adequate lighting

Bed low position, side rail use

Consistency in care

Drug Use and Misuse

Polypharmacy

Lack of tolerance of standard doses

Physiologic changes affects absorption, distribution, metabolism, & excretion

Start low and go slow policy!

Protective Device Usage

Ensure physical safety

Restraints are last resort & require a physician's order

Restraints can be

Physical

Chemical

Interventions for Use of Restraints

Explain purpose to patient and family

Use least restrictive device possible

Assess limbs every 30 minutes to 1 hour

Assess basic needs

Document use, assessment, interventions, time out, and alternatives

Remove as soon as emergency over

Abdominal Belt

Prone Position

Communication

Therapeutic Communication

The Nurse

Perceives & respects the older adult's uniqueness

Exhibits genuine concern

Must be knowledgeable & skilled in communication techniques

Sensory Deficits

Deficit in sensory reception or perception

Reduced sensory input sense of self impaired

Sensory losses may lead to confusion, isolation

Elimination of order or meaning from environment

Listening

Can you hear what the patient needs?

Listening skills very important

Spend time with patient to really hear them

Allow verbalization of fears, concerns

Encourage expression

Reminiscence

Recalling the past to assign new meanings to experience

Expresses personal identity.

Supports self-esteem & socialization skills.

Reconciles conflicts & disappointments as an individual prepares for death.

Reality Orientation

Orientation to person, place, time, & circumstances

Guidelines for Reality Orientation

Realism

Reality information, do not reinforce delusions

Independence

Express confidence, provide aids for tasks

Individualization

Allow familiar objects

Reinforcement

Reward correct behavior, reinforce achievement

Repetition

Repeat info, give clues

Clarity & Consistency

Enunciate, clear short directions, maintain continuity

Elder Neglect & Abuse

Neglect

Failure to provide basic needs

Physical abuse

Use of physical force

Financial abuse

Mismanagement or misuse of property or resources

Emotional abuse

Threats, intentional humiliation, intimidation, & isolation

Sexual abuse

Molestation or rape

Mental Health

Dementia

Syndrome that involves *slowly progressive* cognitive decline-chronic state

Global impairment of intellectual function

Alzheimer's Disease

Delirium

Acute state of confusion

Usually short term & reversible within 3 weeks or less

Often seen in unfamiliar setting

Sundown Syndrome

Symptoms of agitation, confusion & restlessness

Occur late in the day. Or "when the sun goes down".

Assess client for all basic needs met: comfort(pain), elimination, hunger or thirst, oxygenation.

Clinically Competent

Legally competent and can make own clinical decisions

Decisional Capacity

Ability to identify problems, recognize options, make decisions, & provide rationale for decisions

Depression

Mood disorder that can have cognitive, affective, & physical manifestations

Primary depression

Secondary or situational depression

Use of Geriatric depression scale

Treatment includes drug & psychotherapy

Age Related Changes

Physiologic

General Appearance

How older adults present themselves-

Significant impact on body image & feelings of isolation.

Nurses' assistance with grooming & hygiene -

Direct influence on older adult's appearance.

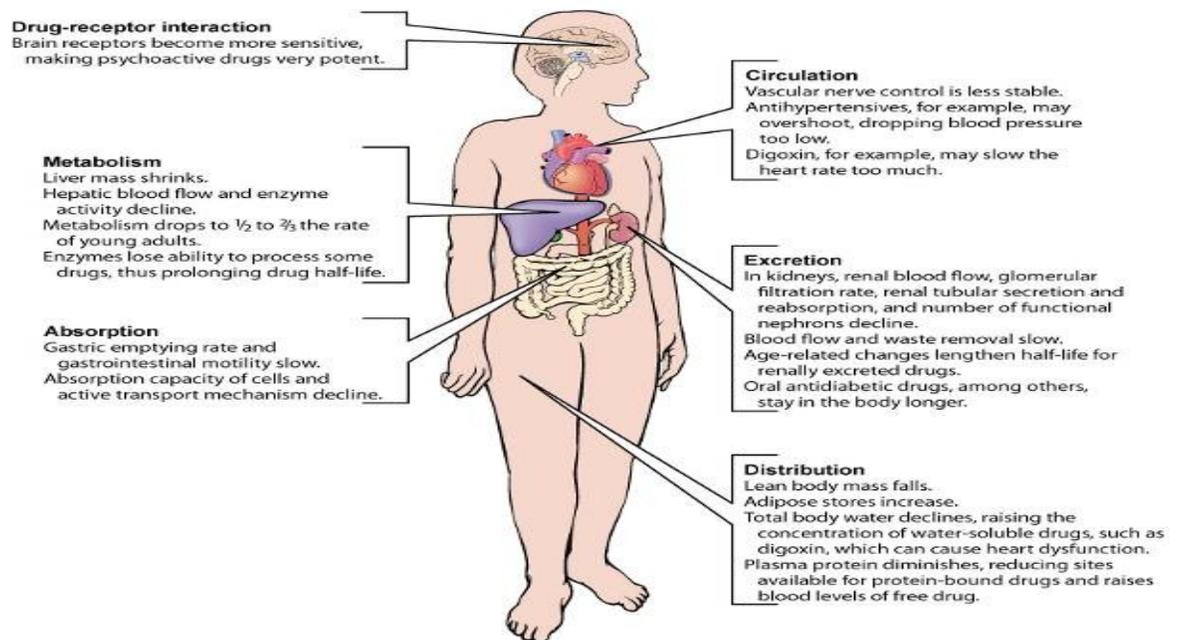
Nurse should be sensitive to odors in patient's environment.

Risk Factors

Frailty

Disability

Chronic Illness



Socioeconomic Changes

Retirement

Majority >65 employed or serve community

Economic

Varied but costs continue to rise

Relocation

Moving to another home or institution

Maintaining Independence

Self-respect

Death & Grieving

Feelings of loss, loneliness, isolation

Income level & sources

Inadequate income affects quality of life

Insurance

Coverage, benefits, entitlements

Educational level

Perception of health & approach to healthcare
Financial Resources
Medicare
Federal health insurance
Part A-Hospital
Part B-80% of physician
Part D-Prescription program
Social Security
Benefits for retirement, disability, or death of spouse based on % of earnings
Medicaid
Entitlement health-care for low income senior citizens

Activity

Benefits of Regular Exercise-Activity

Decreased risk for falls
Increased mobility
Increased sleep
Reduced or maintained weight
Improved well-being & self-esteem
Fewer depressive symptoms
Improved longevity
Reduced risk for Diabetes or CAD

Exercise programs should:

- Meets patient's physical needs
- Allow for physical impairments
- Encourage older adults to persevere
- Safety precautions include
 - Clothing & shoes appropriate for exercise
 - Hydration
 - Physical exam prior to start.
- Bedridden Clients:
 - Active, passive ROM with repositioning q 2 hours.

Sleep

Quality & continuity of the sleep experience
Older adults commonly complain of disturbed or inadequate sleep
Ways to enhance sleep
Sleep diary
Avoid caffeine, sleeping pills, alcohol
Stress reduction techniques
Decrease activity 2-3 hours before sleep

Psychosocial Development

Erikson's Developmental Stages

Eight stages & each has a specific developmental task
Ego integrity vs. despair
Successful attainment of previous tasks facilitates successful resolution of last task
Mastery (integrity)
Productive, creative, caring, can accept death

Despair

Fear of future, life lacks meaning, withdrawal

Psychosocial Assessment

Mental or cognitive abilities

Social support

Affective function & emotional status

Current roles & changes

Financial resources

Family patterns & structure

Community resources

Age Related Changes

Nutrition

Screen older adults for potential for malnutrition, impaired nutrient metabolism, over-nutrition

Decreased calorie requirements

Changes in taste

Functional issues

Isolation

Referral to RD

Causes of older adult malnutrition

Inflation, reduced income, lack of transportation

Inappropriate or unbalanced foods

Inability to carry bags or packages

Loneliness

Diminished sense of taste & smell

Tooth loss & poorly fitting dentures

How to Improve Eating Habits

- Education of food groups
- Allow time
- Check dentures for fit
- Make food attractive
- Include favorites
- Smaller more frequent meals
- Meal times

Nutritional assessment of older adults

Sadness or mood change

Cholesterol, high

Albumin, low

Loss or gain of weight

Eating problems (swallowing, poor dentition)

Shopping or food preparation problems

Culturally Competent Care

Ethnogeriatric specialty—culturally competent care for older adult

Societal changes influence: cultural practices, language, food preferences, support neighborhoods, safety, financial resources

Important to:

Show respect and communicate clearly

Identify support systems/services

Settings of Care

Acute Care Settings

Older adults in hospital require special attention

Health care issues in hospitals include

Sleep disorders

Problems with eating & feeding

Incontinence

Confusion

Falling

Skin Breakdown

Dehydration

Infection

Long Term Care

Care for medical & physical needs that cannot be met at home & require support

All patients under care of physician

More complex needs

Rehabilitation

Restoration to fullest potential

Provided in many settings

Facilitates physical independence

Long-Term Care Facilities

Placement factors:

Rapid patient deterioration or function

Caregiver stress and burnout

Alteration in or loss of family support system

Caregiver concerns:

Resistance

Insufficient care

Loneliness

Cost

Relocation stress syndrome

Disruption, confusion

Anxiety, depression, and disorientation

Community Services

Adult Day Care Centers

Care provided in day hours only in ambulatory setting

Services range from rehab to social & health related care

Services: transportation, assistance with personal care, nursing, therapeutic services, meals, recreational & social activities.

PACE

Programs for All-Inclusive Care for the Elderly

Care for adults age 55 and older

Provides many services

Long-term Care

Medicaid—no monthly premium

Medicare—monthly premium

Community Services

Senior Centers:

Provides social & recreational opportunities

Primarily for active, independent seniors.

Cheer Centers

Cheer Home Health provides homemaker & home healthcare services.

Includes personal care, light housekeeping, meal preparations, & transportation.

The program is supervised by professional nurses.

Meals On Wheels

Portable meal program to homebound person- physically/mentally handicapped or those who cannot prepare own food.

Operated 7 days per week by volunteers.

2 meals/day given @ 1 time.

Considerations for special diets.

Home Health Care

One of the oldest community-based services used by older adults.

Includes skilled nursing, medical services, as well as personal care services such as bathing & feeding by home health aides.

Most funded through Medicare programs who determine number of visits.

Need physician order and require skilled nursing care for Medicare reimbursement

Clinics

Provide variety of health-related services including preventative care

Nurse run clinics focus on managing chronic illness

Housing (Retirement Communities)

Continuing care retirement communities (CCRCs)

Congregate housing

Independent

Assisted living

Assisted-living facilities

Hospice

Majority of Hospice patients are elderly

Requires compassion, patience, expertise, understanding, & interdisciplinary communication

Respite Programs

Program intended to provide relief to caregivers by temporary admission of client to institution or provision of adult “sitter”

TABLE 6-8

Caregiver Challenges

- Lack of respite or relief from caregiving
- Conflict in the family unit related to decisions about caregiving
- Lack of understanding of the time and energy needed for caregiving
- Inability to meet personal self-care needs, such as socialization and rest
- Inadequate information about specific tasks of caregiving, such as bathing or drug administration
- Financial depletion of resources as a result of a caregiver's inability to work and the increased cost of health care

Parish Nurse

Available for counseling & guidance within community & church

Health screenings & preventative care

Assessment of needs for referral

Community Services Provided by the Elderly

Volunteerism

RSVP "Retired Senior Volunteer Program"

This program provides opportunities for older adults 60 years & older:

Tutoring

Visiting patients in nursing homes.

Driving patients to doctor's office.

Working in hospitals, libraries, animal shelters

Consulting, assistance tax returns

Community Services Provided by the Elderly

Foster Grandparents

Program which recruits, trains, & involves low-income persons, age 60 & older for one-on-one supportive role to children with special needs.

Legal and Ethical Issues

Natural death acts

Directives to physicians (DTPs)

Advance Directives

Durable power of attorney for health care (DPAHC)

Medical power of attorney

Areas of ethical concern

To restrain or not restrain

To evaluate patient's ability to make decisions

Resuscitation

Treatment of infections

Issues of nutrition and hydration

Transfer to more intensive treatment units

Legal issues:

Examples: Advance directives, estate planning, taxes, denied services, finances, exploitation

Ethical issues:

Examples: Resuscitation, treatment of infections, nutrition, hydration, transfer to higher level of care

Nursing:

Current on ethical issues

Identify when ethical issue occurs

Advocate/Ethics committee guidance

Teaching Older Adults

Health Teaching

Focus on teaching positive health behaviors

Support belief that behavior change is helpful & worth the effort

Tips include simplicity & repetition, use of peer educators, build on previous knowledge

Health Teaching Priorities

Medications

Nutrition & Hydration

Unintentional Injury

Mobility & Transportation

Support Services @ Home
When & How to Seek Appropriate Treatment

Summary

Older adults vary in level of function & productivity

Nursing care should be designed to provide health, longevity, & independence on the highest level of function possible