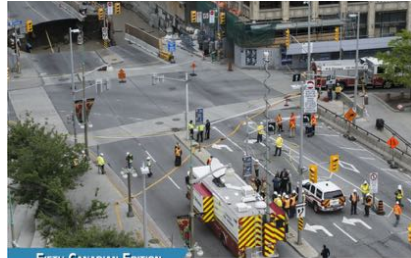


Emergency Medical Responder: A Skills Approach

Fifth Canadian Edition



FIFTH CANADIAN EDITION

EMERGENCY MEDICAL RESPONDER

A SKILLS APPROACH

MEETS PARAMEDIC ASSOCIATION OF CANADA'S
NATIONAL OCCUPATIONAL COMPETENCY PROFILE



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Chapter 15

Geriatric Considerations

Objectives (1 of 2)

- Relate the anatomical and functional changes of aging to illness and injury in older adults for the following body systems: skin, sensory organs, respiratory system, circulatory system, digestive system, urinary system, musculoskeletal system, nervous system, and immune system.



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Objectives (2 of 2)

- Discuss the impact of social, psychological, and financial concerns on the health of older adults.
- Explain why an older person may be more seriously ill or injured than indicated by signs or symptoms and/or the mechanism of injury.

When Dealing with the Elderly

- Always treat them with respect
- Never assume they cannot hear you
- Explain who you are and what you are doing
- Seek information from family members only after questioning the patient

Table 15–1 Physical and Functional Changes in the Older Adult (1 of 2)

Body System	Changes	Complications
Skin	Decreased perspiration Decreased oil secretion Loss of fat and weakening of supportive structures beneath the skin Reduced adipose Decreased circulation	Heat-related illnesses Masked signs of shock Decreased resistance to infection Thermoregulatory issues Easily torn skin Bedsores
Sensory organs	Diminished vision Diminished hearing Diminished pain sensation Diminished taste and smell	Falls, motor vehicle crashes Unable to read directions for medication Unable to hear warnings such as smoke alarms or sirens May be unaware of injury or seriousness of injury Decreased appetite, malnutrition Unable to smell smoke or leaking gas
Respiratory system	Weakened chest muscles Less lung capacity	Less able to compensate when the body needs oxygen

Table 15–1 Physical and Functional Changes in the Older Adult (2 of 2)

Body System	Changes	Complications
Circulatory system	Decreased strength of heart contraction High blood pressure Blockage of blood vessels	Cannot meet higher demands for blood flow Heart attack, stroke, poor circulation to extremities Masked signs of shock
Digestive system	Ulcers, tumours Dental problems Dehydration Decreased motility	Gastrointestinal bleeding Malnutrition Choking on poorly chewed food Constipation Bowel obstructions
Urinary system	Incontinence	Catheterization, possibly leading to Infection
Musculoskeletal System	Diminished muscle strength Weakened bone structure	Minor falls or bumps, possibly leading to broken bones
Nervous system	Fewer nerve fibres Alteration in chemical balance	Decreased sensory perception Depression Impaired sleep
Immune system	Diminished functioning	Diminished ability to heal Infection Cancer

The Aging Body's Response to Medication

- Older patients often have exaggerated responses to drugs and more profound side effects compared to younger patients
- Older adults tend to be on several different medications, life-threatening drug interactions are more likely

Psychological and Economic Factors

- Depression
- Substance Abuse
- Physical and psychological abuse
- Neglect
- Loneliness
- Poverty

At Risk Older Adults

- Require assistance with daily activities
- Have trouble sleeping
- Have lost bladder control
- Exhibit bizarre behaviour due to altered mental status

Most Common Medical Complaints

- Chest pain
- Breathing difficulty
- Fainting or near fainting
- Altered mental status

Most Common Mechanisms of Injury

- Burns
- Falls
- Vehicle crashes

Scene Assessment

- Substance abuse problems, mental illness, and mental conditions can produce violence
- Stay alert for signs of abuse and neglect or for evidence that the patient can't care for themselves
- Observe potential home hazards
- Look for potential sources of carbon monoxide poisoning

Primary Assessment - Considerations

- Note whether the patient appears clean and well groomed
- Observe whether the older patient who has had a stroke has an airway obstruction
- Correct head and neck positioning for airway care may be challenging
- Leave dentures in place for an easier mask seal
- If the patient is taking ASA (Aspirin) or blood-thinning medications, controlling bleeding may be more difficult

Secondary Assessment

- Perform a secondary assessment as you would for any other patient, remembering that an elderly patient
 - may be wearing several layers of clothes
 - Wider range of 'normal' vital signs
 - may respond slower and have a more limited normal range of motion

Patient History (1 of 2)

Bystanders should be questioned only if it becomes apparent that your patient is not a reliable source of information.

Patient History (2 of 2)



John Mackay

Figure 15-7 Emergency Response Information Kit (ERIK).

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