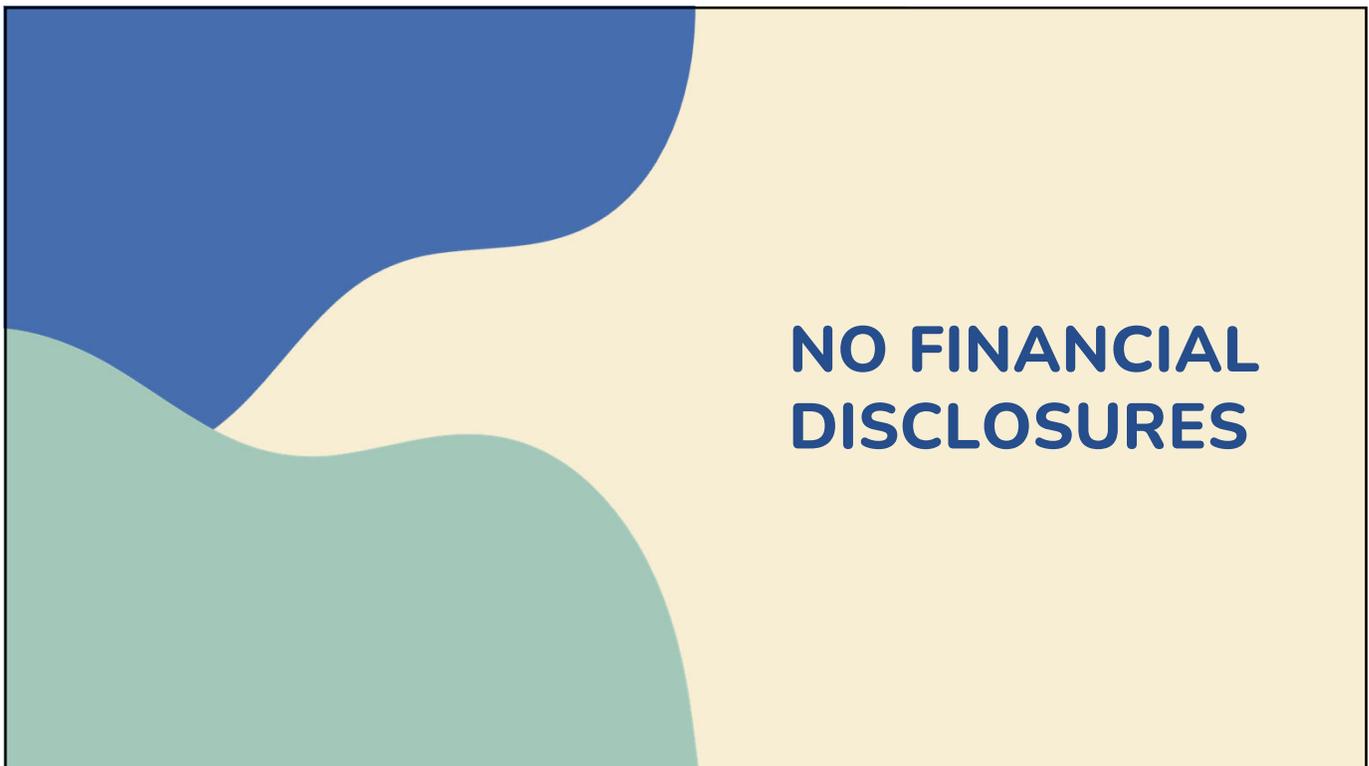


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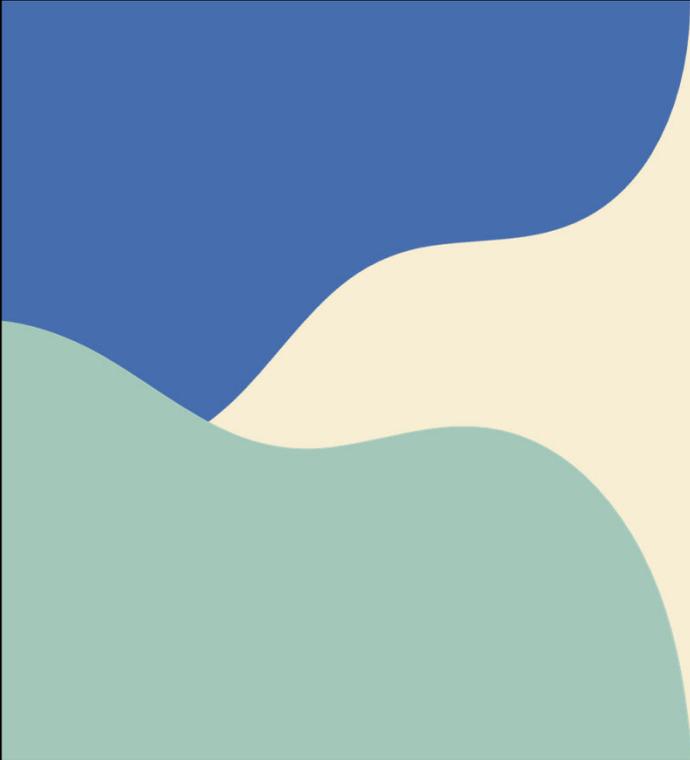


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OBJECTIVES

- Describe why older adults may be more high risk patients
- Identify common high risk areas in geriatric presentations to the ED
- Assess discharge safety risk

4



ELDERLY OVERLOAD

- More than 20% of US population will be 65 or older by 2030
 - 23% by 2050
- Elderly account for 1 in 5 ED visits
- Also...
 - 36% of ambulance transports
 - 40% of all admitted patients
 - 50% of critical care admissions

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MALPRACTICE RISK

- Elder patients do NOT sue more
- Common reasons for malpractice
 - Missed diagnosis
 - Delayed diagnosis
 - Treatment errors

6



RISKY BUSINESS

- More comorbidities and complexities
 - Cognitive traps
 - Vital sign changes
 - Polypharmacy
- Higher risk of adverse outcomes
 - Higher mortality, longer hospitalization

7



8



NONSPECIFIC COMPLAINTS

- 20% have nonspecific complaints
- Acute diagnosis in approx. 50%
- Up to 10% mortality at 30 days

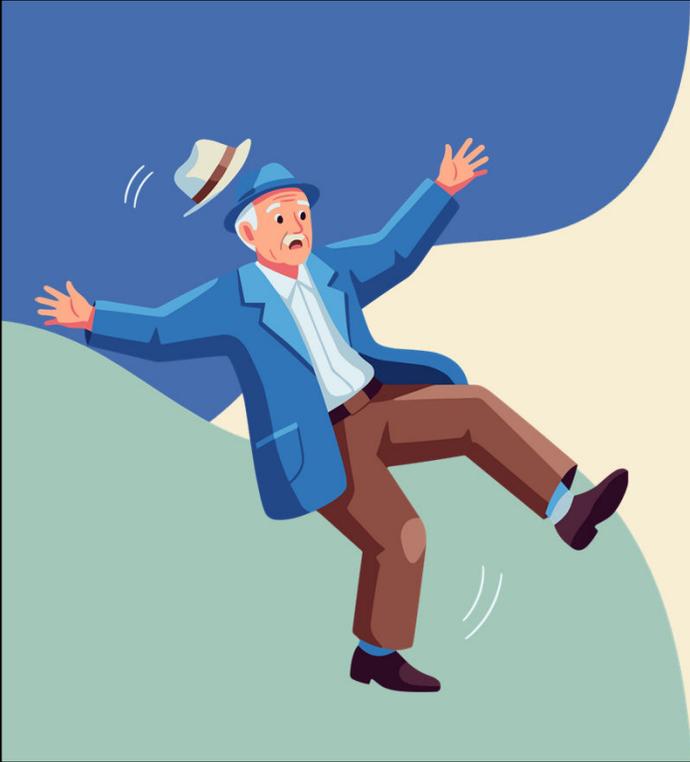
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ATYPICAL PRESENTATIONS

- Physiologic changes
 - Temperature
 - Immunity
- Up to 20% of older adults with bacterial infections are afebrile
- Pharmaceutical effects
 - Heart rate
 - Blood pressure

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MORE FALLS, MORE PROBLEMS

- Leading cause of morbidity and mortality
- 1 in 3 older adults will come back to ED or die within a year after fall
- Get a careful fall history
 - Identify any risk factors, such as medication interactions

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DELIRIUM

- Acute onset, waxing and waning, of mental status and attention
- Present in ~6-38% of patients
 - Risk factors include dementia, age > 75, SNF/ALF
- ED provider fails to detect delirium in up to 83% of cases

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DELIRIUM ON DISCHARGE?

- 3x higher mortality rate
- High bounceback rate
- Broad differential and work up
- Consider discharge if...
 - Mild symptoms or resolved
 - Unequivocal cause
 - Reliable follow up

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GET THE COLLATERAL

- Lack of collateral leads to delays
- Influences course of work up
- Creates a safer and more informed disposition



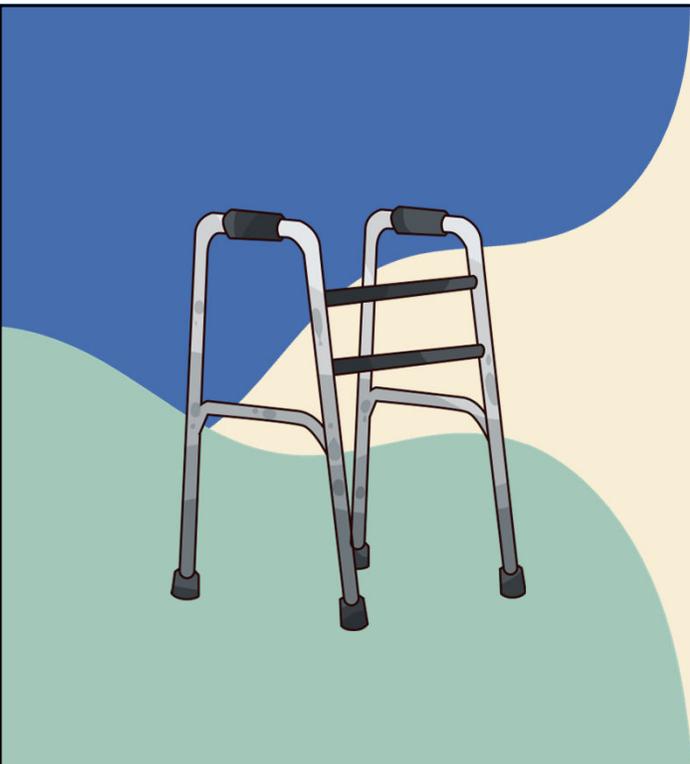
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DISCHARGE?

- 17% return to the ED
- Ambulate the patient
 - Assesses their baseline function versus their current
 - Utilize PT eval in ED if available

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PLAN THE EXIT

- Clear discharge instructions
- Consider involving others in discharge care

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PEARLS

- Slow down! Better geriatric care is better risk management
- Consider atypical presentations with nonspecific complaints
- Be on the look out for delirium and be suspicious falls
- Get the collateral when you can

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