

Geriatrics session 3 and 4

- I. Possible [iOS application](#) as a group project for the course
  - a. ~20 questions, decide topic as a group
  - b. Dr. Stall would help with the I.T. portion
- II. Interdisciplinary Meeting
  - a. Group consisted of MD, RN, Nurse Manager, Occupational Therapists, Physical Therapists, and social services
  - b. Patients were presented and health care management was discussed from the perspective of each field
  - c. General topics for each patient included efforts to minimize [bed sores](#), pain management, other medications, medical history, mobility, living situation at home (e.g. spouse, family, stairs), discharge dates
  - d. Other topics discussed-Increased half-life of [Valium](#) (Scroll down to "Special caution needed" in hyperlink) in geriatric population
- III. [Pain Management](#)
  - a. Growing elderly population and pain is an issue that drastically interferes with quality of life
  - b. Pain should be seen more as a vital sign as is underdiagnosed in elderly patients (No standing orders, sub therapeutic doses, or receiving no pain meds at all)
  - c. Most common reason for under treatment-Failure to assess pain
  - d. Use self-reports and even [pain diaries](#) with patients having difficulty communicating their symptoms
  - e. Pharmacologic and non-pharmacologic treatments should both be considered in increase quality of life.
  - f. Use of interdisciplinary teams, staff education, and established procedures need to be utilized for pain assessment.
  - g. Overall-Goal is to increase quality of life. Balance treatment with side effects to reach an overall improvement for the patient
- IV. Patient Interviews
  - a. Topics discussed with patients-advanced directives, ageism, continuum of care, changes, communication, dis-ease, education, functional ability, health problems, pain, polypharmacy, quality of life
  - b. Issues raised in discussion-Make unique programs for elderly to keep them depression/loneliness. E.G. [Skype](#) for the patient to connect with wife over long distances.
    - i. Make sure to get patients quality of life to an 11!!! If the patient reports a 10, changes can still be made to increase overall quality of life
    - ii. Think of an [ACE inhibitor](#) with a new onset cough. This goes for any new onset symptom, medication changes need to be considered. Another example raised was to think of atrial fibrillation if you see Coumadin on a patient's med list.
    - iii. Patients also wished that they had more access to assistance to be walked (Patient reported walking once a day when they would like to be more mobile)