



# GERIATRICS

BLS Core Content  
Prepared for Pulse Check 2019  
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# Shameless Plug!

ARE YOU AN EMS VOLUNTEER?

ARE YOU A NYSVARA MEMBER?

DID YOU KNOW IT COSTS \$12/  
YEAR?

**THAT'S LESS THAN A CUP OF  
COFFEE A MONTH IF YOU ASK ALL  
THE OTHER CHARITY GROUPS.**

**MOST OF YOUR COFFEE HERE AT  
PULSE CHECK IS FREE-**

**SO JOIN NYSVARA AT THE  
MEMBERSHIP BOOTH**

**FRIDAY AND SATURDAY 9-5**

Thank You!!!!!!

# Goals

- Define Geriatrics
- Explore the impact of geriatric care on the EMS provider & system
- Identify the common medical and traumatic conditions seen in geriatrics by EMS

What is “geriatric”?



# Geriatrics

- Patients over 65 Years of Age
- Can, but do not always have:
  - Chronic illness
  - Acute illness
  - Age-Related illness

# According to the US Census (2018)

- Approximately 16% of New York Residents are Geriatric
  - Over 3 Million people statewide

SHOW OF HANDS- AND BE HONEST

WHO HAS ATTENDED OR  
PLANS TO ATTEND AN  
**ACTIVE SHOOTER** CLASS?



# FACTS

- **ACTIVE SHOOTER** EVENTS ACCOUNT FOR LESS THAN 1% OF EMS RESPONSES IN NEW YORK STATE

**BUT!**

IN SOME AREAS, GERIATRICS ARE  
RESPONSIBLE FOR 60% OR  
GREATER OF EMS REQUESTS

**(AND NONE OF THE ACTIVE SHOOTINGS IN MODERN HISTORY)**



## PLACES WE FIND GERIATRIC PATIENTS

- SKILLED NURSING FACILITIES
- ASSISTED LIVING COMMUNITIES
- APARTMENTS
- HOUSES
- TRANSIT
- CARS
- OFFICES
- THE MALL
- > 50% OF THE U.S. SENATE



## GENERAL PATIENT MANAGEMENT

- TREAT WITH DIGNITY  
AND RESPECT
- COMMUNICATE!
- SMILE
- **IGNORE THE  
STEREOTYPING AND  
TREAT THE PATIENT  
IN FRONT OF YOU**

# An approach to Geriatric Care

- **G**eriatric
- **E**nvironment
- **M**edical Conditions
- **S**ocial Concerns

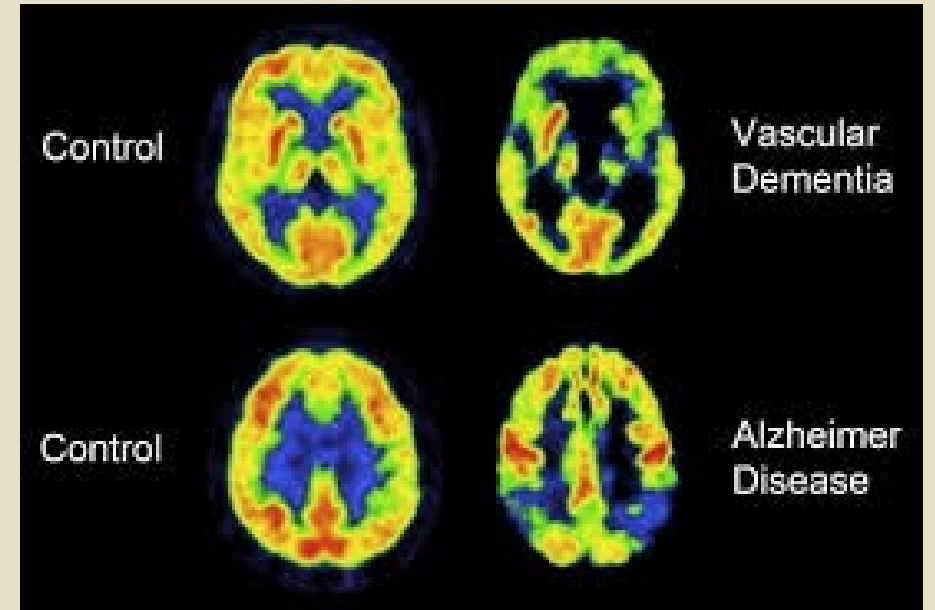
# GERIATRIC

- NEUROLOGIC
- ORTHOPEDIC/MUSCULOSKELETAL
- CARDIOVASCULAR
- RESPIRATORY
- GI/Urinary
- INTEGUMENTARY
- PSYCHOSOCIAL



# NEUROLOGICAL

- Deterioration
- Stroke
  - Hemorrhagic
    - Traumatic
    - Non-traumatic
  - Ischemic
- Sensory/balance
- Cognitive/dementia
- Syncope?



# Scenario

Mr. Brown is a 75 year old man living in the local skilled nursing facility.

You are called there for an altered mental status.

Mr. Brown looks at you blankly and appears to be swatting flies out of the sky.





# Scenario

The nurse tells you that Mr. Brown has smelled funny for days. They took his temperature it was 102.4 rectally.

BP: 88/54

Pulse: 106, regular

Respirations: 26 Shallow

❖ Productive Cough, Left Lower Rhonchi

❖ SpO<sub>2</sub>% 94

BGL: 304 mg/dL

# Scenario

History: Afib, Dementia, Stroke, Hypertension

Meds: Digoxin, Metoprolol, Coumadin

Allergies: Penicillin

# Scenario

You notice his Foley bag is full of dark brown urine

You do a stroke exam, the findings are normal

What is your working diagnosis? What else **COULD** be going on?

What is the difference between **DELIRIUM** and **DEMENTIA**?

What is the most common cause of *Altered Mentation* in Elderly Patients?

# ORTHOPEDIC/MUSCULOSKELETAL

- Osteoporosis
- Arthritis
- Loss of Muscle Mass
- Kyphosis/ Lordosis/  
Spondylosis
- Rhabdomyolysis



# CARDIAC AND RESPIRATORY

- Acute Coronary Syndromes
- Heart Failure/Pulmonary Edema
- COPD
- Pneumonia
- Pulmonary Embolus
- Aneurysm/Dissection
- Syncope?



# Gastrointestinal/Urinary/Renal

- Increased UTI's
- Low GI Motility
- Small Bowel Obstructions
- GI Bleeding
- BPH in Males
- Foley/ Texas/ Nephrostomy

# INTEGUMENTARY

- Thinner Skin
- Prone to tears/injury
- Decreased sensation
- Decreased Temperature Control
- Less Subcutaneous Fat
- Pressure/Infectious/Stasis Ulcers



# PSYCHOSOCIAL

- Depression
- Isolation
- Death and Dying
- Alcohol use
- Drug Use/Polypharmacy
- Social Support
- Abuse & Neglect





# ENVIRONMENTAL

- ADEQUATE SHELTER
- SAFETY
- ADEQUATE TEMPERATURE
- ADEQUATE CLOTHING
- CLEANLINESS
- ADEQUATE FOOD
- ADEQUATE LIQUIDS

**Check the Fridge**



# MEDICAL

- CHRONIC HEALTH CONDITIONS
- ACUTE CONDITIONS
- MEDICATIONS
  - PROPER
  - AS PRESCRIBED
  - POLYPHARMACY
- EQUIPMENT
  - HOME VENTILATORS
  - TUBE FEEDING
  - WOUND VACS
  - OSTOMIES



# SOCIAL

- FRIENDS
- FAMILY
- CAREGIVERS
- FACILITY
- ABUSE
- NEGLECT

Acute vs. Chronic?

Chronic vs. Acute?

How Do we Know?

# Scenario

- Mrs. Grant is an 85 Year Old Woman living at home with her husband, Don, who she cares for
- Mrs. Grant's daughter calls EMS for a wellness check after not hearing from her on their nightly phone call for two nights.
- No one answers the door. The daughter has keys.



# Scenario

- What are your concerns about
  - Injuries/Illnesses
  - Chronic Care
  - Mr. Grant
  - Long Term Needs



# Scenario

- Don Grant is sitting in his recliner pointing at the floor, where you find Mrs. Grant laying down on her right side, which is bruised from her rib cage to her knee.
- She is in a puddle of urine.
- Mrs. Grant says she fell while running to answer the phone. She knocked the phone down when she fell. She is worried she hasn't fed her husband since she fell.



# Mobile Integrated Healthcare

- “Community Paramedicine”
- Multiple programs on going
  - In Home Care
  - Transportation
  - Medication Management
  - Fall Prevention





# In Summary

- Geriatric patients exist everywhere!
- Most management is the same
- Most needs are the same
- Chronic Illness can mask acute illness
- Acute illness can mask chronic illness
- Concern yourself with environmental and social assessments to better treat and care for your patients

# References

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