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Phillip D. Magidson and Christopher R. Carpenter

Geriatric emergency medicine has emerged as a subspecialty of emergency medicine over the past 25 years. This emergence has seen the development of increases in training opportunities, care delivery strategies, collaborative best practice guidelines, and formal geriatric emergency department accreditation. This multidisciplinary field remains ripe for continued development in the coming decades as the aging US population parallels a call from patients, health care providers, and health systems to improve the delivery of high-value care. This article educates emergency medicine practitioners and highlights high-value care practice trends to inform and prioritize decision-making for this unique patient population.

Geriatric Trauma **257**

Drew Clare and Korie L. Zink

Geriatric trauma patients will continue to increase in prevalence as the population ages, and many specific considerations need to be made to provide appropriate care to these patients. This article outlines common presentations of trauma in geriatric patients, with consideration to baseline physiologic function and patterns of injury that may be more prevalent in geriatric populations. Additionally, the article explores specific evidence-based management practices, the significance of trauma team and geriatrician involvement, and disposition decisions.

Resuscitation of the Critically Ill Older Adult **273**

Kami M. Hu and Robert M. Brown

In 30 years, adults 65 and older will represent 20% of the US population, with increased medical comorbidities leading to higher rates of critical illness and mortality. Despite significant acute illness, presenting symptoms and vital sign abnormalities may be subtle. Resuscitative guidelines are a helpful starting point but appropriate diagnostics, bedside ultrasound, and frequent reassessments are needed to avoid procrustean care that may worsen outcomes. Baseline functional status is as important as underlying comorbid conditions when prognosticating, and the patient's personal wishes should be sought early and throughout care with clear communication regarding prospects for immediate survival and overall recovery.

Rapid Fire: Acute Brain Failure in Older Emergency Department Patients

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Debra Eagles and Danya Khoujah

Delirium is common in older emergency department (ED) patients. Although associated with significant morbidity and mortality, it often goes unrecognized. A consistent approach to evaluation of mental status, including use of validated tools, is key to diagnosing delirium. Identification of the precipitating event requires thorough evaluation, including detailed history, medication reconciliation, physical examination, and medical work-up, for causes of delirium. Management is aimed at identifying and treating the underlying cause. Meaningful improvements in delirium care can be achieved when prevention, identification, and management of older delirious ED patients is integrated by physicians and corresponding frameworks implemented at the health system level.

Chronic Brain Failure

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James P. Wolak

Chronic brain failure, also known as dementia or major neurocognitive disorder, is a syndrome of progressive functional decline characterized by both cognitive and neuropsychiatric symptoms. It can be conceptualized like other organ failure syndromes and its impact on quality of life can be mitigated with proper treatment. Dementia is a risk factor for delirium, and their symptoms can be similar. Patients with dementia can present with agitation that can lead to injury. Logic and reason are rarely successful when attempting to redirect someone with advanced dementia. Interactions that offer a sense of choice are more likely to succeed.

Cardiopulmonary Emergencies in Older Adults

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Rebecca Theophanous, Wennie Huang, and Luna Ragsdale

Older adults are susceptible to serious illnesses, including atrial fibrillation, congestive heart failure, pneumonia, and pulmonary embolism. Atrial fibrillation is the most common arrhythmia in this age group and can cause complications such as thromboembolic events and stroke. Congestive heart failure is the most common cause of hospital admission and readmission in the older adult population. Older adults are at higher risk for pulmonary embolism because of age-related changes and comorbidities. Pneumonia is also prevalent and is one of the leading causes of death.

Identification of Acute Coronary Syndrome in the Elderly

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Michael McGarry and Christina L. Shenvi

When older adults experience acute coronary syndrome (ACS), they often present with what are considered “atypical” symptoms. Because their symptoms less often match the expected presentation of ACS, older patients can have delayed time to assessment, to performance of an electrocardiogram, to diagnosis, and to definitive management. Unfortunately, it is this very group of patients who are at the highest risk for having ACS and for complications from ACS. This article aims to outline presentation,

outcomes, and potential solutions of underrecognition of ACS in the older adult population.

Disaster Diagnoses in Geriatric Patients with Abdominal Pain 347

Ryan Spangler and Sara Manning

Care of geriatric patients with abdominal pain can pose significant diagnostic and therapeutic challenges to emergency physicians. Older adults rarely present with classic signs, symptoms, and laboratory abnormalities. The incidence of life-threatening emergencies, including abdominal aortic aneurysm, mesenteric ischemia, perforated viscus, and other surgical emergencies, is high. This article explores the evaluation and management of several important causes of abdominal pain in geriatric patients with an emphasis on high-risk presentations.

Genitourinary Emergencies in Older Adults 361

Nicole Soria and Danya Khoujah

Older adults are frequently seen in the emergency department for genitourinary complaints, necessitating that emergency physicians are adept at managing a myriad of genitourinary emergencies. Geriatric patients may present with acute kidney injury, hematuria, or a urinary infection and aspects of how managing these presentations differs from their younger counterparts is emphasized. Older adults may also present with acute urinary retention or urinary incontinence as a result of genitourinary pathology or other systemic etiologies. Finally, genital complaints as they pertain to older adults are briefly highlighted with emphasis on emergent management and appropriate referrals.

Infections in Older Adults 379

Mary Morgan Scott and Stephen Y. Liang

Infections in elderly patients can prove diagnostically challenging. Age-related factors affecting the immune system in older individuals contribute to nonspecific presentations. Other age-related factors and chronic conditions have symptoms that may or may not point to an infectious diagnosis. Delay in administration of antimicrobials can lead to poor outcomes; however, unnecessary administration of antimicrobials can lead to increased morbidity and contribute to the emergence of multidrug-resistant organisms. Careful clinical assessment and consideration of patient history and risk factors is crucial. When necessary, antimicrobials should be chosen that are appropriate for the diagnosis and deescalated as soon as possible.

Rapid Fire: Polypharmacy in the Geriatric Patient 395

Ashley N. Martinelli

Increasing prescription drug use trends in the United States affects patients across all ages, but especially the geriatric patient. As patients age, they are at increased risk for adverse events owing to natural changes in body composition and organ function, increased sensitivity to medications, and a higher chance of adverse events from drug–drug interactions

and polypharmacy. Falls are common and can increase morbidity and mortality. To mitigate falls, it is imperative to have a comprehensive approach to screening home medication lists, be aware of and avoid high-risk medications, and deprescribe agents that are potentially inappropriate for this patient population.

Elder Abuse—A Guide to Diagnosis and Management in the Emergency Department 405

Nicole Cimino-Fiallos and Tony Rosen

Elder abuse affects many older adults and can be life threatening. Older adults both in the community and long-term care facilities are at risk. An emergency department visit is an opportunity for an abuse victim to seek help. Emergency clinicians should be able to recognize the signs of abuse, including patterns of injury consistent with mistreatment. Screening tools can assist clinicians in the diagnosis of abuse. Physicians can help victims of mistreatment by reporting the abuse to the appropriate investigative agency and by developing a treatment plan with a multidisciplinary team to include a safe discharge plan and close follow-up.

Physical Therapy, Occupational Therapy, and Speech Language Pathology in the Emergency Department: Specialty Consult Services to Enhance the Care of Older Adults 419

Elizabeth A. Pontius and Robert S. Anderson Jr

The rehab services of Physical Therapy, Occupational Therapy, and Speech Language Pathology (PT/OT/SLP) are areas of emerging practice in the emergency department (ED). These specialty consult services can provide ED physicians with valuable, nuanced assessments for the older adults that will assist in determining a safe discharge plan. PT and OT interventions in the ED have been shown to decrease hospital admissions and readmissions, increase patient satisfaction, and decrease cost. Rehab specialists provide physicians with an expanded scope of management options that can greatly enhance the care of patients in the ED.

Applying Geriatric Principles to Transitions of Care in the Emergency Department 429

Kimberly Bambach and Lauren T. Southerland

Each emergency department (ED) visit represents a crucial transition of care for older adults. Systems, provider, and patient factors are barriers to safe transitions and can contribute to morbidity and mortality in older adults. Safe transitions from ED to inpatient, ED to skilled nursing facility, or ED back to the community require a holistic approach, such as the 4-*M*s model—what matters (patient goals of care), medication, mentation, and mobility—along with safety and social support. Clear written and verbal communication with patients, caregivers, and other members of the interdisciplinary team is paramount in ensuring successful care transitions.

Clinical Relevance and Considerations of Palliative Care in Older Adults 443

Leah Bright and Bonnie Marr

The incorporation of palliative care to address the needs of the older adult is a vital part of emergency medicine. Recognizing the trajectory of chronic

diseases in older adults and the myriad of medical diseases amenable to palliative care is paramount. Early involvement of palliative care should be considered the cornerstone to overarching management of the older adult presenting to the emergency department.