Gerontological Nursing  Kim Baily RN PhD

- Definitions
  - Aged: old, old person
  - Aging: continuous process of maturation
  - Ageism
  - Geriatrics
  - Gerontology
  - Life Span
  - Life expectancy
  - Senility

- 35 million people over the age of 65 in 2000
  - Among the 35 million older adults
    - 18 million → 65-74
    - 12 million → 75-85
    - 4.2 million → >85 (8.9 million by 2030)
    - By 2030, 75 million → 20% population

- Profile of the Aged
  - 85+ fastest growing segment
  - 1 ½ times more women than men
  - Ethnicity = 85% white
  - 2030 25% minorities

- Life Expectancy (1997)
  - Females 84
  - Males 81

- >95% live outside nursing homes

- Health Problems
  - 86% have chronic illness
  - Most common chronic illnesses include
    - Visual impairment
    - Diabetes
    - Heart disease
    - Hearing loss
    - Arthritis
    - Alzheimer’s Disease
    - Osteoporosis
    - Psychological Crisis

- Causes of Death in the Elderly
  - Heart disease
  - Cancer
  - Stroke
  - COPD

- Medicare costs $162 billion

- Principles of Gerontological Nursing
  - Self-care
  - Minimize self-care limitations
  - Direct care as needed

- Interventions
  - Call by name he or she chooses
  - Give clear, slow explanations
  - Give older person time
  - Encourage to have and use personal possessions
  - Physical activity
• Stimulate mental activity
• Maintain challenges
• Encourage socialization
• Allow expression of sexual needs
• Allow time for life review

• Developmental Tasks
  • Confronting
    o Decreased health and strength
    o Retirement
    o Financial changes
    o Death of spouse
    o Accepting self as aging person
    o Change in living arrangements
  • Maintaining
    o Relationships
    o Quality of life

• Erikson’s Integrity versus despair

• Physiological Assessment
  • General survey
  • Integument
  • Head and Neck
  • Thorax and lungs
  • Heart and Vascular system
  • Gastrointestinal
  • Urinary
  • Musculoskeletal
  • Neurologic

• Cognitive Changes
  • Cognition & Memory
  • Perceptions, reasoning, judgment, intuition, and memory which allows a person to be aware of their surroundings
  • Memory
  • NOTE: Cognitive impairment is NOT wide spread among the older adult
    o This is a common misconception (ageism)
  • Mini Mental State exam for cognitive function
    o Does not assess mood
  • See table 13-2 Page 245

• Cognition and Memory
  • Cognitions: Interrelated abilities, perceptions, reasoning, judgment, intuition, and memory which allows a person to be aware of their surroundings
  • Memory is a facet of cognition. Concerned with retaining and recalling past experiences from the environment or as internal events

• Pharmacology
  • Absorption, Changes in GI motility/absorption
  • Distribution
  • Plasma proteins reduced \( ^{\wedge} \) risk of toxicity
  • Metabolism, Decreased liver enzymes
  • Medications to tx one illness cause other health problems

• Polypharmacy
• Delirium
• A disturbance of consciousness and a change in cognition that develop rapidly over a short period
  (APA, 1994)
• Disturbance of consciousness
  • Status tends to fluctuating
    o Changes in cognition
    o Develops over a short time period
    o Caused by direct physiological consequences of general medical condition, substance intoxication or withdrawal or other multiple etiologies
• Causes of Delirium
  o Medical conditions
    • Hypo/ hyperglycemia
    • Hypoxia
    • Hypo/ hyperthermia
    • Electrolyte imbalances
    • Surgery
    • Cerebral vascular disease
    • Congestive Heart Failure
    • Head trauma & Seizures
    • UTI
  o Substance use/ withdrawal
    • Alcohol
    • Anticholinergic agents & levodopa
    • CNS Depressants
    • Opioids
    • Benzodiazepines
    • Cocaine
    • Lithium & TCA
    • Steroids
• Risk for Delirium
  o Elderly
  o Terminally ill
  o Fever
  o Surgery
  o Night time
  o Lack of sleep
  o New or change in environment
  o New medication
• Tx /Delirium
  o Correct underlying cause
  o F/E, hypoxia, anorexia, DM etc
  o Low level of stimulation
  o Low dose neuroleptics
  o Low dose haldol
• Depression
  o Depression (one of most common emotional problems - 15-30% of elderly experience)
  o Depression: rapid onset assoc. with some event, medication, etc.
  o Characterized by at least 4 of following S/S being present for a period of 2 weeks: (Clinical Depression)
    • altered appetite or weight gain/loss
    • altered sleep pattern
    • expressions of self-reproach, guilt, hopelessness
    • persistent sad, anxious or “empty” mood
- difficulty concentrating, remembering, or making decisions
- lack of energy, fatigue
- recurrent aches & pains that don’t respond to treatment
- excessive crying
- psychomotor retardation or agitation (irritability)
- loss of interest or pleasure in usual activities including sex
- recurrent thoughts of suicide

Interventions for Depression
- Establish a therapeutic relationship
- If not responding to verbal communication, check for hearing loss before continuing
- Express concern for home life or institutional life as appropriate
- Keep promises
- Assist through grieving process (more with D & D)
- Maintain grooming, nutrition, safety, stable environment
- Identify & treat illness or any health problem

- Dementia
  - Acquired persistent intellectual impairment with compromised function in multiple cognitive spheres

- Types of Dementia
  - Primary
  - DAT
  - Multi-Infarct Dementia
  - Picks Disease
  - Lewy Body Dementia
  - Creutzfeldt-Jakob’s Disease

- Risk for DAT
  - Over 65
  - Genetics – 4 genes
  - Herpes simplex type I
  - Downs syndrome
  - Head injury- may have happened years before

- Diagnosis - By exclusion
- Dementia of the Alzheimer's Type
  - Memory impairment
    - Loses ability to retain recent memories
    - Forgets known address/ phone numbers
  - Disoriented to time and place
    - Misplaces items in unusual places
  - Aphasia - progressive loss of language
    - Loses words and may replace with inappropriate ones
    - Word searches
  - Apraxia - loss of purposeful movement in the absence of motor/sensory impairment
  - Loses more technical abilities first
  - No change in LOC
  - Thoughts - hallucinations, delusions, confabulates to maintain self ego
  - Emotions – rapid swings, withdrawn, confused, fearful, frightened, paranoia, dependent

- Stages of DAT
  - Early
    - Profound forgetfulness
    - Mild impairment
    - Language
- Abstract thinking
- Attention
- Orientation
- Judgment

- Middle
  - Increased deterioration of cognitive function
  - Changes in mood and verbal fluency
  - Reminders for ADLs
  - Anxious, depressed, agitated
  - Safety
  - Move to institution
  - Stages of DAT cont.

- Late
  - Profound memory loss
  - Confused over past and present
  - Confusion r/t to being in childlike setting
  - Incontinence
  - Assist with all ADLs

- Nursing Care
- ROSS
  - Routine
  - Orderly
  - Safe
  - Simple

- Interventions for wanderers

- Psychological Changes
  - Retirement
  - Possible social isolation
  - Sexuality
  - Housing and environment
  - Loneliness: a fear of emotional isolation

- Physiological Changes
  - Classic signs and symptoms of disease may be absent, blunted or atypical in older adults.
    - For example: Geron with UTI may present with confusion, loss of appetite, weakness, dizziness, fatigue
  - Classic signs of UTI
    - fever, dysuria, frequency, urgency

- Functional Assessment of the older adult
  - Activities of Daily Living (ADL’s)
  - Bathing
  - Eating
  - Toileting
  - Instrumental Activities of Daily Living (IADL’s)
  - Shopping
  - Managing finances
  - Cooking and Housekeeping
  - Transportation
  - Managing Medications

- Polypharmacy
  - The concurrent use of many medications, increases the risk of adverse reactions.
  - Refer to table 13-3 on pg 253 (Potter)
• **Advanced Directive**
  - Patient Self Determination Act (1991) mandates that the rights of persons dying be upheld. Each state has laws.
  - On admission patients are advised of their rights
  - To accept or refuse medical care.
  - Living Will
  - Durable power of Attorney for Healthcare.
    - **Nurses and students must know advance directives of pt**
  - DNR

• **Loss and Grieving**
  - Grief refers to the subjective state of anticipating or suffering the loss of a person with whom a significant relationship existed.
  - Kubler-Ross
    - Shock and denial
    - Anger
    - Bargaining
    - Depression
    - Acceptance
  - Refer to Common manifestations of Grief on pg 94 (Phipps)
  - Adaptation to the loss experience (pg 93 Phipps)

• **Elder Abuse**
  - Adult children cause 35% abuse
  - Detected rather than assessed
  - Clinical Manifestations
    - Physical abuse and neglect
  - Legal reporting obligations – that means YOU!
  - Resident Rights Under Federal Law

• **Postmortem Care** Page 590 Box 29-9
  - Care for client’s body with
    - Dignity
    - Religious/Culturally sensitive
  - Policies
    - Autopsy – death within 24 hours admit to hospital
  - Documentation
    - Identification of possible organ donors. (cultural impact)
  - Nurse is responsible for coordination of all aspects of care surrounding a client’s death.
  - Care of nurse – own concepts of death and spirituality

• **In the midst of winter, I finally learned that there was in me an invincible summer**