



Old People: What's That Got To Do With Me?

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MISSION

OCN promotes a robust workforce of well-prepared nursing professionals who are dedicated to providing care and leading change to meet the health needs of our communities



MISSION

- Educating nurses from all settings to embrace leadership opportunities,
- Developing certainty through research,
- Advocating for effective outcomes, and
- Stimulating collaborative innovation



OBJECTIVES

- Discuss three normal changes of aging that influence outcomes of the perioperative patient
- Consider the factors which place an elderly perioperative patient at risk for delirium



Demographic Trends

- 13% of US population \geq 65 yrs
- By 2030, 20% will be \geq 65 yrs
- Oldest old (85+) is the fastest growing sector

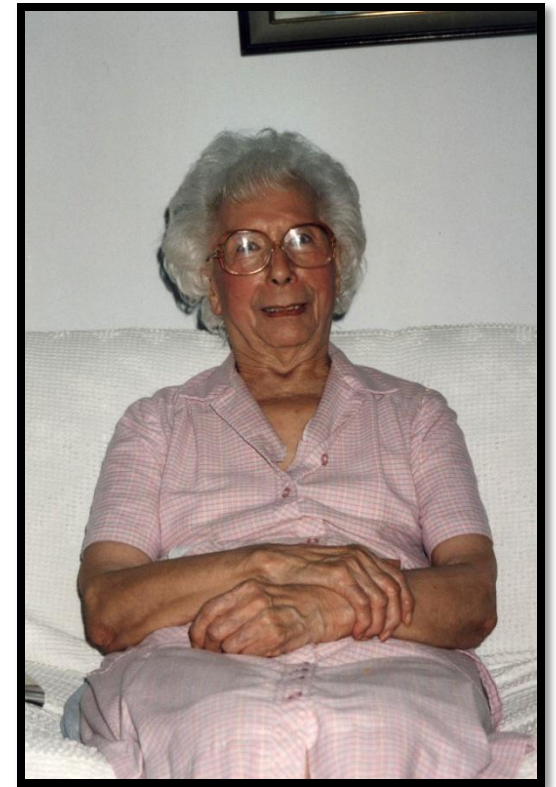
Source: Hartford CGNE



Definitions of Old - Categories

- Young old = 65-74
- Old = 75-84
- Old old = ≥ 85

The Aunts





Ageism and Relevance to Nursing

- Ageism: refers to the discrimination of and stereotyping of people solely based on their age.
- Ageism: A Threat to “Aging Well” in the 21st Century (Angus & Reeve, 2006)
- Does this exist among nurses?



Normal Changes

- Cardiovascular
- Pulmonary
- Central Nervous



Physiological Changes

- Declines in:
 - Cardiac output
 - Lung volumes
 - Tissue elasticity (compliance)
 - Efficiency of glucose metabolism
 - Protein synthesis
 - Glomerular filtration rate
 - Hours of sleep



Considerations

Preoperative Assessment

Intraoperative Management

Postoperative Care

Discharge



Domains of Interest

- Cardiac Evaluation
- Cognitive and Behavioral Disorders
- Functional Status
- Frailty
- Nutritional Status
- Medication Management
- Patient Counseling
- Diagnostic Tests



Geriatric Surgery Preop Assessment Checklist

- Conduct a thorough history and a complete physical examination
- For patients undergoing non-cardiac surgery, apply the American College of Cardiology/ American Heart Association (ACC/AHA) algorithm for cardiac evaluation
- Assess the patient's cognitive ability and capacity to understand the anticipated surgery
- Screen the patient for depression and risk factors for delirium
- Obtain history of tobacco, alcohol and drug use and screen for substance abuse/dependence



Document Functional Status and History of Falls

- Determine baseline frailty score
- Assess patients nutritional status
- Take an accurate and detailed medication history
- Determine the patient's treatment goals and expectations in the context of the possible treatment outcomes
- Determine patient's family and social support system
- Order appropriate preoperative diagnostic tests focused on elderly patients



Postoperative Delirium

- Postoperative delirium occurs commonly in elderly patients
- 9% of patients undergoing major, elective, noncardiac operations
- 44% of patients undergoing major surgery requiring postoperative ICU stay



Post Op Delirium

- Postoperative delirium is associated with:
- Higher mortality
- Higher rates of institutionalization
- Greater costs and use of hospital resource
- Longer LOS
- Poorer functional recovery



Delirium Defined:

Acute Confusion (AS), Acute Confusional State (ACS)

- Definition: Delirium is a *disturbance of consciousness* with *impaired attention* and *disorganized thinking* or perceptual disturbance that develops *acutely*, has a *fluctuating course*, and with evidence that there is an underlying physiologic or medical condition causing the disorder. (Tullmann et al., 2008)
- **Key is prevention, early diagnosis, & removal of precipitating causes**



Patients with Delirium:

- Have higher rates of morbidity and mortality
- Often have to SNF/LTC stays
- Also experience adverse reactions to medications, HAI, falls, pressure ulcers, and increased length of stays



Predisposing Factors

- Older age **
- Cognitive Impairment **
- Seriousness of illness **
- Depression
- Sensory Impairment (especially vision and/or hearing)
- Functional Impairment



Precipitating Factors

- Electrolyte imbalance (Na, K+); dehydration
- Changes in pH, malnutrition, azotemia (build-up of nitrogen)
- Restraints
- UTI and respiratory infections; urinary catheters themselves
- Medications: general anesthesia, polypharmacy, anticholinergic meds
- Pain
- Immobilization
- Fractures and hip surgeries; cardiac surgery
- Environment, anxiety, lack of sleep
- Iatrogenic events



Assessment Includes:

Key is prevention, early diagnosis, & removal of precipitating causes

- Predisposing/vulnerability factors on admission to id patients at risk
- Determining baseline cognition on admission
- Precipitating factors/noxious insults
- Daily cognition assessments



Interventions

- Key is prevention for patients at high risk, early diagnosis, and removal of precipitating causes
- Keep patient safe
- Multidisciplinary staff education is essential
- Multiple interventions are often necessary; related to precipitating causes



Interventions Related to Risk Factors

- Re-orientation of patient (appropriate environmental stimuli)
 - Early mobilization and rehabilitation
- Enhance vision, hearing, and other senses
- Reverse dehydration, malnutrition
- Provide environment conducive to sleep, maintain appropriate sleep/wake cycles
- Ambulation/mobility when appropriate
- Scheduled pain protocol
- Maintain fluid/electrolyte balance
- Reduce anxiety; active listening
- Prevent infections



Medication Intervention

- Haldol: may decrease duration and severity of delirium in post-op patients
 - Prophylactic use in patients who are at high risk
- Some antipsychotic medications may reduce the severity of delirium in elders and post-op
- Gabapentin (neurotin) for pain control may decrease delirium



Nursing Interventions

- Ongoing assessments
- Implement evidence-based nursing guideline for delirium
- Organize nursing care to allow for rest; allow for continuity of care
- Prevent hypoxia
- Elimination of unnecessary medications
- Regulation bowel/bladder function; DC urinary catheter
- Prevention, early detection and treatment of major postoperative complications
- Treatment of agitated delirium = keep patient safe



Other Interventions

- Music Therapy; calming therapy
- Distraction
- Fall prevention
- Pre-operative education including information about potential for delirium
- Enhance family interaction with patient: eye contact, touch, verbal orientation
- Reorientation with routine care



Photo – MR Hurley



Aging Perspectives

- Aging is neither a disease nor a villain that robs one of life's dreams, purpose, or aspirations. It is a growing process, a time for challenges. It is a time to emerge and be centered differently, to move in a new realm of life. Age brings on a new landscape!

– *Rose Marie Donnelly, age 88*



References and Resources

- Maas, et al, “Nursing Care of Older Adults”, Diagnosis, Outcomes, & Interventions, Mosby, 2001, pp 281-284.
- American College of Surgeons, Best Practice Guidelines, Annual NSQIP Meeting, July 25, 2011
- Waldo, Mary J., Acute Confusion/Delirium & Dementia: Evidence Based Practice, Providence St Vincent Medical Center, November 2010-2011



Assessment Tool and Resources

- AORN- Confidence Based Learning Modules – Perioperative Care of the Older Adult
- <http://www.aorn.org/Education/ConfidenceBasedLearning/PerioperativeCareOlderAdult/>
- SPICES Assessment
- <http://www.hartfordign.org/resources/education/tryThis.html>





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