

DOWNLOAD PDF ASSESSING THE NURSING AND CARE NEEDS OF OLDER ADULTS

Chapter 1 : Resources for the Care of Older Adults | Academy of Medical-Surgical Nurses

Health resources are becoming increasingly constrained. So it is essential that professionals, and the public, recognise the need to work together in establishing local priorities and collaborate in their implementation.

National League for Nursing, C Coordinate and manage care Manage chronic conditions, including atypical presentations, in daily life and during life transitions to maximize function and maintain independence. Advocate during acute exacerbations of chronic conditions to prevent complications. E Evolving knowledge utilization Understand geriatric syndromes and unique presentations of common diseases in older adults. Access and use emerging information and research evidence about the special care needs of each older adult and appropriate treatment options. Interpret findings and evaluate clinical situations in order to provide high-quality nursing care based on current knowledge and best practices. S Situational decision-making Analyze risks and benefits of care decisions in collaboration with the interdisciplinary team and the older adult, family, and caregivers. Henry and Bertha had one son, who was killed in the war ten years ago. Their surviving daughter-in-law, Betty, is a registered nurse, and their grandson is named Ty. Henry has been concerned lately about Bertha because she is experiencing frequent memory lapses. Henry was admitted to the hospital last night after he called and told his doctor that he could not catch his breath. Henry has several medical problems, including COPD, hypertension, and high cholesterol. Henry and his daughter-in-law, Betty, provide important details of how they view his current life situation i. BP, pulse, EKG, respiratory rate and difficulty, functional status, etc. Explore available resources for Henry and Bertha i. Improving the geriatric knowledge and expertise of the bedside nurse. An educational and clinical intervention model that prepares the RN as the clinical resource person on geriatric issues to nurses on others units or other specialties NICHE, A nurse-led intervention model targeting older adults at risk for poor outcomes as they maneuver the healthcare system and between healthcare professionals Hirschman et al. Unification of a team of providers to meet individual older adult needs. Improves healthcare access and outcomes and synchronizes the variety of long-term services and support by utilizing a care coordinator who works closely with the patient, family, primary care provider, and other healthcare professionals Eldercare Workforce Alliance, Provision of opportunities of caring for patients within their own familiar environments along with integrating other components into the caring component i. Certified Nursing Facility Care Model. Nursing care provided along a continuum within a facility i. Has evolved around long-term care and postacute care i. Nursing facilities are no longer just a destination but a stage in the recovery process. Each setting is seen as a distinct provider of services, and little collaboration may occur between the coordination team. Groups of providers and hospitals that are accountable for the costs and quality of care provided to a population of patients based on predesignated standards for payment and performance Bartels et al. Redesigning conventional home and community-based long-term care services to incorporate mental health services for older adults who may be at high risk of unnecessary and inappropriate institution-based care Bartels et al. Some readmissions are predictable, but many can and should be prevented. Following are key strategies to reduce readmission rates to hospitals: Patient, caregivers, hospital and skilled nursing staff, primary care providers, rehabilitation specialists i. Additional research has identified five key risk factors associated with hospital readmission in low-income older adults: Living alone Poor or low satisfaction with primary care provider Not having Medicaid Receiving a new assistive device within the past 6 months Having a nursing home stay in the preceding 6 months Iloabuchi et al. The physiologic changes of aging are universal, but the pace at which they occur is highly individual, depending on genes, age, sex, race, environment, and lifestyle. Some people look and feel old at 60 years or younger, while others remain youthful in health, appearance, and outlook at 70 years and beyond. The challenge for health professionals is to distinguish between normal age-related changes and symptoms of a disease or disorder that requires preventive or therapeutic action. Musculoskeletal Changes The musculoskeletal system is affected in a number of different ways by the aging process. A pronounced

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decrease in muscle mass and muscle strength occurs gradually over time. The number of muscle cells decreases, and they are replaced by fibrous connective tissue, resulting in a decrease of muscle mass, tone, and strength. The elasticity of ligaments, tendons, and cartilage also decreases, as does bone mass, resulting in weaker bones. Calcium is progressively leached resorbed from bones, frequently resulting in osteopenia or osteoporosis—both much more common in women than in men—which may increase the risk of fracture. Wear and tear on cartilage ligaments, tendons, and joints reduces flexibility and increases the risk of tears. The synovial fluid that lubricates joints decreases with age, resulting in slower and sometimes painful movement. However, it is not exactly known if this is the result of the aging process or the result of wear and tear on the joints. Loss of muscle mass and muscle strength can ultimately contribute to a loss of balance and coordination and—if not effectively addressed—to the inability to perform activities of daily living, disability, and eventual loss of independence. Approximately one third of adults over age 65 have falls every year, and falls are the most common cause of accidental death in older adults. All of the changes mentioned above can cause pain, impaired mobility, self-care deficits, and increased risk of falling for older adults. Observations focus on whether a patient is favoring one side of the body or another while walking. For patients with existing disabilities, an inquiry is made to assure the patient has been evaluated in physical and occupational therapy for the correct fitting and teaching of the proper use of assistive devices and gait-transfer training. Osteoporosis can be assessed by additional questioning of the patient regarding any back pain, joint pain, and loss of height. Hip fractures are most often directly related to falls, and it is vital to examine the hips and lower extremities for evidence of fracture, such as shortening of the extremity, abnormal rotation, tenderness, swelling, or ecchymosis at the site of injury. Each of these stages of recovery requires specific interdisciplinary team involvement in planning discharge and outcomes. Examples of expected outcomes may include: The older adult will report minimum discomfort and an adequate level of pain control. The older adult will remain free of postoperative complications. The older adult will be able to participate in physical and occupational therapy regimens to regain function and independence. INTERVENTION Regular exercise such as walking and resistance training as well as doing household chores such as vacuuming, sweeping, gardening, and washing the car help preserve flexibility and strength and delay or prevent musculoskeletal deterioration. Problems of the musculoskeletal system may have a considerable effect on the day-to-day life of the older adult. Conditions such as osteoarthritis, rheumatoid arthritis, osteoporosis, and fractures may result in functional disability, chronic pain, and a decreased quality-of-life of the individual. The role of the clinician working with these patients is to promote safe, optimal functioning with regard to mobility and self-care. Interventions to promote comfort and relieve pain are critical to maintenance of function. To prevent serious disability, it is essential for the rehabilitative team members to have the patient resume activity as soon as feasible after an acute injury or diagnosed disease. A key function of the multidisciplinary healthcare team is to educate patients about the importance of musculoskeletal activity in maintaining function. Integumentary Changes The integumentary system, which includes the skin, hair, nails, and glands, is the largest organ of the body. Functions of this system include: Serving as a barrier against harmful bacteria and other threatening agents Preventing fluid loss or dehydration Protecting the body from ultraviolet light and other external environmental hazards Protecting underlying organs from injury Revealing emotions such as anger, fear, or embarrassment through vasodilation Providing insulation and acting as a caloric reservoir through subcutaneous fat Providing body insulation through hair. Some of the age-related skin changes include: Loss of elasticity, vascularity, thickness, and strength that may delay the healing process and increase the risk of skin tears and bruising Increased brown-pigmented spots or age spots. LED lights have been shown to pose less of a risk, but using either a topical sunscreen or purpose-made protective gloves with only the nails exposed can provide a barrier while the products are curing Shipp et al. Hair changes in older adults vary according to race, sex, and hormonal influences. Dark hair turns gray or even white and becomes thinner as melanin production in hair follicles diminishes and growth slows. The texture of hair may also change with age; fine, straight hair may become coarser and somewhat curly. Hair loss is more noticeable in men and may

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begin well before age . Although women may lose hair, it occurs much later and more slowly. Body hair on both men and women is also thinner and sparser with age. Fingernails and toenails tend to harden and thicken with age and may develop vertical striations in the nail plate. Yellowish or dark nails may also indicate a fungal infection. **ASSESSMENT** Skin assessment in older persons is focused on monitoring for dryness, pruritus, signs of skin breakdown such as pressure ulcers, lesions such as bruising that could indicate abuse or unreported falls, and possible skin cancers basal or squamous cell carcinomas or melanoma. Clinicians need to be vigilant in inspecting both the hands and feet of older adults, particularly people who have diabetes or vision or mobility problems including obesity , which may make them unable to trim their nails and properly care for their feet. These individuals need regular care by a podiatrist, who can prevent or treat irritations and infections. In male patients, the underside of the scrotum should be examined for pressure and irritation. Assessment includes inspecting the skin for brown actinic keratosis precancerous lesions, commonly found on the face, neck, and upper extremities. Untreated, these lesions may progress to squamous cell carcinomas, which are reddish, dome-shaped lesions. They may be found around the ear or on the head or neck. Basal cell carcinomas are the most common type of skin cancer, particularly in light-skinned individuals, appearing as a pearly papule with an ulcerated center; as an open sore that bleeds, oozes, or crusts for more than three weeks; or as a reddish patch on the chest, shoulders, arms, or legs. These cancers can be successfully treated if diagnosed early. Dark brown or black lesions may be melanoma, which can metastasize quickly and may prove fatal. Any suspicious lesions should be referred to dermatology for diagnosis. Clinicians also assess for skin abnormalities when conducting a physical examination for other purposes. Skin cancers are seldom painful until they are very advanced, so older patients may be unaware of lesions on their back or on other areas of the body not easily seen.

Chapter 2 : Elder Care CEU Course | Wild Iris Medical Education

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Chapter 3 : Assessing the Nursing and Care Needs of Older Adults

'Holistic assessment is imperative' and 'assessment is the cornerstone of care'. We hear these statements all too often but never examine deeper what they mean. This book does just that and therefore, in my view, is an essential read for all nurses working with older adults, in any setting.

Chapter 4 : Assessment of Older Adults in Long-Term Care

The needs assessment revealed four major needs of nursing staff caring for older adults: 1) need for communication, information, and coordination; 2) need for initial and ongoing education; 3) need for support and recognition of nursing care in the work setting; and 4) need for emotional and relational support.

Chapter 5 : Assessing the Nursing and Care Needs of Older Adults: A Patient-Centred Approach - CRC Pr

Through planned, intentional encounters with older adults, nursing students learn to promote human flourishing and to provide competent, individualized, and humanistic care. This teaching strategy focuses on assessment in long-term care clinical settings, and can be used with students in both beginning and advanced nursing courses.