

Standard 35

Revised: 2003, 2006, 2009
Reviewed: 1991, 1994, 1997, 2000

CARE OF THE GERIATRIC PATIENT (> 65 years of age)

OBJECTIVES:

1. To maximize independence in the activities of daily living (ADLs).
2. To promote, maintain, and restore health.
3. To prevent and/or control disease.
4. To prevent injury and alert to symptoms of elder abuse and neglect.
5. To maintain dignity and comfort up to and through end of life.

PROCESS STANDARDS:

1. The patient's status and needs will be assessed on admission and a plan of care based on age specific principles developed to meet those identified needs/problems. Included in that assessment will be alertness to the defining characteristics of elder abuse: excessive fear, dependent behavior, avoidance of abuser's touch, blames self, unexplained bruises or fractures, lack of supervision, unsafe environment, mismatching stories of event/ injury from caregiver and patient.
2. The patient/significant others will be strongly encouraged to participate in ADLs as well as in the planning and delivery of care.
3. The environment will be modified to maximize independent activity and reduce the risk of injury: i.e. call light, water, tissue and/or other personal items will be made easily accessible to the patient. Falls-precautions will be implemented on those patients who are at risk.
4. The patient will be oriented to the hospital setting and environment with reality orientation reinforced as needed.
5. Education of the patient/significant others will be performed regarding the disease process and its ramifications, with interdepartmental consults initiated as appropriate for the patient.
6. Assistive devices such as walkers, canes, and wheelchairs will be provided as required by the patient's physical limitations.
7. The patient/significant others will be encouraged to express concerns regarding his/her illness, and possible ramifications upon lifestyle, including cares/concerns regarding death.
8. Referral and reporting to protective services, as appropriate and per hospital policy.

OUTCOME STANDARDS;

At the time of discharge:

1. The patient/significant others will have participated in ADLs and care giving to the extent permitted by physical and/or mental limitations.

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At the time of discharge continued:

2. The patient/significant others will be able to communicate a basic understanding of the disease process, its impact upon lifestyle, and follow-up care needed.
3. The patient will have suffered no physical injuries.
4. The patient will have been able to communicate concerns regarding their disease and/or death, if applicable.
5. As appropriate, the health care team and/or patient will have identified and exposed abuse and have resolution

HAVE I DOCUMENTED:

- * Age and situation appropriate assessment
- * Safety issues
 - Orientation to hospital environment
 - Call light, water, and tissue within reach
 - Provision of assistive devices such as walkers, canes, wheelchairs
- * Patient education regarding concerns of illness/disease process and changes upon lifestyle
- * Any interdepartmental and external consults

At The Time of Discharge:

- * Participation in ADLs
- * Patient/family has understanding of home and follow-up care

Reference:

1. Comer, S. Delmar's Geriatric Nursing Care Plans-3rd ed. (2005). Date Accessed: 8/18/2009 Chapter 11.3 Elder Abuse [AR, LA, OK Libraries - LSU - Shreveport -- Delmar's Geriatric Nursing Care Plans - 3rd Ed. \(2005\).](#)
2. Hospital Policy 5.5.0 Abuse and Neglect http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/hospital_policy/h_5.5.0.pdf
3. Meiner, S. Gerontologic Nursing 3rd ed. (2006). Chapter 12 *Safety* and Chapter 17 *Chronic Illness and Rehabilitation*, St. Louis: Mosby.
4. Patient Care Support Standard 38: Patient at Risk for Falls http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/Nursing/Stds_of_Care/Standard%2038.pdf
5. Patient Care Support Standard 39: Care of the Patient at End of Life http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/Nursing/Stds_of_Care/Standard%2039.pdf