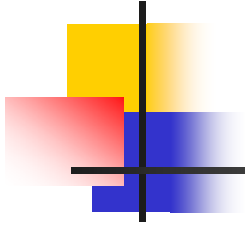




# Geriatrics

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**The elderly are not just old adults!**



# Problems

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- **Multiple** medical problems
- Often caused by changes in physiology as a normal part of the aging process
- Polypharmacy



# Skin

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- Wrinkled, thinner, more prone to injury
- Less sweat glands – hyperthermia risk
- Less elastic – more prone to bruises and lacerations



# Senses

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- Cataracts
- Hearing loss/balance problems
- Loss of teeth/poorly fitting dentures
  - Airway problems
  - Digestion problems
- Decreased sensitivity to pain
  - May not feel the pain of a serious illness



# Respiratory system

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- Decreased elasticity/lung surface area
  - Decreased O<sub>2</sub> and CO<sub>2</sub> exchange
- Impaired ability to cough
  - Decreased ability to remove mucus...
  - More prone to infection



# Cardiovascular system

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- **Syncope**
- Decreased cardiac output
- Increased workload on the heart
- Decreased exercise tolerance
- Cholesterol buildup (atherosclerosis)



# Cardiovascular system

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- Hardening of the arteries (arteriosclerosis)
  - Hypertension
  - MI
  - CVA
  - Bowel infarction
  - Aneurysm
- Atrial fibrillation
- Valvular disease





# Nervous system

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- Number of brain cells can be decreased by up to 45%
- Loss of brain mass
  - More prone to serious head trauma
  - CVA/TIA
- Parkinsons disease
- Dementia
- Syncope



# Genito-urinary/renal system

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- Loss of 30-40% of kidney function
  - Electrolyte/fluid imbalance
- BPH / urinary retention
- Urinary incontinence



# Musculoskeletal system

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- Decreased muscle mass
- Bones more easily fractured
- Arthritis
- Osteoporosis



# GI system

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- Decreased GI motility, taste buds, saliva production
  - Malnourishment
  - Constipation
  - Diverticulitis
- Decreased liver function
  - **Increased “clearing times” for drugs**
  - **Accidental overdoses**
- **AAA**



# Endocrine system

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- Diabetes
- Thyroid disorders
  - Hypothyroidism
  - Heat regulation problems



# Psychiatric

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- **Depression**
- **Does it surprise you?**



# Geriatric assessment

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- Same as for adults, modify PRN
- **Only one person to ask the questions!**
- Speak as loudly as needed, slowly and clearly
- Get down to their level; establish eye contact
- **RESPECT!**
  - **Don't call them by nicknames**



# Geriatric assessment -- 2

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- **Observation**
  - **A key element in the assessment**
- **Avoid complicated questions**
  - Use “Yes/No” questions if appropriate
  - Use “open ended” questions as much as possible
- **Always assume a medical component of any trauma case**
- **Don’t assume that AMS is normal for them...**
  - Try to find out what their baseline mental status is





# Common emergencies

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- Syncopy – many causes
- Cardiac arrhythmias
  - Rate too fast; slow; irregular
  - **Blood flow to the brain is insufficient**
- **MI**
- Vasodilation
  - **Often due to medication interactions**
  - **Septic shock**



# Common emergencies -- 2

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- Volume depletion
  - GI bleed
  - Aneurysm
  - **Sweating**
- Neurological
  - CVA/TIA



# MI in the elderly

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- **Elderly often do not experience classic MI S/S**
- **Look for:**
  - **Syncope**
  - Extreme weakness
  - Dyspnea
  - Nausea/vomiting
  - Sweating
  - Altered mental status