

# Non Clinical Frontiers in GERIATRIC CARE



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# Non Clinical Frontiers in Geriatric Care

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## Geriatric Nursing in Disease and Disability

Dr. Anand P. Ambal

**“Know your elderly patient as human being and not as a disease”**

### INTRODUCTION

Geriatric Medicine deals with medical disorders in older people while Gerontology deals with social issues in older people

Elderly is one who is a person above 60 years in India. They are further sub classified as Young old (60-74 years) Old old (75 to 84 years) and Very Old (>85 Years)

The Elderly are likely to have three “D” disadvantages. They are

**Disability, Deprivation & Dependency.** When one of them or all are affected, there is a sudden and progressive decline in quality of life

The role of nursing profession is of paramount importance in providing care for the elderly who has multiple problems which are multidimensional e.g., a elderly can have medical, mental and social problems. Managing them is very challenging.

The nurse should have passion and dedication to provide Care, with Compassion and good Communication.

### The two main goals in providing care are to

- 1) Preserve the existing functional aspect
- 2) Improving quality of life

The role of nurse differs in elderly as there are multiple modalities of care to be applied in elderly. All of these modalities of care can be applied in a given patient over period of time or a individual modality in a given elderly. It differs from person to person depending on the number of co-morbidities that exist.

The various modalities of care are

- a. In Hospital
- b. Hospice
- c. Home Care
- d. Rehabilitation
- e. Physiotherapy
- f. End of Life Care
- g. Palliative Care
- h. Day care

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### Skills the nurse should have

To provide care for the elderly, one should have passion and patience. The best care comes following experience. The nurse needs to have skills towards applying empathy, Reassurance, Counselling and good communication.

### Professional care

The nurse has to provide care for the elderly as a special group of patient. They require more time and man power while providing day to day care. Apart from nursing care chores common for all ages, the additional role in elderly is to care for dentures, oral hygiene, prevention of falls and bed sores, identifying early signs of depression, abuse and loneliness and to ensure provision of nutritious food and medicines regularly. Regular monitoring of blood sugar and blood pressure is mandatory while two important vital signs that a nurse should identify is pain and delirium.

### Special situations

The nurse needs to undergo training in providing care for elderly with special situations like Dementia, Delirium, Chronic Obstructive Pulmonary Disease Exacerbation, Bedridden, Cancer, long term care, Post operative, Depression and Stroke.

### Communication with elderly – practical tips

Communication with elderly is of paramount importance in clinical scenario. A good communication between elderly and a nurse leads to better understanding and excellent compliance to treatment and follow up. It is also most crucial part of clinical encounter. Factors like decreased hearing, confusion, dementia, decreased concentration form barrier in effective communication. Hence effective communication is vital.

1. While talking to elderly patient, make the elderly sit comfortably on examination chair or bed by holding the patients hand.
2. Gently touch the patient and hold hands, it increases confidence of elderly in you.
3. Make eye to eye contact
4. Aids like spectacles and hearing aids if used, should be placed accordingly
5. Begin with introducing yourself and with a few friendly questions not directly related to health.
6. Get persons attention before speaking
7. The most important part of communication in elderly is to "listen". Allow the elderly to narrate the history of illness. Don't interrupt them unless the issue is changed. Remember the past history is longer than present history. Elderly persons expect doctor to have patience to listen to them.
8. Know the care givers accompanying the elderly
9. Face the patient while talking. This will help in lip reading by patient if they are short of hearing.
10. Avoid distracters like cell phone use and simultaneously attending another patient.
11. Speak clearly and slowly. Pause in between sentences.
12. If elderly hears less, do not shout, put the ear ends of stethoscope in patient's ears and speak on diaphragm.
13. Write short sentences on paper in case the elderly cannot talk or hear properly.
14. The clinician should try to know problems of elderly in his own words and convey him what you have understood by his words.
15. Equally a clinician should get clarified whether instructions given to elderly is understood by him and tell him to say what he understood.
16. Tell patients to write down or get it written on a paper, the symptoms he wishes to inform doctor on a paper whenever he remembers and bring that chit to clinic.
17. While talking to elderly, clinician or caregiver should not shout. They should go near ear of patient and talk loud.

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- 18) Non verbal communication means are strongest. Clinician should use finger signs and bring expression on face in front of eyes of elderly, so that they can see the expression and understand what you intend to say.
- 19) Forgetfulness -Elderly often forget to tell the main symptom for which they seek consultation. After getting examined, taking a prescription and having left examination chamber, they return back and start telling the main problems which they initially intended to consult for. Have patience.
- 20) If elderly cries in your presence while narrating history it suggests the elderly is being abused
- 21) If elderly denies presence of disease despite having them, it suggests depression
- 22) Privacy during consultation is equally important. Elderly patients reveal a detail history of their diseases, family history and socio economical factors when they are alone.
- 23) They usually wait for their son/daughter in law to go out to bring drugs, then hurriedly they enter the doctors chamber and reveal more important things regarding their health and psychological aspects.
- 24) Elderly hesitate to inform symptoms like urinary and faecal incontinence, and falls in past. Direct questioning is done if one suspects these symptoms.
- 25) Tell your patient when you are changing the subject so that he can follow your thoughts.
- 26) Inform the management plan and take elderly in confidence before proceeding with plans.
- 27) Lastly, few words of love and respect also mean a lot to them because at old age all they need is some love, care and respect.

### SELF CARE (OF THE NURSE)

The nurse needs to take care of themselves too. The geriatric care drains lot of stamina and leads to fatigue, stress and burnout. The role of nurse in family and social obligations cannot be overlooked. They need to give adequate quality time for maintaining their own good physical and mental health.

Monitor yourself for signs of burnout (such as anger, anxiety, irritability, depression, social withdrawal, feeling extremely tired, or sleep problems), and/or health problems (such as ulcers, migraines, or high blood pressure).

Attend to your own physical and mental health. You are often at increased risk for depression and illness, especially if you do not receive adequate support from family, friends and the community. Ensure you take out time for sleep, exercise, proper nutrition, socialising, and private time. If you are run down, exhausted or socially isolated, you run the risk of becoming physically ill, overwhelmed and/or depressed. Do not hesitate to get outside help in time.

### CONCLUSION

The nurse is the backbone of health care system. It is the nurse who takes the treatment to the elderly and ensures recovery or cure with compassion and dedication. The role is multitasking and needs to balance family and professional life. The nurse should practice self motivation. The self care is equally important which should never be ignored. A gentle touch and a melodious voice of a nurse, makes the elderly feel close to them.

*You do not heal old age, you promote it, you protect it & you extend it.* Sir James sterling Ross

### FURTHER READING

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2. Ambali A, Nursing issues during end of life care in dementia. Ann Geriatr Educ Med Sci 2017;4(2):33-37 <https://www.ipinnovative.com/journals/AGEMS/article-details/5268/volume/162/issue/437>

## About the book

AGEING, a global phenomenon has its effects in India as well. Aged have several issues like Health, Social, Financial, Legal & Emotional etc. These care issues are being addressed at different levels by families, NGOs & Government. It's time that elderly themselves become aware of them & be prepared for self-care. Envisioning the need for these issues, this book "Non-Clinical Frontiers in Geriatric Care", has been conceptualized. An attempt has been made to provide a detailed account of issues & solutions. An insight of entitled/available facilities & preparedness for self-care will make elderly feel confident. The gloominess of ageing will be replaced by a life of happiness & contentment.

Dedicated, we are for elderly care  
**Editors**

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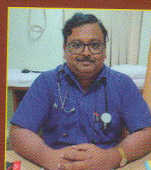
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