

## Geriatric Assessment Pearls

- Always remember that it can be quite difficult to distinguish between the normal aging process and disease processes
- Geriatric patients grew up in an age when hospitals were the place you went to die; they may be afraid to go
- Signs of hearing loss: blank looks, disorientation, isolation, decreased attention span, lack of reaction to loud noises, and emotional upsets
- Use touch to help build rapport
- Use the patient's last name unless given permission otherwise
- Falling causes insecurity, which can lead to more falls
- Elderly are very susceptible to hypothermia and hyperthermia, so keep them warm or cool, as appropriate
- Watch the patient's face as you palpate for injuries. Watch for grimaces, etc.
- Be patient! If you rush them, they don't speed up, they get disorganized and make mistakes and slow down even more.
- Don't shout when you think they are hard of hearing. Shouting distorts facial muscles and makes you look angry.
- Age doesn't make them a jerk. If they were a jerk when they were young, it is accentuated when they get older.
- Let them know you are there for *them*
- Avoid using abbreviations like EMT and EKG and IV. They may not know what you're talking about.
- Make sure you are clean. Some elderly patients will judge you solely by how clean your fingernails are.
- Verbalize *everything* before you do it
- Leave their house the way you would leave yours. Imagine coming home to the trash of a resuscitation after your spouse just died or is in ICU.
- Gather personal items such as teeth, hearing aids, prostheses, keys, telephone note book, favorite robe, slippers, shoes, jacket, etc.
- Make sure you protect paralyzed limbs from injury
- Pad the head and feet of tall patients on the ends of the stretcher
- Stretcher straps can tear skin easily; you should be able to put your hand between the strap and patient
- Make sure the patient is dressed appropriately for the weather, including the head
- Leave blankets loose over patient's feet