

Treatment of older people in emergency departments

Emergency practitioners increasingly require specialist training to provide high quality care for frail older patients. Mary Dawood and colleagues explain

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Abstract

The UK has an ageing population, which means that more and more older people with complex social and healthcare problems will present to emergency departments (EDs). This article explains why ED staff must have appropriate training and education in all aspects of caring for frail older people, including the use of appropriate and specific assessment tools. The authors also refer to a soon-to-be-published guideline for the care of frail older people with emergency care needs.

Keywords

Emergency care, older people, ageing population

FINANCIAL RESTRAINTS and demographic shifts present a daunting challenge to the NHS. Over the next 20 years, the number of people aged 85 and over is expected to increase by two thirds, while the general population is expected to rise by 10 per cent (Wanless 2006). Between 2007 and 2008, patients aged over 70 accounted for about 14 per cent of ED attendances and, between 2009 and 2010, for about 15 per cent (Health and Social Care Information Centre 2011). This gradual rise in the proportion of ED attenders aged over 70 is expected to continue.

A small proportion of this patient group is especially vulnerable due to combinations of health and social care problems. They are at high risk of adverse health outcomes, prolonged hospital stay or readmission (Woodard *et al* 2009), and are usually classified as 'frail' (Ferguson *et al* 2009).

Frail older people often present to EDs with non-specific complaints such as cognitive impairment, immobility, incontinence and sepsis, although falls have become one of the main

complaints to which ambulance crews respond (Ferguson *et al* 2009, Woodard *et al* 2009).

Meanwhile, comorbidity, polypharmacy and inadequate access to information contribute to higher admission rates and longer stays in EDs among older people. These problems can be compounded by inaccurate assessments due to the inexperience of, or time constraints imposed on, front line staff (Aminzadeh and Dalziel 2002).

The nature of acute care settings, often associated with invasive management, technological advances, risk averseness and a tendency towards biomedical, as opposed to biopsychosocial, models of care, may not be suited to the care of frail older people.

There is an urgent need, therefore, to promote evidence-based, high quality acute care that is appropriate to the needs of older people even though this may increase costs.

Care standards

Many ED nurses have had little specialist education in the care of frail older people and, as a result, have a poor understanding of the extent of their needs. Emergency nurses who choose to work in EDs because of the fast pace of work there will struggle to provide a high standard of care for frail older patients, whose management cannot be rushed.

Treating such patients can be difficult and staff will increasingly require specialist knowledge and a greater awareness of the needs of this patient group. Unless a more informed approach is taken in caring for frail older people, ED visits may become detrimental for them and their carers.

In the care of frail older patients, evidence-based assessments by multidisciplinary teams are crucial (Caplan *et al* 2004). The Identification of Seniors at Risk tool (McCusker *et al* 1999), which detects



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As the population ages, the number of older people who require specialist care in emergency departments will grow too

functional impairment and predicts increased use of health and social care services, is useful in this regard and can reduce the rate of functional decline and readmission in older patients discharged from EDs.

The assessment and management of pain is important too, particularly in patients, such as those with dementia, who are less able to report pain.

Standard pain-assessment tools are of little use for patients with cognitive impairment, so the use of alternatives, such as the modified Abbey Pain Tool (Abbey *et al* 2002) is recommended.

This tool, which can be used to assess changes in patients' behaviour patterns as indicators of increasing stress, pain or signs of delirium, is ideal for ED staff, who may be unsure of the significance of presenting conditions in patients with whom they are unfamiliar. The tool emphasises the involvement of patients' families or carers and includes a section on their perception of pain in their loved ones.

Emergency nurses must assess vital signs, carry out fluid replacement and prescribe medications within tight time constraints, while respecting the

privacy and dignity of older patients, and delivering personalised care with kindness and compassion.

It is difficult to strike a balance between these competing demands, but continuing training and professional development to foster good practice in EDs is crucial if the care of frail older patients is to be improved. To this end, dedicated teaching time and resources must be made available.

As the older population increases, a shift in organisational thinking is needed to ensure that professionals can acquire the relevant knowledge and skills to help deliver better care to frail older people.

Find out more

A multidisciplinary document entitled Quality Standards for the Care of Older People with Urgent and Emergency Care Needs (Banerjee and Conroy 2011), also known as the Silver Book, is about to be published for healthcare providers and commissioners who want to improve services for frail older people.

Online archive

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Conflict of interest

None declared

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