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Tips for Emergency Care Practitioners: The ageing population

Summary: This article contains valuable background about older adults, and practical tips for Emergency Care Practitioners (especially ambulance personnel) in handling them. It also contains tips to ensure safe and quality care when dealing with elderly patients.

Introduction

According to the World Health Organisation (WHO, 2022), populations around the world are ageing much faster than ever before. In 2020, the number of people aged 60 years and older outnumbered children younger than five years. In 2015, 12% of the world's population was over the age of 60 and that number is set to nearly double by 2050 (to 22%). Put another way, the number of people aged 80 or above is expected to be triple what it was in 2020 by 2050 (Holmberg, Bennesved & Bremer, 2023: 2).

Older people have a higher number of emergency conditions than those who are younger, accounting for up to a quarter of all emergency department visits (Samaras *et al.*, 2010). Ukkonen *et al.* (2019: 1-4) found that people over the age of 80 years had three times more emergency visits than those younger than 80 years of age, and over a two-year period these older adults accounted for 15% of all emergency department visits (Table 1).



In England, the number of emergency department visits by patients aged 65 years or increased by 46% between 2001 and 2012. In the USA, the annual visit rate among persons aged 65 years or more was 511 per 1000 persons and increased with age (Ukkonen *et al.*, 2019: 1).

Table 1: Emergency department visits

		Total number of patients	Mean age	Rate	Number of visits to the Emergency Department (ED)	% of all Emergency Department visits
Ukkonen <i>et al.</i> (2019)	Two-year observation (Finland)	6944	85 years	1.5% of the local population	17 769	15%
Samaras <i>et al.</i> (2010)	USA		65 years +	49/100 persons visiting the ED		
			75 years +	60/100 persons visiting the ED persons		

(Ukkonen *et al.*, 2019:1),(Samaras *et al.*, 2010)

Unique challenges and considerations

Some unique challenges and considerations regarding emergency situations involving elderly individuals (Table 2) increase the need for ambulance care and hospital admittance. They include that older patients present with a higher level of emergency and more serious medical conditions (Hjalmarsson *et al.* 2023: 767) (Priastana, 2023:40).

A high percentage of ambulance call outs to people's homes involve persons aged 70 or older, many of these are for falls. Overall, adults younger than 65 years were less likely than older adults to require repeated care from ambulance personnel and transportation to hospital. For males, falling from a height and sustaining severe injuries were associated with transportation to major trauma centres. Older females, falling from standing/low height with minor injuries, were less likely to need transportation to major trauma centres (Watkins *et al.*, 2023).

Table 2: Some factors contributing to the vulnerability of the elderly during emergencies

Physical limitations	Social isolation
Frailty	Dependency
Existing health conditions and multiple chronic conditions and comorbidities	Caregiver and family involvement
The use of multiple medications	Depression
Cognitive impairments	Dementia
Anxiety and fear	
Extreme sensitivity	

Ambulance care sometimes involves life and death situations where medical skills and reduced prehospital time are crucial. Ambulance personnel are bound by mandatory, medically-focused guidelines. However, elderly patients may have complex needs and be difficult to assess, and do not always correspond with ambulance assessment protocols (Hjalmarsson *et al.* 2023: 767).

Still, the goal is to provide medically-focused, respectful, ethical care. This should be effective but (1) still provide the necessary time for listening and interacting, (2) have a high level of sensitivity and care, and (3) enhance the well-being of older adults during crises by taking into account special considerations for elderly patients (Holmberg, Bennesved & Bremer, 2023: 1).

Special considerations when dealing with elderly patients

Not all ambulance personnel are comfortable dealing with the elderly patients, and some may experience panic and anxiety when faced with an older person's emergency, besides the difficulty of recognising acute illness.

Older patients' vulnerability makes them potentially difficult to assess in acute care, as their needs are complex. They have not only medical, but also psychological, social and existential needs,

sometimes combined with a lowered personal capacity to act appropriately on their own behalf (Holmberg, Bennesved & Bremer, 2023: 2).

Below are three things to consider when attending to elderly patients namely:

- Existing health conditions, multiple comorbidities and the use of multiple medications
- Cognitive impairments, and
- Anxiety, fear, depression, and extreme sensitivity.

Existing health conditions, multiple comorbidities and the use of multiple medications

Besides increased frailty, a high prevalence of cognitive disorders, and the presence of multiple comorbidities; these patients can also have greater illness severity, and can have atypical clinical presentation of illness. This all complicates the evaluation and may delay diagnosis and management of older patients, which increases the risk of adverse outcomes. For example, the illness trajectory for a patient with heart failure differs from that of cancer patients, or patients affected by frailty and/or dementia. Being multi-diseased, older patients can follow all these trajectories at the same time, which may make their symptoms more difficult to assess (Holmberg, Bennesved & Bremer, 2023: 10)(Samaras *et al.*, 2010).

Many elderly patients may have more than one chronic disease such as cardiovascular disease, diabetes, high blood pressure, high cholesterol, and respiratory disorders. For this reason they may be using multiple medications (e.g. anticoagulants) that need to be considered when treating them.

Certain comorbidities (such as chronic kidney disease (CKD) and the associated raised albumin levels that contribute to endothelial dysfunction and vascular damage), increase the chance of a haemorrhagic stroke. This places patients at a greater risk of intracranial bleeding through progressive weakening of blood vessels (Barrett *et al.*, 2023: 8).

Cognitive impairments

Impaired mental status occurs in approximately one quarter of all older patients presenting to the emergency department as a result of delirium, dementia, or both. Delirium is by definition a result of an underlying condition, is potentially severe, and is important to recognise quickly. It occurs in 7% to 10% of this population and is associated with increased mortality (Samaras *et al.*, 2010).

Anxiety, fear, depression and extreme sensitivity

Ageing decreases the body's ability to compensate for stressors such as dehydration, infection, or trauma. Older adults may experience heightened anxiety during emergencies. Transferring these patients by ambulance can be challenging, especially in times of acute illness.

Remember that these patients are a vulnerable population who need more specific and sensitive care when being treated by ambulance personnel. So, provide reassurance and explain the procedures calmly (Hjalmarsson *et al.* 2023: 767).

Some common conditions encountered in older patients

As people age, they are more likely to experience several conditions at the same time. These conditions are often exist along with dependency and impaired decision making capacity. The most common age-related conditions encountered in older patients include the following:

- peripheral artery disease,
- heart failure,
- diabetes,
- chronic obstructive pulmonary disease,
- pneumonia,
- cancer,
- major neurological disorders,
- chronic pain,
- malaise and fatigue,
- osteoarthritis,
- osteoporotic fractures,
- delirium,
- cognitive impairment (e.g. dementia), and
- depression.

(Ukkonen *et al.*, 2019)(Holmberg, Bennesved & Bremer, 2023: 2)(WHO, 2022)

Other aspects to consider include hearing loss, cataracts and other eye problems, and back and neck pain. Polypharmacy (the regular use of five or more medications at the same time), is also common among the elderly. Ukkonen *et al.* (2019:3) state that infections were common among the oldest patients, for example urinary tract-related infections were diagnosed in 9.5% of those aged 90 years or over.

Older age is also characterised by several complex health states, commonly called *geriatric syndromes*. They often arise from multiple underlying factors, including: include cognitive decline, malnutrition, frailty, urinary incontinence, falls, delirium and pressure ulcers (WHO, 2022) (Ukkonen *et al.*, 2019: 7).

Physical limitations, frailty and falls

Older people who are living at home are often more fragile and dependent on others for care (Hjalmarsson *et al.* 2023: 767). Many are frail because of inactivity, lack of exercise or movement and strength; but also possibly due to illness



and poor health. Their muscles are weak and often very tight, and are easily susceptible to injury such as tears. Their bones are brittle (from low bone density), and can easily fracture.

The emergency might be complicated by a simultaneous fall. Older patients may have difficulty moving from one position to another, requiring assistance and careful handling. Special care needs to be taken when physically handling the patient, especially with regards to fragile joints, bones and muscle weakness. When you need to change their position, lift them up off a chair, bed or from the floor for example, don't pull them by the arm as they may be too weak to provide adequate tension with their muscles to resist the force and you may dislocate their shoulder or tear a muscle.

Falls are globally prevalent, with 37 million requiring medical attention annually. Emergency Medical Services (EMS) are responding to an increasing number of older adults who fall. The risk of a fall increases with age, immobility and fragility, as does the risk of morbidity and mortality from falls. Adults over the age of 65 years account for the greatest number of fatal falls globally, (Watkins *et al.*, 2023). Falls are the second leading cause of injury deaths globally, after traffic collisions.

In their study, Barrett *et al.* (2023) found that falls from standing height were found to be the most common cause of injury. These patients may only require lift assistance, as when a person requires physical help to return to a preferred position (e.g. older/obese adults with mobility limitations). Non-transportation rates of older adults who fall are shown to vary from 11% to 56% between the UK, USA and Australia (Watkins *et al.*, 2023)

Falls can however result in major injury, so it is crucial to determine when it is appropriate to transport patients to hospital. When responding to people who fall, be aware that they may have fractured one or more bones. Handle them with care and sensitivity. The main objectives should be to provide appropriate interventions, alleviate symptoms and/or prevent further deterioration and, where necessary, transport the patient to hospital. Treatment decisions are based on clinical practice guidelines/protocols.

Medical emergencies in the elderly

While some medical emergencies may be more clear (such as myocardial infarction (MI) or stroke) (see Figures 1-3) older patients often present with vague, intermittent and non-specific and mild symptoms which are often difficult to differentiate from specific and serious acute conditions. Consequently, those with non-specific symptoms undergo expensive examinations more often than those with specific acute conditions. However, some medical emergencies can be specific conditions with severe presentations (Ukkonen *et al.*, 2019: 6).

A special challenge: diagnosing intracranial haemorrhages correctly

In a 2020 study by Barrett *et al.*, 2111 patients were conveyed to the emergency department. Of these, 162 patients were found to have an intracranial haemorrhage on their head CT scan. Most older adults with traumatic brain injuries were found to reach the emergency department via the ambulance service (Barrett *et al.*, 2023: 1).

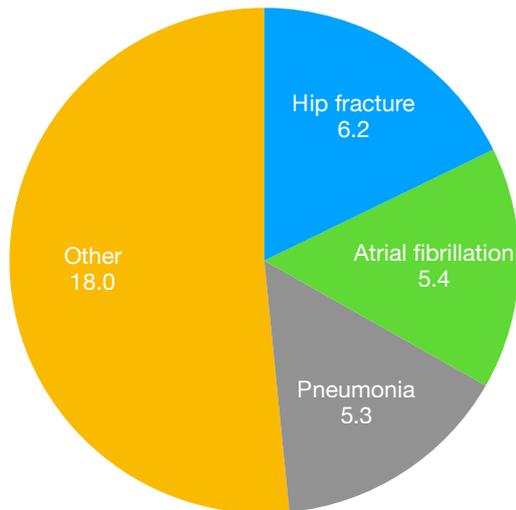


Figure 1. The most common diagnoses in hospitalised patients (%)

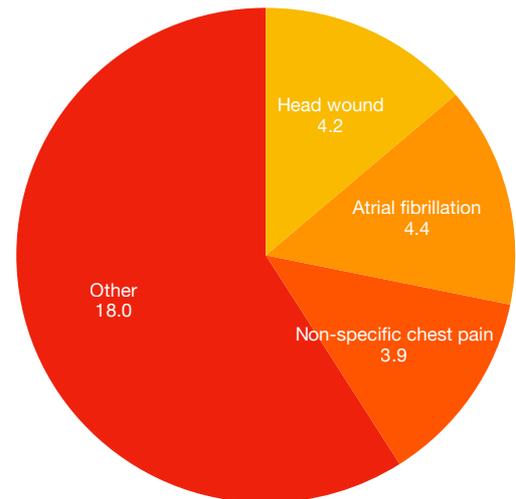
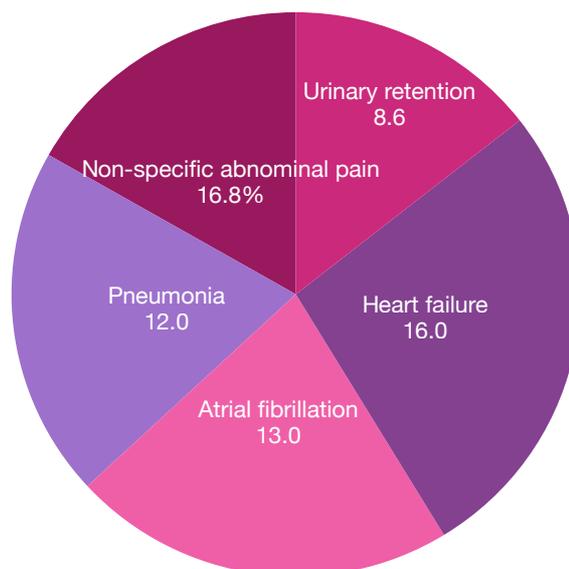


Figure 2. The most common diagnoses in among patients discharged home (%)



Shelly please check the data in the table, it is correct but the graph shows something else?

Figure 3. Typical diagnoses among patients who frequently visited the emergency department (%)

(Ukkonen et al., 2019:3)

While most older adults with a head injury are conveyed to the Emergency department, only a minority will have an intracranial haemorrhage following their head injury. But, identifying traumatic intracranial haemorrhage in older traumatic brain injuries patients is a diagnostic challenge for ambulance clinicians because this patient population typically present with mild symptoms, even when they suffer significant traumatic intracranial haemorrhage. Older adults, often with mild traumatic brain injuries symptoms, risk being under-triaged and facing poor outcomes. Be on the lookout for whether the patient has had a period of loss of consciousness,

or loss of memory or does not remember what happened (Barrett *et al.*, 2023: 1-2). If you have any doubt, transport the patient to the emergency department.

Older adults often take multiple medications, thereby increasing the risk of drug interactions, adverse effects, and medication errors. When gathering other medical information in a patient with traumatic brain injuries, take note that patients who (1) have a visible head injury or head injury symptoms, (2) previous myocardial infarction, (3) chronic kidney disease (CKD) and (4) those who use anticoagulant (such as Warfarin or Heparin) and anti-platelet medication (such as Clopidogrel), because they are most often in need of transportation to the emergency department, as these patients have higher odds of an intracranial haemorrhage (Barrett *et al.*, 2023: 1-5).

Emphasising care

Situations where people call for an ambulance often involve an unmanageable situation that might involve emotional chaos. This emphasises a need for relational care. Effective ambulance care practice saves lives in critical emergency situations, but when practised in less urgent situations, especially involving older patients, an efficient approach may cause the older person to feel “less cared for” and treated like “an object”, which increases suffering. So, wherever possible, show more care, respect the person's uniqueness and vulnerability and safeguard their dignity (Holmberg, Bennesved & Bremer, 2023: 1), (Hjalmarsson *et al.* 2023: 767, 773).

Some things you can do to show more care include:

- Engage the person
- Listen carefully to what they are trying to say
- Be interested in their well-being
- Be compassionate and non-judgmental
- Take their special needs into consideration
- Consider their preferences and be accommodating wherever possible
- Show respect by speaking quietly, calmly, and reassuringly
- Include them in the situation respectfully and support them in making care decisions (despite them possibly struggling to make decisions)
- Help them with other things. For example, the patient may say: “Please bring my glasses because I can’t read without them” or “Remember my walking stick, please”, and
- Consider other issues, for example, does the patient need to go to the bathroom before you take them the ambulance? (Hjalmarsson *et al.* 2023: 767-772).

Recognising dignity, individuality and participation in care are core values

When older people need help from ambulance personnel, it's a delicate balance between taking charge and sharing control. Finding this balance helps the patient to be more involved in their care. Ambulance personnel have a big responsibility to save lives and also to respect the dignity of older people. Participation in care means considering their home, their life situation, and their body. It also involves everyone's skills and experiences, and giving them a say in their care (Hjalmarsson *et al.* 2023: 769).

Be compassionate when assessing the situation and show understanding with the older patients. Try to imagine their situation of weakness and vulnerability, and understand that their ability to make their will heard may be limited. Support the patient as far as possible in their right to make independent decisions, even if it may mean that they refuse care (Holmberg, Bennesved & Bremer, 2023: 4).

You can confirm the concerns of older patients and significant others by acknowledging that you have heard them, repeating back what has been said to confirm that you understand, answering the patient's questions, and acknowledging that their worry and fear are understandable. Concerns of older patients may be due to memories of being treated rudely by ambulance personnel or hospital staff. You can alleviate the patient's concerns by treating them kindly and assuring them that you will report this on arrival, thus preventing it from happening again. Many patients become calmer once ambulance personnel arrive on site, which is reinforced when you examine the patient or assure them that values measured are normal (Holmberg, Bennesved & Bremer, 2023: 8).

Respectful care, dependency, caregiver and family involvement

Hjalmarsson *et al.* (2023: 767) states that older persons with poorer health and who depend on other people are frequently treated with respect less often than healthier persons. Do your best to be attentive to the older person's experience, wishes, and needs and accommodate them where possible. Let that guide you on how to fulfil expectations of care, and how to provide a solution that alleviates suffering in both the short and long term.

An emergency situation is very scary for the elderly and those who care for them and they may feel ignored and objectified when ambulance personnel go about their medical duties with little communication. Sometimes a patient may express frustration, anger, resistance, or rudeness when ambulance personnel display ignorance or disinterest, when they disagree with the older patients' on the emergency care needs, or don't arrive fast enough. Realise that they are scared. Be the calm one, and behave in a controlled, moderate, and respectful manner.

Be courteous towards older patients, significant others, and other care staff, while still assuming control of the situation. When entering a room, the patient is often lying down and the relatives may be very stressed, loud or anxious and may react negatively based on a lack of healthcare experiences, internal conflicts when receiving less information than others, or lack of insight due to making few visits to the patient. Their desire to keep their loved one alive can explain their inability to accept the patient's deterioration, thus urging the ambulance personnel to do everything in their power to save these patients' lives (Holmberg, Bennesved & Bremer, 2023: 5). If the significant others are in the way or talking too much, show respect by listening to them and then you could say: 'Thank you very much, but now I want to listen to Rose and hear what she says'.

If patients or significant others behave in an agitated or aggressive way, avoid conflicts by taking a step back and allowing space for emotional reactions to subside (Holmberg, Bennesved & Bremer, 2023: 2, 8), (Hjalmarsson *et al.* 2023: 773).

Some ways to show respect towards an elderly patient:

- Positive body language (e.g. sit down with the patient to have a conversation instead of standing up near the entrance door)
- Listen carefully while assessing the information
- Allow the patient time to interact
- Let them know that you have heard them and that you understand, and if you don't, repeat back what you think they are saying and ask for clarification
- Respect the will of older patients while following mandatory guidelines (for example, when proposing a different solution than the patient or care giver have in mind, talk in ways that do not to harm or frighten, while giving the them time to realise the situation)
- Clearly convey to the patient when you need to turn to significant others for more information, instead of doing it secretly
- Provide the best possible medical care without restricting the older person's freedom of choice and compromising dignity
- Respect privacy when needing quick access to the body (Hjalmarsson *et al.* 2023: 772).

Communication

When transporting the elderly by ambulance, there is a risk of poor communication and lack of involvement that might be accentuated in emergency and urgent situations. Patients may feel anxious when they are being transferred first to an ambulance, and then transported to a hospital, where they are usually unfamiliar with both the context and the people surrounding them. Patients who are cared for at home are believed to find it easier to make their own choices as home is most often perceived as a safe place (Holmberg, Bennesved & Bremer, 2023: 5), (Hjalmarsson *et al.* 2023: 767).

Good communication balances time-saving execution of medical treatment, without compromising care, or neglecting or excluding the older person and includes:

- Respectfully communicating clearly. Is what you are saying to the person being understood by them?
- Complying with bodily expressions, and
- Taking an interest in their problems.

An older person's pliant body conveys a silent consent to proceed, a given right to move their body, and a responsibility to keep them alive (Hjalmarsson *et al.* 2023: 770) or, this may be interpreted as having given in to the pressure of others. Evaluate older patients' glances and gestures to note whether there is an immediate and positive connection, or whether the patient reacts by withdrawing. If the patient withdraws when touched, it can be tentatively interpreted as unwillingness to be treated and may be declining care.

Being responsive to patients is to sense the older patients' state of mind to understand whether the patient presents a genuine wish or if they only want to please someone else. Ambulance personnel describe having an ability to interpret the patients' silence, as approval, resignation or despair. Sometimes they sense that the patients want to convey something unspoken. In this case, you can allow for privacy by asking others to leave the room, so that the patient can comfortably pose general questions about other things, as this is believed to help them relax (Holmberg, Bennesved & Bremer, 2023: 8).

Older patients' needs are primarily interpreted from what they tell ambulance personnel. In conversations, older, ill patients do not always have the strength to make their will heard in competition with the voices of the strong and healthy. It is therefore important to listen carefully and be sensitive to the patients' thoughts and experiences aimed at obtaining the patients' own description of their condition, but also to assess their cognitive status. To achieve this, ask investigative, open-ended questions to encourage storytelling and patient participation. In such conversations, the patients' trust will grow.

If the patient has difficulties with speaking or impaired cognition is obvious, talk to significant others or staff or care staff who may know the patients well, so that they can interpret the patients' needs. The patients' behaviour is noted and serves as a guide in the assessment, but needs to be verbally confirmed to be considered reliable. The behaviour of bystanders is also interpreted and contributes to the assessment (for example if there is great urgency in packing personal belongings to send with the patients) (Holmberg, Bennesved & Bremer, 2023: 4).

In all conversations, it is important to be clear and explain until everyone has understood what options exist to resolve the situation. To alleviate the worries of significant others, carefully explain what you have done and what measures you have taken to examine the patient. In this way, significant others are actively participating in the care, which will have a calming effect, especially when the patients are seriously ill (Holmberg, Bennesved & Bremer, 2023: 8).

Decision making

Regardless of bodily weakness, older people may possess an inner strength, acquired throughout the various struggles of a long life, that helps them uphold their decision making capability. Many of them may be less vulnerable than their outer appearance indicates (Holmberg, Bennesved & Bremer, 2023: 10). Freedom of choice is closely connected to human dignity. These patients usually value being involved in decision making about their health care and the sense of having control over their own life contributes to dignity in the midst of vulnerability. This includes those older people who independently choose not to exercise control and transfer their decision making to trusted others (Holmberg, Bennesved & Bremer, 2023: 2).

That being said, also recognise that these patients may vulnerable and have reduced decision making capacity, despite this, they still want to be involved in decision making about their care (Holmberg, Bennesved & Bremer, 2023: 1). Try to understand by being open, reflective and allowing the older person make decisions about care as far as possible and when appropriate. For example, choosing to remain at home or be transported to hospital, is dependent on trust in cognitive ability. Determine that the patient is 'clear and lucid' and that you can trust what they are telling you, for example "I'm definitely not coming along to the emergency department". In this case, you can provide different care options and let the older person decide which option is best suited, while at the same time providing an agreed plan if the condition deteriorates (Hjalmarsson et al. 2023: 768). Giving the older person authority, and thus an opportunity to deviate from guidelines requires the older person to demonstrate a comprehensive understanding of the consequences, and health risks the decision brings (Hjalmarsson et al. 2023: 771).

Is there a dementia diagnosis?

In an emergency, decision making is governed in relation to the older person's perceived cognitive ability, expectations of care, medical liability, medical guidelines, and available care options. If you assess that the older person is not able to understand and/or make a well-informed decision, the decision making power should be redirected to family members or caregivers. Collaborate with everyone present, in order to provide the older person with the best possible care and to alleviate suffering, which reaches beyond the acute situation.

Use your superior medical knowledge, and or the categorical 'truth' displayed on medical devices, which you may use. The medical devices used by ambulance personnel are tools of power that cannot be questioned by the older person or significant others, capable of passing judgement on whether the older person is ill or not. Medical liability requires that no uncertainties exist to jeopardise health, and those with less experience must rely entirely on clinical metrics (Hjalmarsson et al. 2023: 771-773).

Ambulance personnel, should balance professional superiority with the inferiority of others by recognising them as persons in needed of care. Interact with the older person as an equal human being with unique needs and abilities. This means including them (as far as possible), keeping them safe (and controlling health risks), showing them that they can trust you (you are committed to their well-being), and preserving their dignity. Be accommodating where possible for example, allowing the person to walk to the ambulance instead of being transported on a stretcher if that's what they would like (and if they are able to) (Hjalmarsson et al. 2023: 771) (Holmberg, Bennesved & Bremer, 2023: 6).

In very urgent emergency situations, where you are required to quickly medically assess and understand the status of the older person, it may be necessary to temporarily disregard other persons present, such as the spouse or relatives. Assume decision making power and limit collaborative opportunities when:

- there are time-sensitive conditions,
- the older person's is unable to understand the severity of the illness,
- guidelines require you to do so, or
- there is a lack of care options. In this situation, efficiency, assuming control and focusing on saving the person's life, and eliminating health risks is the main objective (Hjalmarsson et al. 2023: 770-773).

Sheltering the vulnerable person

To help the patient feel safe, provide relief and comfort in what is a threatening situation for them. Remember the human connection, convey trust and safety by being calm, respectful, making eye-contact, gentle physical contact and communicating at an equal level, for example, putting your hand on theirs shows them, you are here now, you see them and hopefully this will make the them feel like you are someone who means well (Hjalmarsson et al. 2023: 770).

Trust and safety are conveyed through professional, and respectful handling of the patients body and requires attentiveness toward the older person's ability or inability, to respond. Work discretely and respectfully with their body. Maintain human dignity when you need to move or access the patients body, without judging. Also, be attentive to their reactions. Use your

senses, and medical devices and ask medically focused questions while focusing on vital signs (Hjalmarsson *et al.* 2023: 770).

Is ambulance transportation to the emergency department necessary?

Ukkonen *et al.* (2019) demonstrated a high incidence of emergency department visits in older patients. Thirty-one percent of patients in the study (n = 5423) were admitted to hospital, 38% were discharged home (or residential care), and the rest (31%) to other health care facilities (Ukkonen *et al.*, 2019:1).

A study by Barrett *et al.* (2023) found that older age and cognitive impairment were associated with non-transportation to hospital, possibly because, for older adults who are frail, emergency services may not be the most appropriate approach for treating these patients.

Carefully consider the older patients' need for hospital care. Older patients often become confused and distressed when hospitalised. In instances when these patients can be safely treated at home and not transported to hospital, it is best to do so. Can the patient be referred to their GP once the acute situation has been dealt with? If it is possible, devise a reasonable and responsible alternative to transporting the patient to hospital (Holmberg, Bennesved & Bremer, 2023: 6). Barrett *et al.* (2023: 5) reported that there was an association between the type of clinician present and whether a patient was transported to hospital. When a paramedic crew was present, the transportation to hospital rate was lower, and more so if a specialist paramedic was present.

For patients living in care homes, staff are expected to have good knowledge of how to provide good basic care, and thus easily be able to continue care when ambulance personnel have relieved any acute problems (Holmberg, Bennesved & Bremer, 2023: 5-7).

However, In the case of head injury and the risks that go along with that, it is best to transport the patient to the emergency department for a comprehensive check. Barrett *et al.* (2023) reported that ambulance services in England had a non-conveyance rate (patients not taken to hospital) of 40 to 68%, the conveyance of older adults with a head injury (taking these patients to hospital) to be as high as 70%.

It is important to note that it has been reported (Barrett *et al.*, 2023: 5) that patients with dementia or chronic kidney disease had greater odds of being not been taken to hospital. Sometimes a patient with chronic kidney disease may have a complex medical situation, which may be better treated in a hospital setting.

Other reasons to not unnecessarily transport older adults to hospital include:

- Their stay burdens the economy and adds to the staff's workload
- When older patients are admitted to hospital, they occupy hospital beds that could have been used for other patients with greater needs
- Transporting older patients to and from the hospital means that the ambulance is not available for emergency situations.

So, do your best to distinguish between an definite emergency and something that is not. Try to solve the situation by relieving the patients' symptoms on site and coordinating the continued care with other healthcare providers such as the GP or nurses that care for the patient if transportation to hospital is not essential (Holmberg, Bennesved & Bremer, 2023: 7).

The patient's wishes regarding end-of-life care or resuscitation

Be aware of any advance directives or healthcare proxies that dictate the patient's wishes regarding end-of-life care or resuscitation (such as Do Not Resuscitate (DNR)).

Ambulance personnel often find it challenging to quickly assess older patients' mental clarity and ability to make decisions. This becomes especially tough when patients are so lacking in consciousness that they cannot communicate their wishes.

In these situations, ambulance personnel or care staff may consult with family members or caregivers. Sometimes, this leads to taking patients to the hospital even if they don't want to go. This issue can be more complicated when patients are near the end of life and there's uncertainty about their prior medical preferences. As a result, dying patients might receive CPR or be taken to the hospital, even if they have a Do Not Attempt Resuscitation (DNAR) order in place (Holmberg, Bennesved & Bremer, 2023: 2).

As Holmberg *et al.* (2023) reported an ambulance crew member saying: "I had no idea there was a decision on palliative care and so we just went in and demolished what patient and doctor planned about fourteen days ago. I think that's hard." (Interview 6, Holmberg, Bennesved & Bremer, 2023: 2).

Taking life-saving measures with multi-diseased and dying patients, followed by strenuous ambulance transport to hospital, was described by Holberg *et al.* (2023) as being meaningless, only serving to increase the patients' suffering. Treatment can alleviate suffering, but so can limiting the amount of care provided. Transporting patients to hospital against their will was described as an assault, as the patients' statutory right to exercise self-determination over their own body and life then is ignored. Additionally, ambulance personnel risk violating the patients' dignity when exposing their bodies to heavy-handed treatment such as CPR.

Once a palliative care team is involved, ambulance personnel assume that the patients have planned to die at home, surrounded by a multi-competent team of registered nurses, doctors, and care staff, who possess the same medical resources found in hospitals, and can explain end-of-life issues to significant others. Older people may come to a point when they peacefully accept that life is over and prefer to die calmly at home, respect that (Holmberg, Bennesved & Bremer, 2023: 5).

Last note

Carefully document your own actions and the patient's wishes in the medical record: especially when your actions deviate from medical guidelines. After completing the assignment, it is valuable to talk it through with colleagues to confirm that decisions were appropriate (Holmberg, Bennesved & Bremer, 2023: 7).

Conclusion

For the elderly patient, ambulance care can feel intense and dramatic. Understand their vulnerabilities during emergencies. Do your best to connect with them and build trust, and reassure them. Take steps to ensure safety and always think about what's best for the patient's wellbeing while respecting their life experience and knowledge.

It's important to take the lead and create a plan that fits each person, rather than using the same approach for everyone. Involve caregivers and families in the process, provide medical and emotional support, and focus on long-term recovery.

Always remember to apply the four cornerstones of ethics: (1) respect the patient's right to decide for themselves, (2) do good, (3) do no harm, and (4) strive for justice.

REFERENCES

Available on request

QUESTIONNAIRE

E1(25) Part 1 of 2

Tips for Emergency Care Practitioners: The ageing population

INSTRUCTIONS

- Read through the article and answer the multiple-choice questions provided below.
- **Some questions may have more than one correct answer;** in which case you must mark **all** the correct answers.

Question 1: In 2020, the number of people aged 60 years and older outnumbered children younger than _____ years?

- A: Fifteen
- B: Five
- C: Ten
- D: Twelve

Question 2: The number of people aged _____ or above is expected to be triple what it was in 2020 by 2050?

- A: 60
- B: 40
- C: 80
- D: 50

Question 3: Older people have a higher number of emergency conditions than those who are younger, accounting for up to _____ of all emergency department visits?

- A: One-third
- B: Half
- C: Two-thirds
- D: A quarter

Question 4: For _____, falling from a height and sustaining severe injuries were associated with transportation to major trauma centres?

- A: Females
- B: Male

Question 5: Some factors contributing to the vulnerability of the elderly during emergencies include which of the following? Select all three the correct options.

- A: Physical limitations and frailty
- B: Cognitive impairments
- C: Anxiety, fear and depression
- D: Language

Question 6: Ambulance care involves life and death situations where medical skills and reduced prehospital time are crucial. Ambulance personnel are bound by mandatory, medically focused guidelines. However, elderly patients may have complex needs and be difficult to assess, and do not always correspond with ambulance assessment protocols.

- A: TRUE
- B: FALSE

Question 7: All of the following are things to consider when attending to elderly patients, except

- A: Existing health conditions, multiple comorbidities and the use of multiple medications
- B: Specific dietary restrictions
- C: Cognitive impairments
- D: Anxiety, fear, and depression

Question 8: Besides increased frailty, cognitive disorders, and multiple comorbidities, these patients can also have greater illness severity, and can have _____ clinical presentation of illness?

- A: Typical
- B: Common
- C: Atypical

Question 9: Delirium is by definition a result of an underlying condition, is potentially severe, and is important to recognise quickly. It occurs in _____ of this population and is associated with increased mortality?

- A: 10% to 17%
- B: 7% to 10%
- C: 27% to 37%
- D: 37% to 47%

Question 10: Many elderly patients may have more than one chronic disease or condition such as which of the following? Select all the correct options.

- A: Seizures
- B: Cardiovascular disease and respiratory disorders
- C: Diabetes
- D: High blood pressure or high cholesterol

Question 11: Ageing decreases the body's ability to compensate for stressors such as dehydration, infection, or trauma.

- A: TRUE
- B: FALSE

Question 12: The most common age-related conditions encountered in older patients include all of the following, except

- A: Peripheral artery disease
- B: Osteoporotic fractures
- C: Psoriasis
- D: Chronic pain

Question 13: Special care needs to be taken when physically handling the patient, especially with regards to fragile joints, bones and muscle weakness.

- A: TRUE
- B: FALSE

Question 14: Falls are globally prevalent, with _____ million requiring medical attention annually?

- A: 47
- B: 37
- C: 73
- D: 53

Question 15: Older adults, often with mild traumatic brain injury symptoms, risk being under-triaged; facing poor outcomes. Be on the lookout for all of the following, except

- A: The patient has had a period of loss of consciousness
- B: The patient has a loss of memory
- C: The patient does not remember what happened
- D: The patient is lucid, sometimes appearing over-stimulated / overactive

THE END

QUESTIONNAIRE

E1(25) Part 2 of 2

Tips for Emergency Care Practitioners: The ageing population

INSTRUCTIONS

- Read through the article and answer the multiple-choice questions provided below.
- **Some questions may have more than one correct answer;** in which case you must mark **all** the correct answers.

Question 1: When gathering other medical information in a patient with traumatic brain injury, it is important to take note of all the following, **EXCEPT**

- A:** The patient has a visible head injury or head
- B:** The patient has had a previous myocardial infarction
- C:** The patient has chronic kidney disease
- D:** The patient uses an anticoagulant or anti-platelet medication
- E:** The patient has a history of being taken to an ED for falling

Question 2: What are some things you can do to show more care? Select all three correct options.

- A:** Listen carefully to what they are trying to say
- B:** Take their special needs into consideration
- C:** Ask others what they think the patient would prefer
- D:** Show respect by speaking quietly, calmly, and reassuringly

Question 3: *Hjalmarsson et al. (2023)* states that older persons with poorer health and who depend on other people are often treated with respect less often than healthier persons.

- A:** TRUE
- B:** FALSE

Question 4: When entering a room, the patient is often lying down and the relatives may be very stressed, loud or anxious. You realise that they are scared. Which of the following can you do to improve this situation? Select both correct options.

- A:** Show them that you are scared too
- B:** Be the calm one
- C:** Behave in a controlled, moderate and respectful manner

Question 5: All of the following are some ways to show respect towards an elderly patient, **EXCEPT**

- A:** Positive body language
- B:** Allow the patient time to interact
- C:** Secretly ask significant others for more information
- D:** Clearly convey to the patient when you need to turn to significant others for more information

Question 6: Good communication includes which of the following? Select all the correct options.

- A:** Respectfully communicating clearly
- B:** Complying with bodily expressions
- C:** Taking an interest in their problems
- D:** Avoiding eye contact as this can convey hostility

Question 7: If the patient withdraws when touched, it can be tentatively interpreted as unwillingness to accompany the ambulance and therefore _____ care?

- A:** Accepting
- B:** Declining

Question 8: If the patient has difficulties with speaking or impaired cognition is obvious, talk to significant others or staff, or care staff who may know the patient well, to interpret the patients' needs.

- A:** TRUE
- B:** FALSE

Question 9: Giving the older person authority in decision making about their medical treatment, requires the older person to demonstrate a comprehensive understanding of the consequences and health risks the decision brings.

- A:** TRUE
- B:** FALSE

Question 10: The medical devices used by ambulance personnel are tools of power that _____ by the older person or significant others?

- A:** Are debatable
- B:** Must be questioned
- C:** Cannot be questioned

Question 11: Assume decision making power and limit collaborative opportunities when? Select all three the correct options.

- A:** There are time-sensitive conditions
- B:** The older person is unable to understand the severity of the illness
- C:** There are multiple care options
- D:** Guidelines require you to do so

Question 12: Carefully consider the older patient's need for hospital care. Transportation to the hospital is unnecessary for all of the following reasons, **EXCEPT**

- A: Older patients often become confused and distressed when hospitalised
- B: Patients can be safely treated at home
- C: It is possible to devise a reasonable and responsible alternative
- D: The acute situation cannot be treated sufficiently at home

Question 13: In the case of head injury and the risks that go along with that, it is _____ to transport the patient to the emergency department for a comprehensive checkup?

- A: Undesirable
- B: Ethical
- C: Best

Question 14: If there is a DNR, what should you do?

- A: Resuscitate the patient
- B: Not resuscitate the patient
- C: Transport the patient to the hospital so that the emergency care doctors can resuscitate the patient

Question 15: Taking life-saving measures with multi-diseased and dying patients, followed by strenuous ambulance transport to hospital, was described by Holberg *et al.* (2023) as being

- A: Painful but necessary
- B: Meaningless
- C: A traumatic experience
- D: Essential

THE END



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I hereby declare that the completion of this document is my own effort without any assistance.

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This activity is accredited for **SIX (6) CLINICAL** CEU'S. You have to achieve **70%** to pass this activity.

ANSWER SHEET

E1(25)

Tips for Emergency Care Practitioners: The ageing population

		*Time spent on activity					hour					min											
												<i>You can complete any one, or all the parts of this activity.</i>											
PART 1						PART 2																	
	A	B	C	D	E		A	B	C	D	E		A	B	C	D	E		A	B	C	D	E
1					8							1						8					
2					9							2						9					
3					10							3						10					
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5					12							5						12					
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7					14							7						14					
					15													15					

How relevant was the content of this activity to your scope of practice?			
Not at all	Somewhat	Mostly	Extremely

RETURN ANSWER SHEET TO

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