



POLICY ON THE CARE OF ELDERLY PATIENTS IN THE EMERGENCY DEPARTMENT

1. PURPOSE

This document is a policy of the Australasian College for Emergency Medicine (ACEM) and relates to the recommended standards of care for older persons in the Emergency Department (ED).

2. SCOPE

For administrative purposes, older persons are generally classified as those 65 years of age and over, however, it is recognised that physiological function and social determinants of health are more important than chronological age.

The policy is applicable to Australasian EDs.

Where patients are referred to in this policy but the patient does not have capacity to make decisions, it is assumed that the ED team will involve the appropriate alternate health decision maker, as determined by jurisdictional law.

3. POLICY

3.1 Clinical

3.1.1 General:

All older patients are entitled to:

- Equitable access to acute health care
- Participation in decision-making related to their care
- Respect for their dignity and autonomy
- Involvement of family and carers in their care, where desired by the patient

3.1.2 Assessment & management

Assessment and management of an older person in ED adheres to the following principles:

- Assessment and management are modified to take into account the potential impact of physiological, behavioural & physical changes of ageing on presentation of disease
- It is recognised that atypical and subtle presentations of disease are common in older persons and may result in increased risk of diagnostic error
- Access to multi-disciplinary assessment and care planning is available and tailored to individual requirements of the older person

- Older persons with heightened vulnerability such as cognitive impairment are identified and their specific needs addressed
- The ED has a process to identify and manage older person with high discharge risk
- ACEM supports the use of advance care plans and medical directives and encourages the development of systems whereby all persons complete and regularly update these directives to ensure their wishes are known and respected in the event of a life threatening illness

3.1.3 Transitional communication on discharge

Transitional communication on discharge of older persons from ED supports safe discharge, and has special provisions for residents of aged care facilities.

3.2 Administration

3.2.1 ED Design

Emergency department takes into account the needs of older persons; limits the risk of complications such as delirium, falls and pressure injuries; and maximises the ability of older persons to safely and easily navigate and mobilise within the environment. An older person-centred environment includes call bells within reach, natural lighting, attention to noise levels, removal of safety hazards such as loose cords, and ensures access to physical and functional aids

3.2.2 ED Funding and Staffing

Emergency department funding and staffing (both from a perspective of levels and skill-mix) reflects the increased medical complexity and the specific gerontic needs of the population, including the requirement for availability of a multidisciplinary team

3.2.3 ED Information and Reporting Systems

Emergency department information and reporting systems should document residential setting to allow accurate identification of residents of aged care facilities

3.2.4 Disaster management

Disaster management plans should incorporate specific management contingencies for vulnerable older persons.

3.3 Education and Training

3.3.1 Assessment and management principles

Geriatric assessment and management principles will form core topics of the ACEM advanced training curriculum.

3.3.2 Education Programs

Emergency department education programs should ensure that ED staff are able to recognise age specific presentations of medical and surgical conditions within the ED, geriatric syndromes and elder abuse.

3.4 Research

ACEM acknowledges and supports the need for high quality research into the assessment and management of older persons in the ED.

4. PROCEDURE AND ACTION

4.1 Clinical

4.1.1 General

Quality indicators for Emergency Medicine are reported in age-disaggregated format to ensure equity in quality of care across all age groups.

4.2 Assessment & treatment

Physiological, behavioural and physical changes of ageing will guide the ED team in older persons:

- Triage
- Trauma team activation
- Multidisciplinary team assessment
- Prescribing of medicines:
 - A best possible medication history is documented for each older person presenting to ED
 - When indicated, a pharmacist review and reconciliation of the older persons' medication list is undertaken
- Pain assessment and management
 - All older persons are screened for pain on arrival, and regularly during the ED episode of care, utilising a cognition- and communication-appropriate pain assessment tool
 - Opioid sparing modalities of analgesia are utilised where appropriate

4.2.1 Clinical Pathways

Emergency department clinical pathways acknowledge and address the atypical presentation of disease in older persons and encompass the need for ED providers to consider difficult to discern problems, such as elder abuse and depression, as potential contributors to clinical presentations.

4.2.2 Multidisciplinary Assessment

A process is available to facilitate older persons' access to multi-disciplinary functional assessment and care planning where indicated, regardless of the time of presentation. Multidisciplinary assessment and development of a falls risk management plan should also occur prior to discharge for all older persons presenting to ED with a fall.

4.2.3 Vulnerable Patients

Vulnerable older persons are identified by ED staff and their specific needs addressed including:

- Cognitive impairment:
 - All older persons presenting as confused are screened for cognitive impairment and delirium
 - Older persons with cognitive impairment have strategies implemented to reduce the risk of delirium, or if present, reduce the impact of delirium
 - When delirium is identified, assessment is undertaken to determine the underlying cause, allowing this to be treated
- Elder abuse:
 - Older persons with suspected elder abuse are reviewed by a social worker and admitted to hospital or an alternate place of safety

4.2.4 Discharge Risk Assessment

Older persons have a discharge risk assessment performed prior to discharge, including documentation of level of independence, need for home health services and assessment for carer stress. No older person is discharged until appropriate support in their usual environment is confirmed to be available.

4.2.5 The Patient's Requirements

The assessment and management are concordant with the older persons' expressed wishes, where these are in keeping with the principles of relevant law; all patients with serious, life-limiting illnesses are given the opportunity to discuss prognosis and advance care planning. Early access to palliative care services is also provided where indicated.

4.3 Transitional Communication

4.3.1 Residential Aged Care Facilities

Discharge communication for residents of aged care facilities should, in addition to usual discharge communication, include:

- Outcomes of discussions with patient or alternate health decision maker regarding advance care planning
- Nursing care summary including findings of skin integrity check, dietary intake in ED, changes required to resident's usual nursing care, medications dispensed during ED stay
- Where appropriate, an interim medication administration record (IMAR) and medication supply in accordance with local policy, to allow new medications to be provided for a minimum of 72 hours as a bridge to general practitioner review

5. DOCUMENT REVIEW

Timeframe for review: every two (2) years, or earlier if required.

5.1 Responsibilities

Document authorisation: Council of Advocacy, Practice and Partnerships
 Document implementation: Council of Advocacy Practice and Partnerships
 Document maintenance: Policy and Research Department

5.2 Revision History

Version	Date of Version	Pages revised / Brief Explanation of Revision
02	Jul-07	
03	Mar-13	Formatting changed. Wording relating to ED funding and staffing simplified.
04	Jul-15	Purpose and scope separated. Changes made to content under the policy subheading – Clinical, administration, education and training and research subheadings added. Additional supporting content relating to general entitlements, assessment and management, transitional communication on discharge, ED design, staffing and funding, information and reporting systems, disaster management, assessment and management principles and education programs added. Changes made to the content under the procedure and action subheading – Clinical, assessment and treatment and transitional communication subheadings added. Additional supporting content relating to general clinical information, clinical pathways, multidisciplinary assessment, vulnerable patients discharge and risk assessment, patient requirements and residential aged care facilities added.

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