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<p>Patients with serious or life-threatening illness are likely to find themselves in an emergency department at some point along their trajectory of illness, and they should expect to receive high-quality palliative care in that setting. Recently, emergency medicine has increasingly taken a central role in the early implementation of palliative care. This article presents an overview of palliative care in the emergency department and describes commonly encountered palliative emergencies, strategies for acute symptom management, communication strategies, and issues related to optimal use of hospice service in the emergency department.</p>	
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<p>Alternative management methods are essential to ensure high-quality and efficient emergency care for the growing number of geriatric adults worldwide. Protocols to support early condition-specific treatment of older adults with acute severe illness and injury are needed. Improved emergency department care for older adults will require providers to address the influence of other factors on the patient’s health. This article describes recent and ongoing efforts to enhance the quality of emergency care for older adults using alternative management approaches spanning the spectrum from prehospital care, through the emergency department, and into evolving inpatient or outpatient processes of care.</p>	
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<p>This article reviews and summarizes more than 200 studies regarding key issues surrounding the transition of elderly patients to or from the emergency department (ED), with particular attention paid to the relationship between the ED and nursing homes. Transfers of care often occur with incomplete information, which results in increased morbidity, recidivism, and cost. Transitions of elderly patients could be improved by standardizing hand-offs processes, improving discharge planning for elderly patients, developing metrics for transfers of care and geriatric care quality, and finding sustainable sources of research funding.</p>	

- Emergency Department Observation Units and the Older Patient** 71
Mark G. Moseley, Miles P. Hawley, and Jeffrey M. Caterino
- An increasing number of emergency departments (EDs) are providing extended care and monitoring of patients in ED observation units (EDOUs). EDOUs can be useful for older adults as an alternative to hospitalization and as a means of risk stratification for older adults with unclear presentations. They can also provide a period of therapeutic intervention and reassessment for older patients in whom the appropriateness and safety of immediate outpatient care are unclear. This article discusses the general characteristics of EDOUs, reviews appropriate entry and exclusion criteria for older adults in EDOUs, and discusses regulatory implications of observation status for patients with Medicare.
- Generalized Weakness in the Geriatric Emergency Department Patient: An Approach to Initial Management** 91
Robert S. Anderson Jr and Sarah A.M. Hallen
- Generalized weakness in the geriatric patient is a vexing chief complaint to address in any setting, especially in the hectic emergency department. Studies suggest that it is associated with poor outcomes, although the ideal workup is elusive. A minimum of laboratory and imaging testing is recommended with the addition of neuroimaging if focal weakness is discovered. Considering a wide differential with attention to geriatric-specific concerns is labor intensive but necessary for this presentation.
- Altered Mental Status in Older Patients in the Emergency Department** 101
Jin H. Han and Scott T. Wilber
- Altered mental status is a common chief complaint among older patients in the emergency department (ED). Acute changes in mental status are more concerning and are usually secondary to delirium, stupor, and coma. Although stupor and coma are easily identifiable, the clinical presentation of delirium can be subtle and is often missed without actively screening for it. For patients with acute changes in mental status the ED evaluation should focus on searching for the underlying etiology. Infection is one of the most common precipitants of delirium, but multiple causes may exist concurrently.
- Trauma in the Older Adult: Epidemiology and Evolving Geriatric Trauma Principles** 137
Stephanie Bonne and Douglas J.E. Schuerer
- The older adult patient with trauma is becoming a growing part of the overall trauma population. With the world population increasing in age, the rate of the traumatically injured older adult will continue to increase. Recognizing this problem and the fact that the elderly are at higher risk for injury and its complications will be necessary if the increasing volume of patients is to be dealt with. This review discusses these issues, as well as appropriate triage and treatment of injuries and associated comorbidities. Early recognition of injury, even minor, and expedited care using specialized teams will help to improve outcomes for these patients.

- Acute Pain Management in Older Adults in the Emergency Department** 151
Ula Hwang and Timothy F. Platts-Mills
- Effective treatment of acute pain in older patients is a common challenge faced by emergency providers. Because older adults are at increased risk for adverse events associated with systemic analgesics, pain treatment must proceed cautiously. Essential elements to quality acute pain care include an early initial assessment for the presence of pain, selection of an analgesic based on patient-specific risks and preferences, and frequent reassessments and retreatments as needed. This article describes current knowledge regarding the assessment and treatment of acute pain in older adults.
- Acute Visual Changes in the Elderly** 165
Victoria M. Addis, Heather K. DeVore, and Michael E. Summerfield
- Changes in vision are common complaints among the geriatric population. Causes range from cataracts and glaucoma to cerebral strokes or other systemic diseases. Loss of vision may be the turning point from independence to dependence in an elderly person's life. This article focuses on acute vision changes and provides a systematic, symptom-based approach to the evaluation and diagnosis of these processes. It is important that the primary practitioner or geriatrician recognize and evaluate acute vision changes, determine whether a treatable or reversible condition exists, and know when to refer to an ophthalmologist or neurologist for a complete evaluation and management.
- Geriatric Dizziness: Evolving Diagnostic and Therapeutic Approaches for the Emergency Department** 181
Alexander X. Lo and Caroline N. Harada
- Dizziness affects one in five people over the age of 65 years and is associated with substantial healthcare costs. Serious causes of dizziness are found in 20% of patients over 50 years. The approach to the patient with dizziness is challenging as physical exam and diagnostic tests have sub-optimal sensitivities. The risk of vascular events is higher in the first 30 days than after, suggesting some missed diagnoses. Medications and vestibular rehabilitation may serve as treatment options for dizziness, but data on their efficacy in older patients is lacking.
- Emergency Management of Palpitations in the Elderly: Epidemiology, Diagnostic Approaches, and Therapeutic Options** 205
Namirah Jamshed, Jeffrey Dubin, and Zayd Eldadah
- Palpitations are a common complaint among elderly patients presenting to the emergency department. Although most are benign, the elderly do have a higher risk of having a cardiac cause. Other causes include psychiatric disorders, and sometimes a combination of cardiac and psychiatric causes coexist. A history and physical examination, including a detailed medication history, are an essential part of the workup in older patients. A 12-lead electrocardiogram is an essential first step toward a diagnosis; other tests are recommended in high-risk patients, including those with underlying coronary artery disease or structural cardiac abnormalities.

Treating the Elderly Stroke Patient: Complications, Controversies, and Best Care Metrics 231

Laura E. Heitsch and Peter D. Panagos

Acute stroke is a devastating disease that affects almost 800,000 Americans annually. Worldwide, the incidence of stroke is rapidly increasing. Although stroke can affect all age groups, patients over age 80 are at much higher risk for ischemic stroke. Despite this, there are disparities in thrombolytic treatment rates, and as well as outcomes, between elderly stroke patients and their younger counterparts. This article discusses what is currently known about the elderly stroke patient for a greater understanding of the disease burden, research limitations and potential treatment options.

Elder Abuse and Neglect: Definitions, Epidemiology, and Approaches to Emergency Department Screening 257

Michael C. Bond and Kenneth H. Butler

Elder abuse and neglect is estimated to affect approximately 700,000 to 1.2 million elderly people a year with an estimated annual cost of tens of billions of dollars. Despite the large population at risk, its significant morbidity and mortality, and substantial cost to society, elder abuse continues to be underrecognized and underreported. This article aims to increase the awareness of elder abuse by reviewing the demographics, epidemiology, and risk factors of elder abuse, followed by a discussion of screening tools and ways to increase awareness and reporting.

Acute Kidney Injury, Sodium Disorders, and Hypercalcemia in the Aging Kidney: Diagnostic and Therapeutic Management Strategies in Emergency Medicine 275

Abdullah AlZahrani, Richard Sinnert, and Joel Gernsheimer

This article summarizes the current literature regarding the structural and functional changes of the aging kidney and describes how these changes make the older patient more susceptible to acute kidney injury and fluid and electrolyte disorders. It discusses the clinical manifestations, evaluation, and management of hyponatremia and shows how the management of hypernatremia in geriatric patients involves addressing the underlying cause and safely correcting the hypernatremia. The current literature regarding evaluation and management of hypercalcemia in older patients is summarized. The management of severe hypercalcemia is discussed in detail. The evaluation and management of acute kidney injury is described.

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