MENTATION

Standard Precautions for Communication in Emergencies

- Tools for communicating effectively with all older adults
  - **Introduce yourself**, your role and what you're there to do
  - Get on eye level, if possible, **face the person** while speaking to them
    - Remove facemasks, if possible, so the person can see your mouth move
  - Take steps to reduce ambient noise
  - Check early for ability to see and hear you. Get glasses & hearing aids if needed
  - **Slow down**!
    - Don't rush your speech
    - Leave enough time for slower processing of responses
  - **Avoid shouting** --> volume can make communication more challenging. Instead, speak clearly and in a lower tone of voice
  - Avoid medical jargon and "elderspeak"

Elderspeak Terms and Better Choices

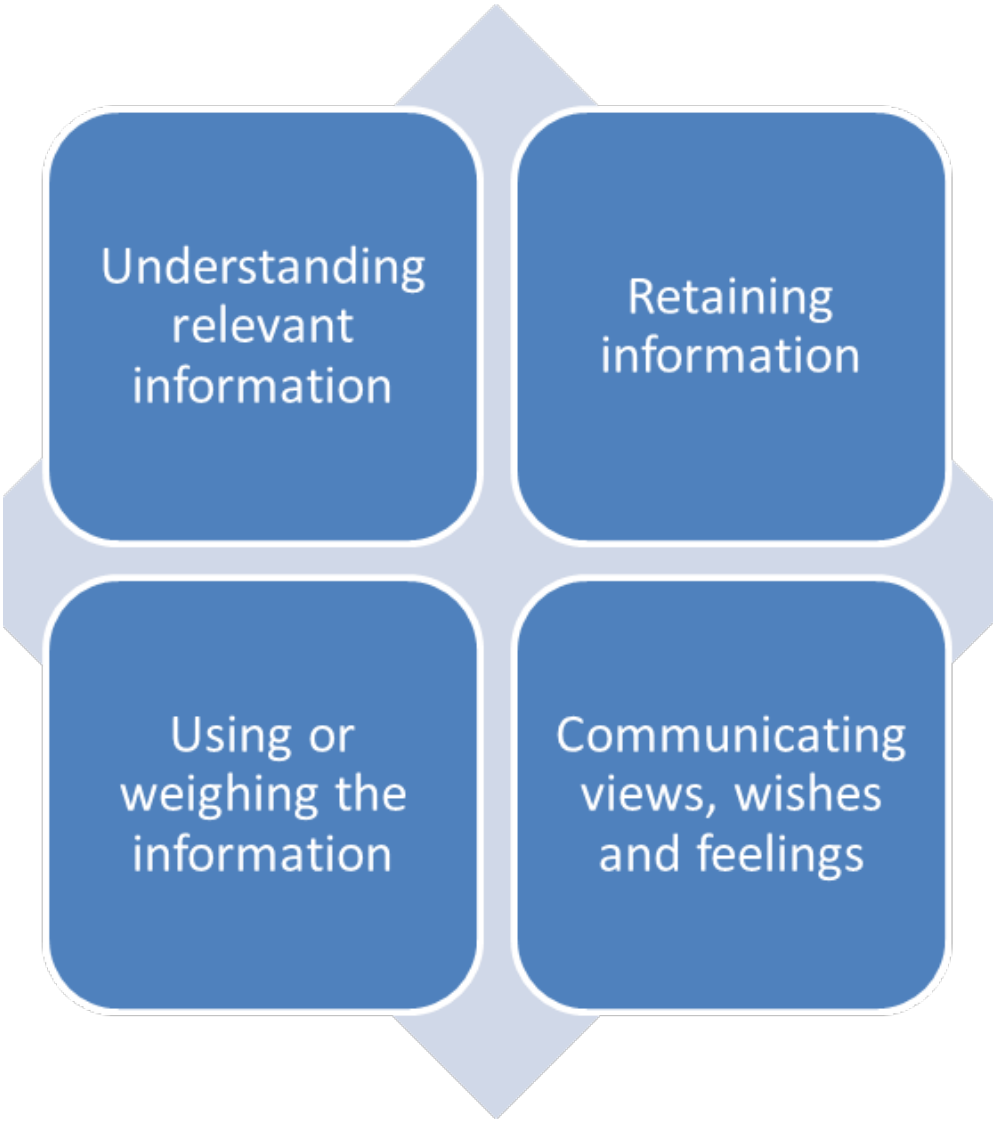
Avoid these terms	Instead, use these
Elderly, Senior, Boomer, Senior Citizen, Geris, the aged	***Older adults*** (aged ≥ 65 years) Numeric age groups (for example, persons aged 55–64 years) Elder (in **some** communities, this is a term of respect) *Note:* The term "geriatric" is part of a medical model approach and not used unless it relates to specific medical care. *Note:* "Senior center" refers to the building but not people.
Disabled, Frail, fragile	Describe ability or limitations
Silver tsunami	Do not refer to aging in negative terms or sayings that refer to aging as a burden; i.e., "like a tsunami of baby boomers."
Senile, Crazy, Demented	Person with cognitive impairment, person living with dementia

"Non-compliant", refusing	Declining recommendations, "Non-adherent" or describe the challenge
Sweet, little	Avoid infantizing older adults
Diapers, "Depends"	Briefs, pads, undergarments

WHAT MATTERS

Autonomy and Informed Consent

- 4 Core Features of Informed Decision Making



Age-Friendly Disaster Planning

Guide to Assessing Capacity

Goal --> to quickly assess if someone has **enough understanding of their situation** to make a decision.

Component	Patient's role	Physician's approach	Sample questions	Impaired in
Communication	Express a treatment choice	Ask patient which treatment option they prefer	Have you decided whether to get X or Y treatment?	Psychiatric disorders; extreme (pathologic) indecision
Understanding	Recall information, link causal relationships, process general probabilities	Ask the patient to paraphrase their view of the situation	Can you tell me how you view the current situation? How likely do you think that X will happen to you?	Problems with memory, attention span, intelligence
Appreciation	Identify illness, treatment options, and probable outcomes as it relates to them	Ask patient to describe disease, treatment, outcomes, and probabilities as they apply to them	What do you think is wrong with your health? What treatments do you think would help? What do you think is your alternative?	Denial; delusional disorder
Rationalization	Weigh risks and benefits to come to a conclusion in keeping with patient's goals	Ask the patient to compare risks vs. benefits of the proposed treatment and alternatives	What made you choose option X? Why do you think option X is better than option Y?	Depression, psychotic thought disorder, depression, anxiety, phobia, delirium, dementia

Assent = "Not opting out." Appropriate for people who lack capacity. May be needed for people with moderate to advanced stage dementia.

MOBILITY

Mobility Challenges

The older adults in your community have (in general):

- Less muscle mass
- Less brain signaling to "move" the muscles
- Lower tolerance for instability/balance challenges
- Thinner bones
- More joint pains

For all these reasons, they may not be able to move quickly in an emergency, and it's because of their normal physiology (e.g., out of their control).

Age-Friendly Disaster Planning

Familiarize yourself with the following **adaptive devices**:

Device	Use	Pros	Cons
Single point cane	One “point in space” to steady a person	Lightweight, portable	Will not support full weight
Front wheel walker	Four “points in space” to steady a person	Four “points in space” to steady a person	Harder to roll on uneven surfaces, no “seat” to rest on
Four-wheel walker	Four “points in space” to steady a person + seat	Durable and easier to use on uneven surfaces, supports body weight (to an extent)	Less portable, high potential to roll away; person needs to be able to operate brakes.
Wheelchair	Full transport or self-transport of person	Durable, can quickly move a person OR enlist them to self-propel	Less portable, some patients lack the upper body strength to self-propel and may get stuck without assistance
Travel chair	Full transport of person by another individual	Portable, folds up, lightweight	No self-propel option, person will be fully dependent
Hoyer lift	Full-body lift that supports patients completely, making it suitable for those who are non-weight-bearing or cannot participate in transfers	Can transfer patients who are bed-bound, cognitively not able to participate in sit-to-stand	Large device; time and effort intensive to set up and transfer
Sara Stedy	Designed for active mobility (person is involved) and allows for sit-to-stand transfers	Compact; quick to set up and transfer	Person must have enough strength to hold handles and bear weight
Slide board	Board that creates bridge from two surfaces to quickly transfer	Small, lightweight, low cost	Patient needs to actively engage, be stable enough to sit-up and balance with minimal support

MEDICATION

Most common places to search for medications:

- Nightstand drawer and atop nightstands
- Kitchen cabinets, counter, and drawers
- Refrigerator
- Bathroom vanity surface/drawer
- Bathroom medicine cabinet
- Office desk
- Purses

Highest risk medications to miss during an emergency:

Risk Level	Drug Class	What Can Happen
Highest Risk	**Blood thinners** Warfarin (Coumadin) Apixaban (Eliquis) Rivaroxaban (Xarelto) Dabigatran (Pradaxa)	Stroke, blood clots, pulmonary embolism
Highest Risk	**Seizure medications** Keppra (levetiracetam), Depakote (valproic acid), Vimpat (lacosamide), Lamictal (lamotrigine), Dilantin (phenytoin)	Breakthrough seizures, status epilepticus
Highest Risk	**Insulin**	Diabetic ketoacidosis, blood sugar crisis
Serious Risk	**Blood pressure medications** Lisinopril Losartan, Valsartan, Irbesartan Amlodipine Hydrochlorothiazide	Rebound hypertension, heart attack risk

Serious Risk	**<u>Antidepressants</u>** Sertraline, escitalopram, citalopram, venlafaxine, duloxetine, mirtazapine	Withdrawal symptoms (anxiety, flu-like symptoms, nausea, dizziness, restlessness, combative), mood destabilization
Serious Risk	**<u>Antipsychotics</u>** Haloperidol, quetiapine, olanzapine, aripiprazole, risperidone, brexpiprazole	Withdrawal symptoms (insomnia, anxiety, aggression, dizziness), mood destabilization
Serious Risk	**<u>Inhalers</u>** Albuterol (rescue inhaler) All others are “maintenance” but still important	Airway restriction, wheezing, coughing, low oxygen saturation