

Challenges in management of the elderly

Kate King

Clinical Nurse Consultant - Trauma

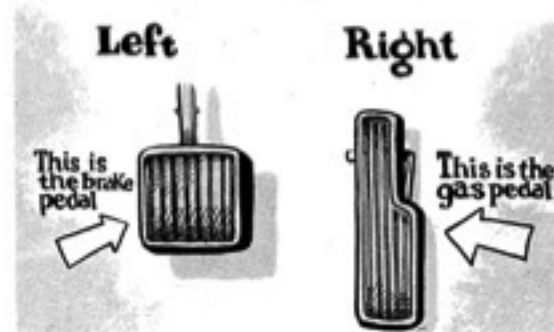
John Hunter Hospital Newcastle

RMG News

The Basics

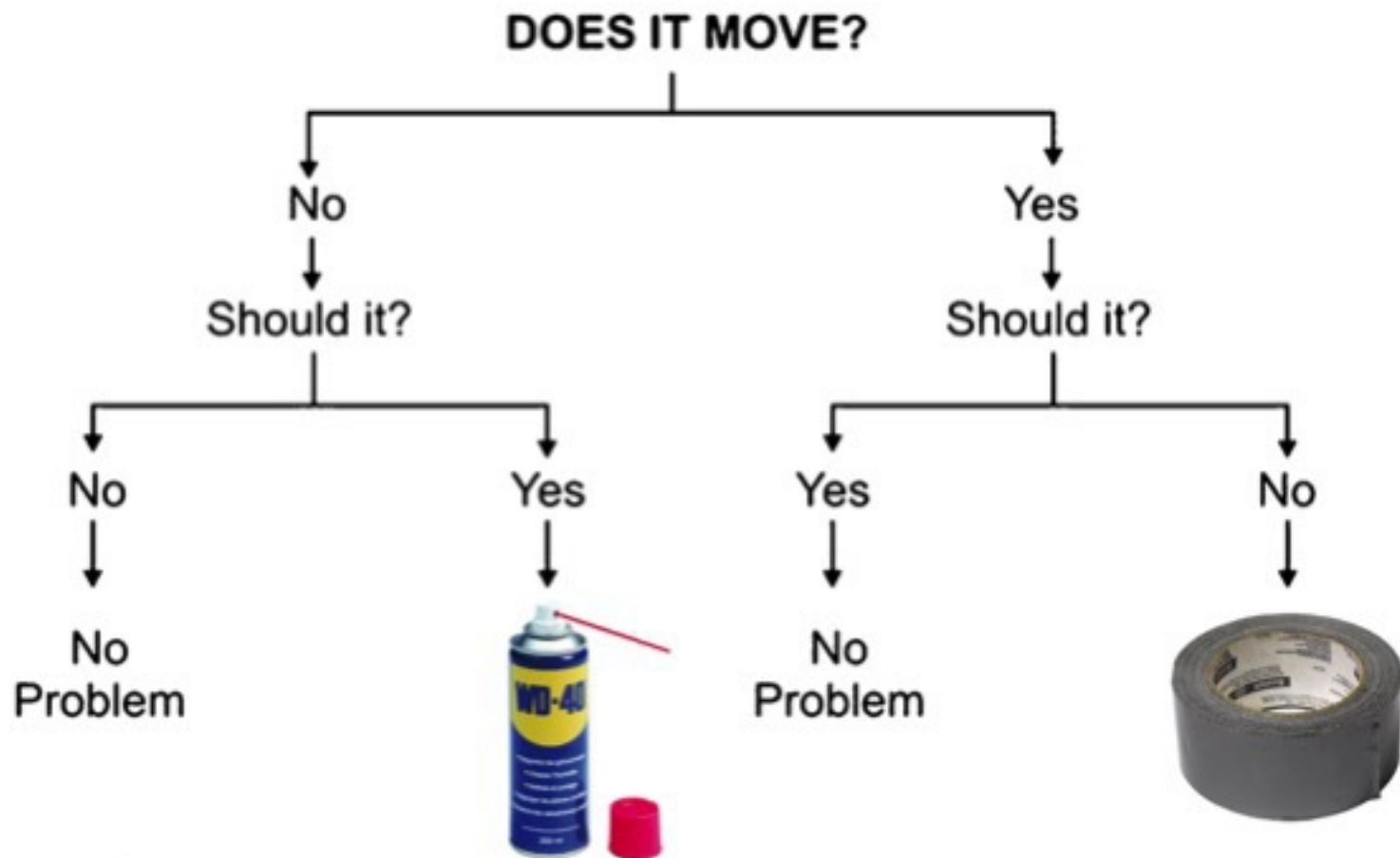
- Why is trauma in the elderly a problem?
 - They are everywhere
 - They tend to fall over and crash their cars
 - They break easily
 - Old age often means bad outcomes
 - If you don't treat them differently they die

Reminder for elderly drivers...



What challenges?

Engineering Flowchart



The Challenges

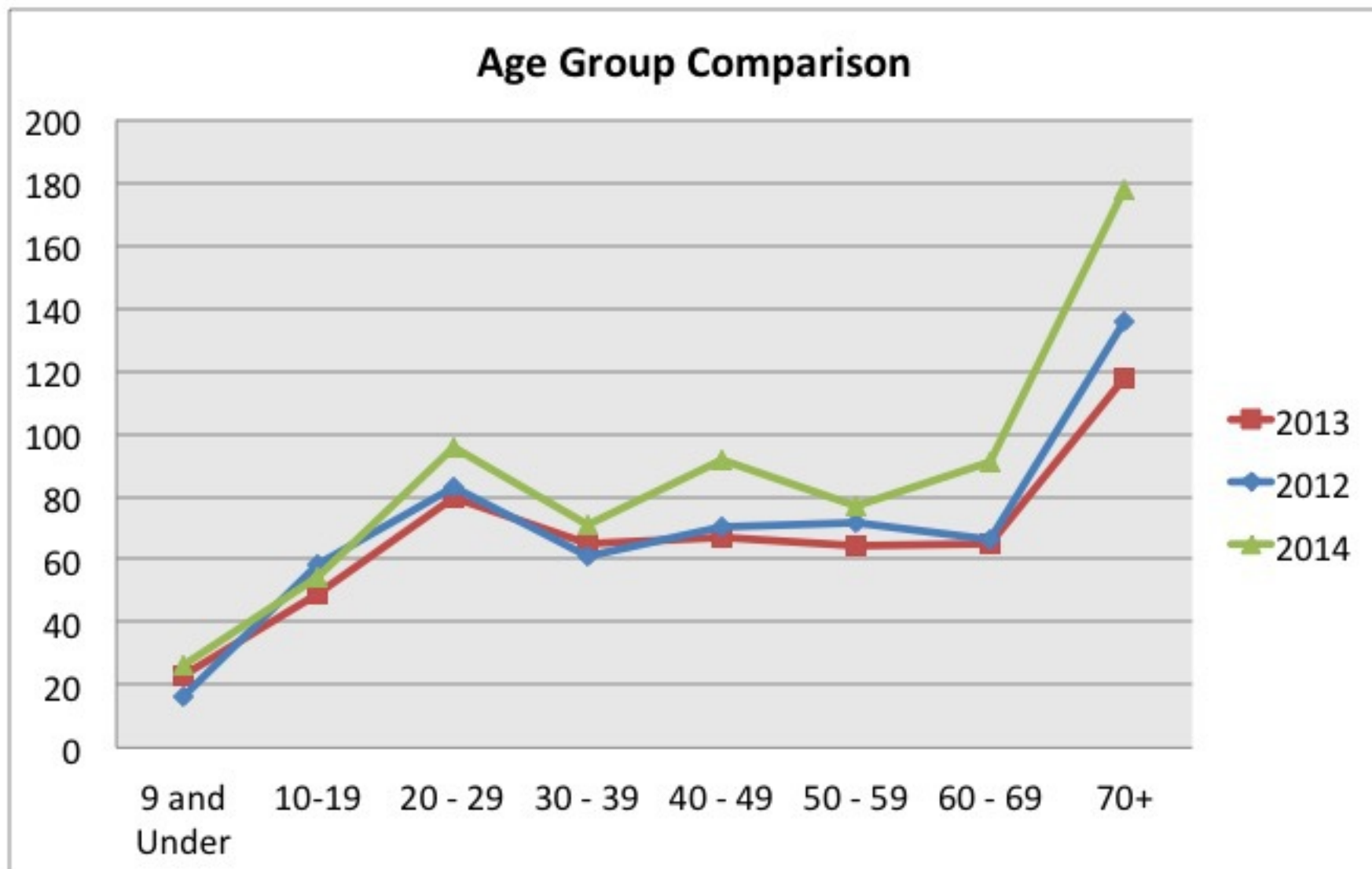
- The increasing incidence
- The aim
 - Modern Day Hippocratic oath
- Geriatric triad of death
 - Primary prevention
- The two F's
 - Frailty
 - Futility
- The “do gooders”
- Assembling the perfect team

John Hunter Hospital

- Newcastle NSW – Outside Sydney
- Only combined Adult and Paediatric Trauma Centre in NSW
- We see the largest number of severely injured in the state
- In 2014 there were 685 patients with an ISS >12

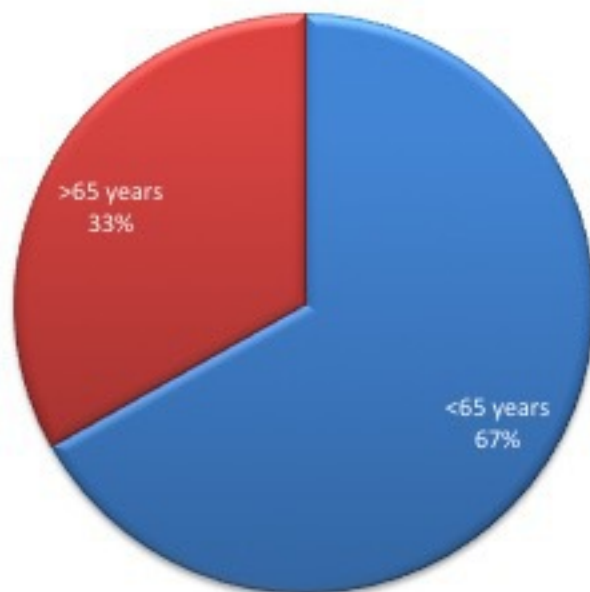


John Hunter Data

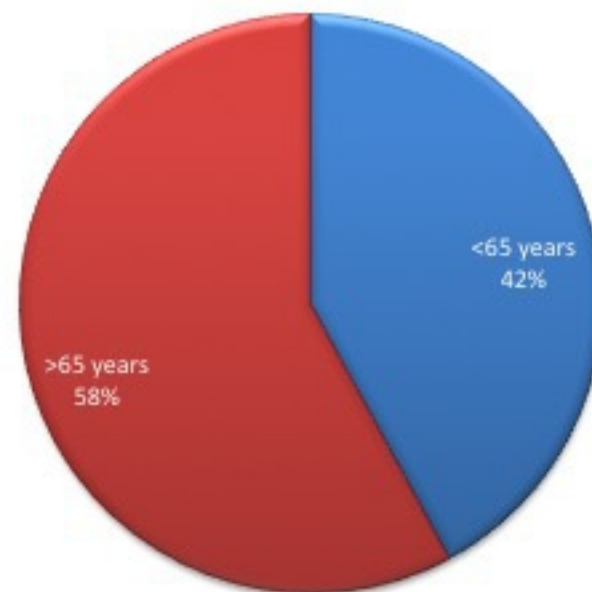


John Hunter Data

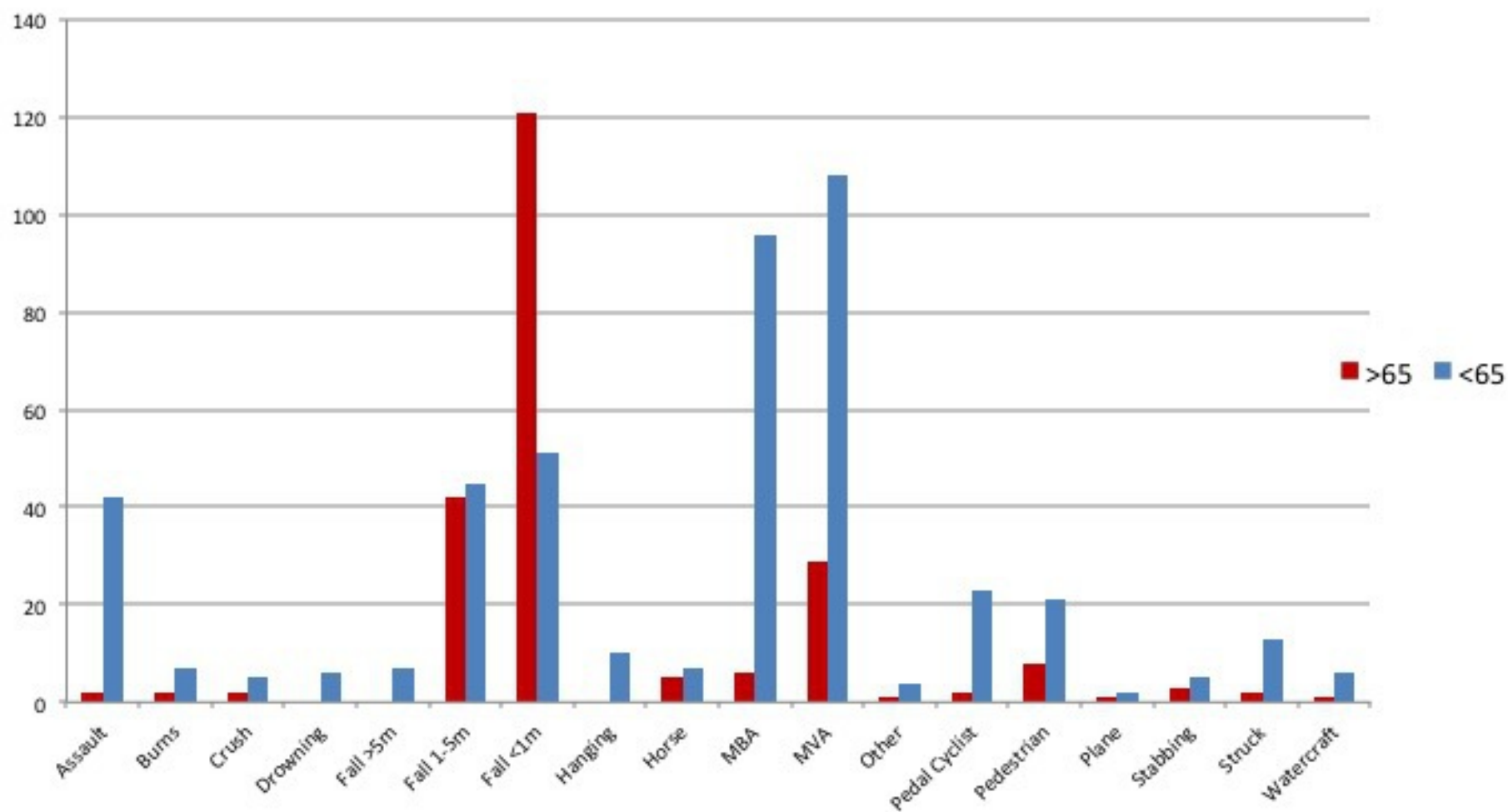
Presentations ISS>12



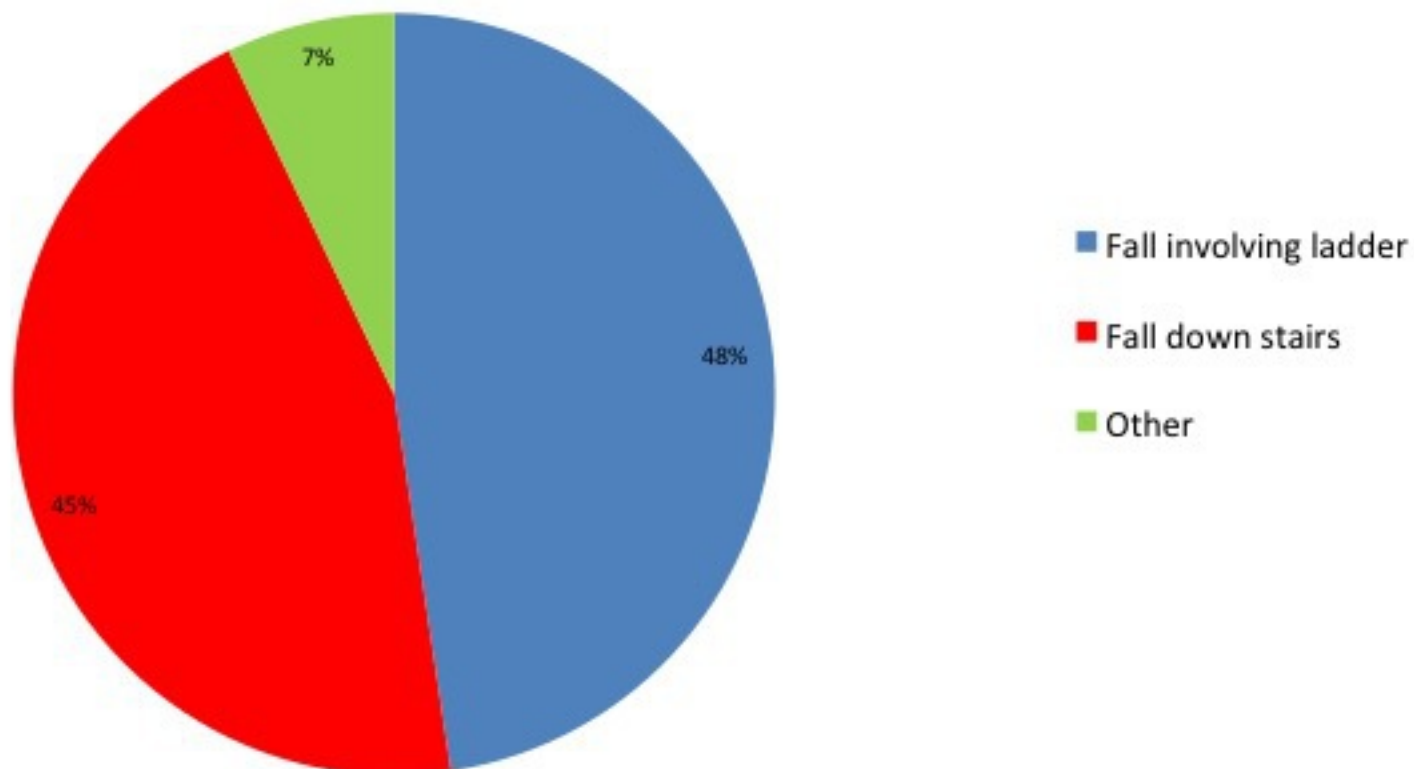
Mortality ISS > 12



Mechanisms



Fall 1-5 m (>65yrs)





INSTITUTE OF
TRAUMA AND INJURY
MANAGEMENT

NSW Institute of Trauma and Injury Management

Major Trauma in NSW, 2013

A report from the NSW Trauma Registry

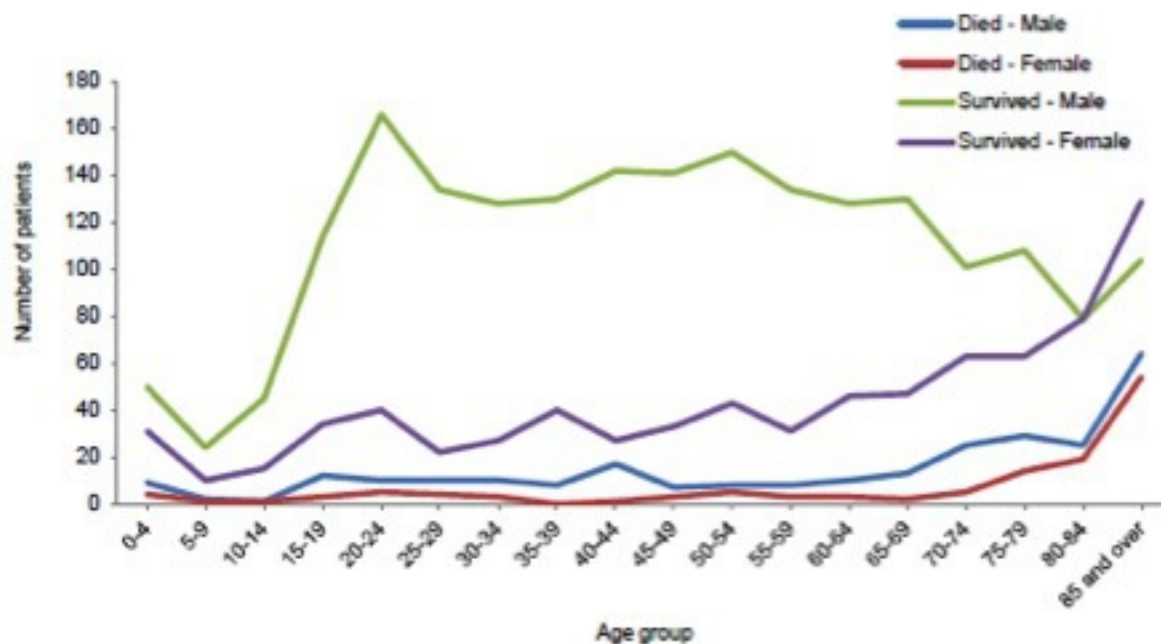


john
hunter
trauma
service

Mortality in NSW ISS >15

Males have a significantly higher number of major trauma injuries with survival (88.2%, n=2,008) compared to females (85.7%, n=780), except in the 85 and over group (Figure 1). Overall, males are 2.5 times more likely to be injured than females.

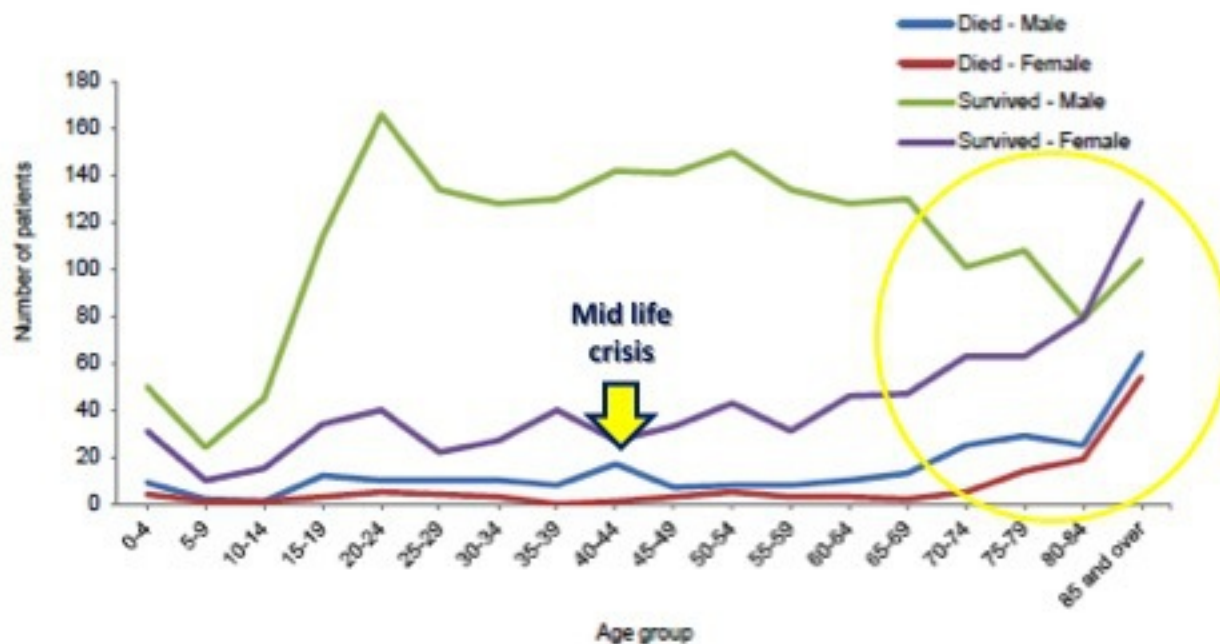
Figure 1: Number of major trauma patients by age, gender and mortality (n=3,188)



Mortality in NSW ISS >15

Males have a significantly higher number of major trauma injuries with survival (88.2%, n=2,008) compared to females (85.7%, n=780), except in the 85 and over group (Figure 1). Overall, males are 2.5 times more likely to be injured than females.

Figure 1: Number of major trauma patients by age, gender and mortality (n=3,188)



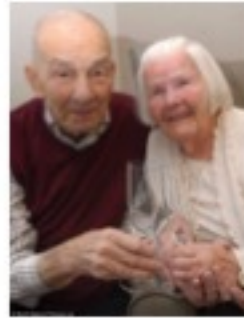
The aim of the game

- The modern day Hippocratic Oath:
‘I will apply, for the benefit of the sick, all measures which are required, avoiding those twin traps of overtreatment and therapeutic nihilism’

*An ounce of prevention
is worth a pound of
cure*

Benjamin Franklin

The geriatric triad of death



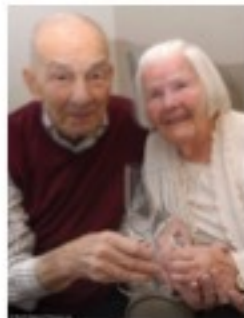
The geriatric triad of death



The geriatric triad of death



The geriatric triad of death



The geriatric triad of death



The geriatric triad of death



Community Campaigns



**“Families urged to
watch elderly drivers”**



ARE YOU WITH HR



68124C

 Australian Posters

Frailty

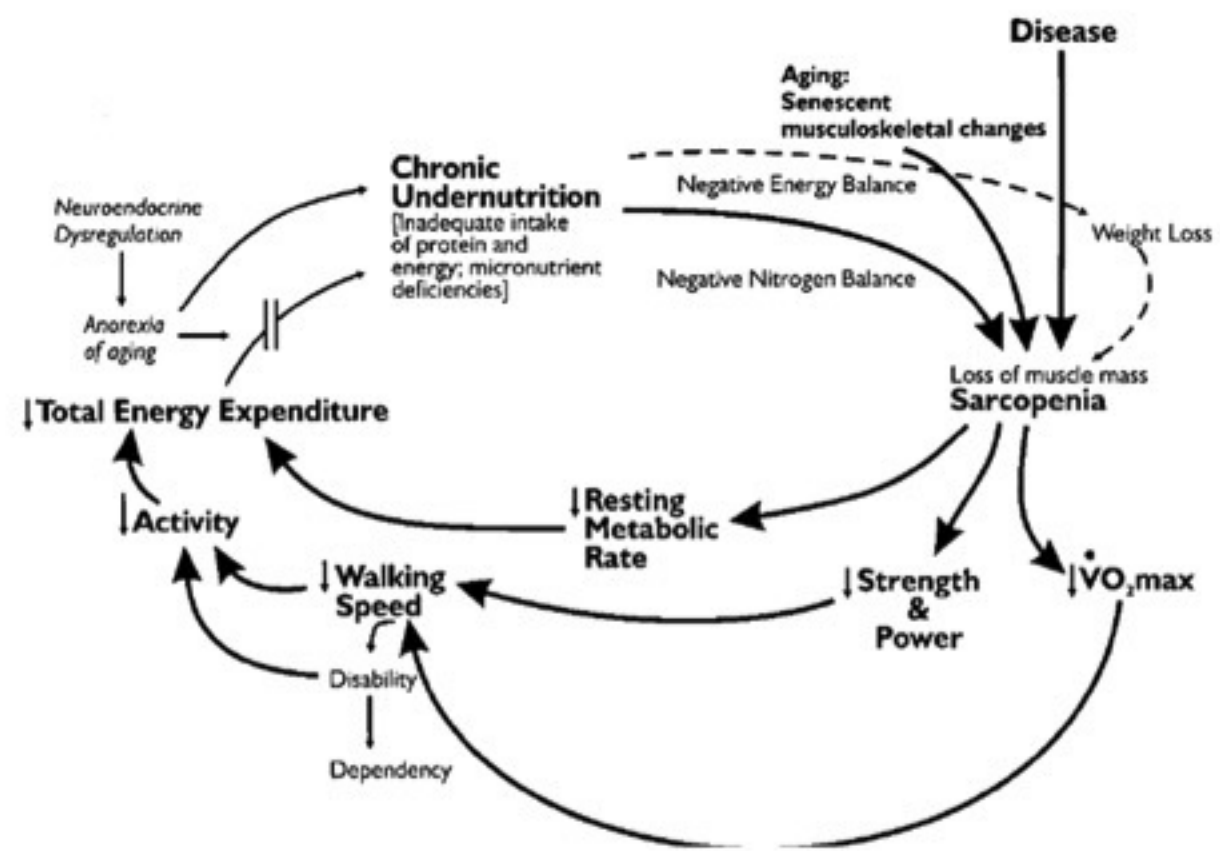
- Linda Fried – John Hopkins Baltimore
- Defined frailty phenotype as having 3 or more of the following:
 - Unintentional weight loss
 - Self reported exhaustion
 - Weakness (grip strength)
 - Slow walking speed and
 - Low physical activity

Frailty

- Frailty puts patients at risk of major adverse health outcomes
- Increases their risk of falls → trauma
- Contributes to:
 - Hospitalisation
 - Morbidity and
 - Mortality

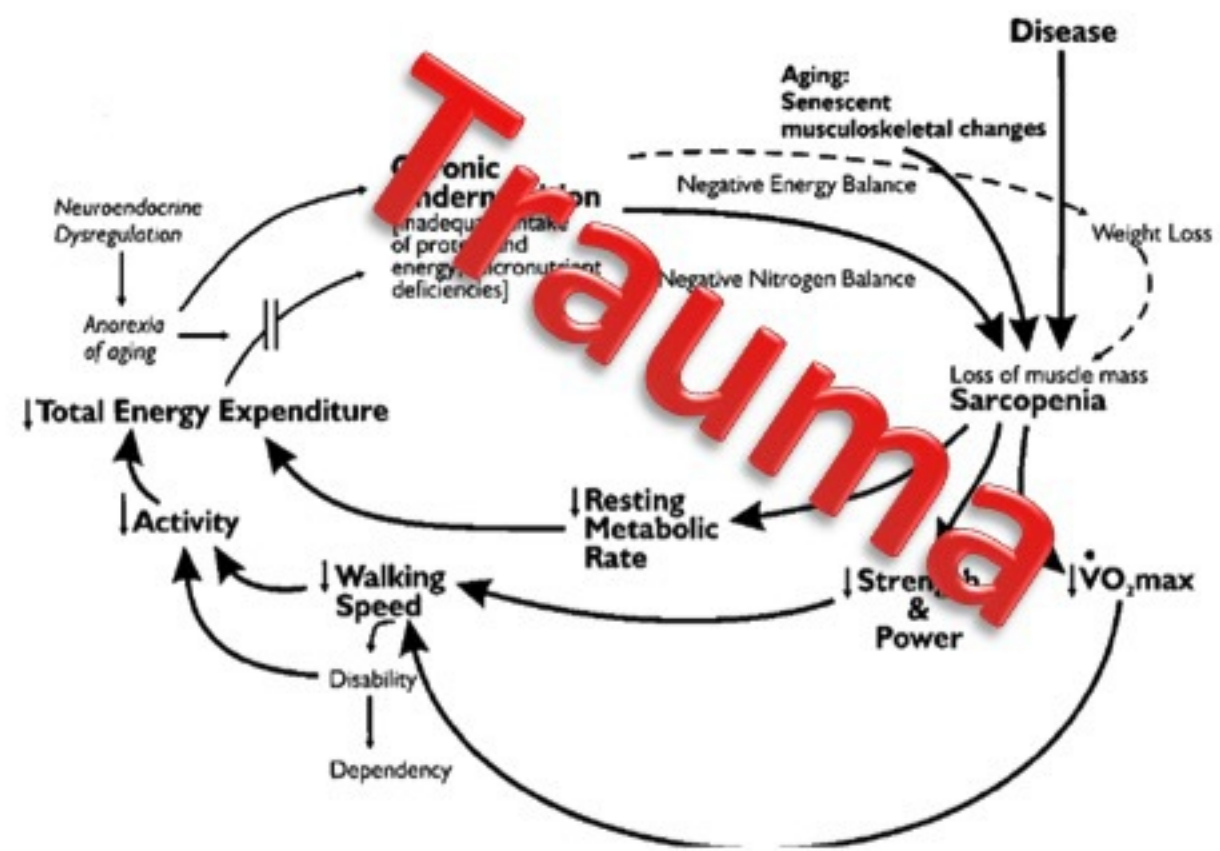
Frailty

- Frailty Phenotype



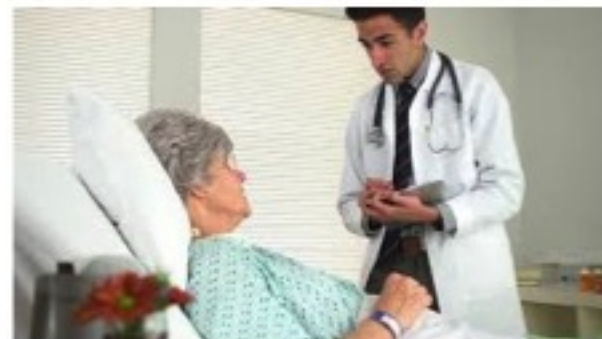
Frailty

- Frailty Phenotype



Frailty and Trauma

- Frailty Index – 50 data points
 - Predict in hospital complications
 - Adverse discharge disposition
 - Superior to age & ISS in predicting above
- Trauma specific frailty index – 15 data points
 - Independent predictor of unfavorable d/c disposition



Validating Trauma-Specific Frailty Index for Geriatric Trauma Patients: A Prospective Analysis



Bellal Joseph, MD, FACS, Viraj Pandit, MD, Bardiya Zangbar, MD, Narong Kulvatunyou, MD, FACS, Andrew Tang, MD, FACS, Terence O’Keeffe, MBChB, FACS, Donald J Green, MD, FACS, Gary Vercautse, MD, FACS, Mindy J Fain, MD, Randall S Friese, MD, FACS, Peter Rhee, MD, FACS

Futility

- Dr Peter Saul –Ethicists and Intensivists
- Futility is like pornography, it's difficult to describe but you know it when you see it...



Futility

- Dr Peter Saul –Ethicist and Intensivist
- Futility is like pornography, it's difficult to describe but you know it when you see it.
- 4 step approach
 - Individualization
 - Medical consensus
 - Including “Person Responsible”
 - Resolution options

https://www.ted.com/talks/peter_saul_let_s_talk_about_dying?language



Guidelines for end-of-life care and decision-making



Making ideals known

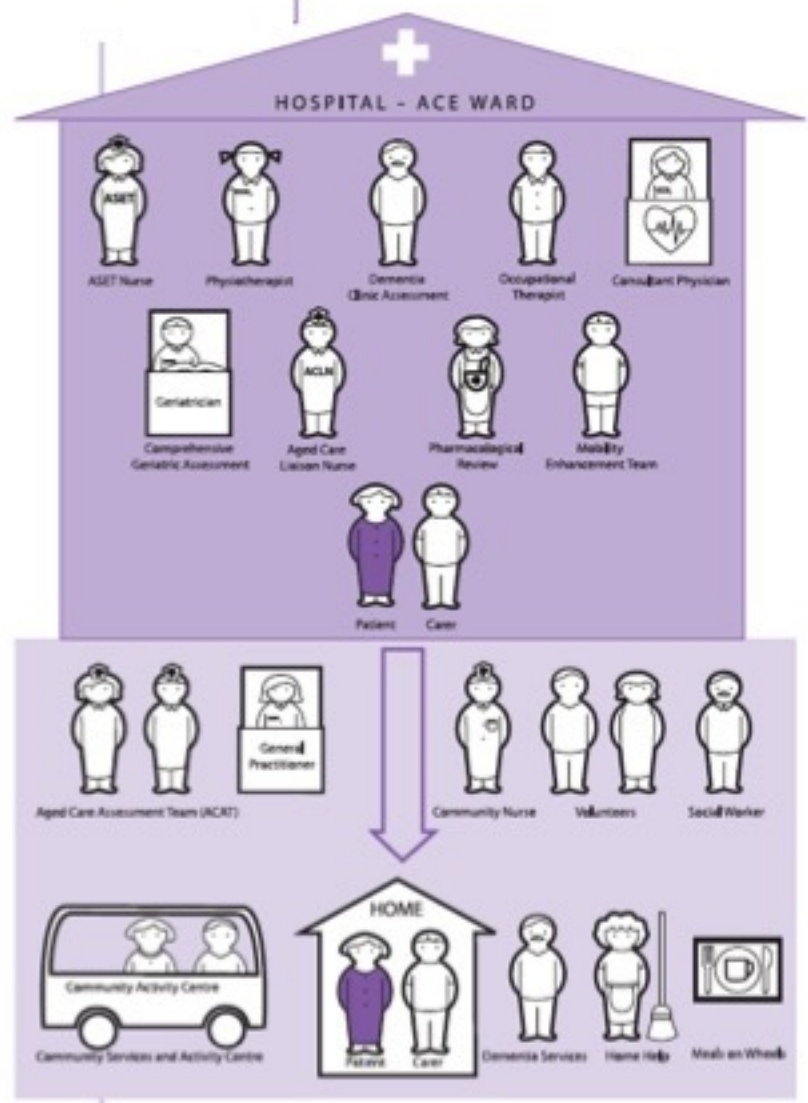
- Developing an advanced care plan
- Discussing preferences
- Formalising appointment of enduring guardian
- Writing an advance care directive

NSWHEALTH

Guidelines for end-of-life care
and decision-making

ASET

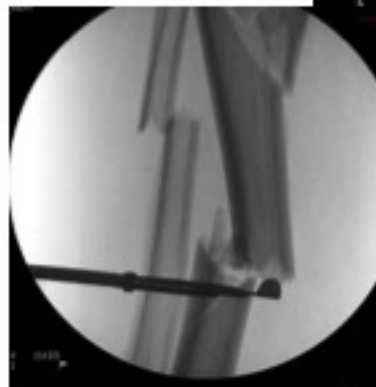
- Aged Care Services in Emergency Teams
- Skills
- Knowledge
- Service links
- Follow up
- Safety



The do 'gooders'

Mechanism:

- 75 yr old male
- Walking the dog
- 5min from hospital
- Arrested



The Perfect Team



Critical Care Team
Geriatricians
Rahab Physicians
Pharmacists
Allied Health



Orthopedics
General Surgeon
Trauma Surgeon
Anaesthetics



Getting the balance right

Weighing up the information

- Frailty
- Futility
- Do gooders

+ Consensus

+ A clear plan

+ The right team

= The best outcome



Thank You!

