# The Age-Friendly Health System: Mentation and Mobility

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## **Case Scenario**

EF is an 82-year-old male who presents to the emergency department with his daughter who is concerned that the patient hasn't been himself lately. He had a reaction to an insect bite a week ago and started taking diphenhydramine to treat the swelling. Yesterday, he was supposed to attend a family gathering, but when he never showed up, his daughter got concerned and went to his home to check up on him. He was found "fumbling around in the kitchen" looking for something that he couldn't remember. She noticed he was unsteady on his feet, and she had a difficult time getting him to come to the hospital because he insisted he didn't want to get admitted.

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	PRECIPI	TATING FACTORS
	<ul> <li>Acute cardiac events</li> <li>Acute pulmonary events</li> <li>Bed rest</li> <li>Drug withdrawal (sedatives, alcohol)</li> <li>Fecal impaction</li> <li>Fluid or electrolyte disturbances</li> <li>Indwelling devices</li> </ul>	<ul> <li>Infections (esp. respiratory, urinary)</li> <li>Medications</li> <li>Restraints</li> <li>Severe anemia</li> <li>Uncontrolled pain</li> <li>Urinary retention</li> </ul>
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	Noncarolac surgery Carolac surgery Hip fracture repair
	surgery
	POSTOPERATIVE DELIRIUM
	INCIDENCE
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	EVALUATION: LABORATORY TESTING		
	• Base on history and physical		
	<ul> <li>Include complete blood count, electrolytes, renal function tests</li> </ul>		
	Also helpful in selected situations: UA, urine toxicology, LFTs, serum drug levels, arterial blood gases, chest x-ray, electrocardiogram, cultures		
	<ul> <li>Cerebral imaging rarely helpful, except with head trauma or new focal neurologic findings</li> </ul>		
	EEG and CSF rarely helpful, except with associated seizure activity or signs of meningitis		
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KEYS TO EFFECTIVE MANAGEMENT					
	<ul> <li>Identify and treat reversible contributors</li> <li>Optimize medications (<i>see next slide</i>)</li> <li>Treat infections, pain, fluid balance disorders, sensory deprivation</li> </ul>				
	<ul> <li>Maintain behavioral control</li> <li>Behavioral and pharmacologic interventions</li> </ul>				
	<ul> <li>Anticipate and prevent complications</li> <li>Urinary incontinence, immobility, falls, pressure ulcers, sleep disturbance, feeding disorders</li> </ul>				
	Restore function				
	<ul> <li>Hospital environment, cognitive reconditioning, ADL status, family education, discharge planning</li> </ul>				
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	MANAGEMENT: NONPHARMACOLOGIC
	<ul> <li>Use orienting stimuli (clocks, calendar, radio)</li> <li>Provide adequate socialization</li> <li>Use eyeglasses and hearing aids appropriately</li> <li>Mobilize patient as soon as possible</li> <li>Ensure adequate intake of nutrition and fluids, by hand feeding if necessary</li> </ul>
LARE ERIT KRAIN TRAM	- Educate and support the patient and family $L E C O M \text{ Health}$





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	RT: The Business Case	for Becoming an Age-Friendly Healt	h System			_	
Table 3. Hartford Hospital Per-Patient Costs Associated with Delirium							
			With Delirium	Without Delirium	Difference		
		Hospital length of stay	12 days	4 days	8 days		
		Daily cost	\$2,798	\$2,225	\$573		
		Total cost of stay*	\$31,284	\$8,900	\$22,384		
*Note: The cost of a stay with delirium is based on the extra cost per day applying just to the eight added days.							
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### Delirium vs. Dementia Delirium Dementia Acute onset □ Gradual decline in memory. Cognitive fluctuations throughout the □ No change from baseline course of a day Impaired consciousness and □ History of Delirium with attention "minor" stress. Fluctuating levels of alertness Altered sleep cycles Search for underlying dementia once delirium cleared IJGHT L E O M health



















# Tinetti Test





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# Summary Mentation can be evaluated using CAM, MoCA, SLUMS, and/or GDS Mobility is key doing What Matters Recognizing fall and immobility risks leads to fall prevention















# References

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- Sharp, L. K., & Lipsky, M. S. (2002). Screening for Depression Across the Lifespan: A Review of Measures for Use in Primary Care Settings. American Family Physician, 15(66), 1001-1009. Retrieved August 2, 2019.



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