Conference Learnings

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Published In/Presented At

CONFERENCE LEARNINGS

2013 Geriatrics Symposium
Lehigh Valley Health Network
March 27, 2013

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Staff Nurses- 6 Kasych
Conference Topics

- Best Practices in Geriatric Care
- Dementia and Behavioral Therapy
- Ethical Concerns in the Geriatric Population
- Pain Management in Geriatrics
- Case Study Panel Discussions
Pearls of Wisdom- Terry

- When a patient is admitted to the hospital due to a fall, unless contraindicated, orthostatic vitals signs should be assessed.
- The Beers Criteria is a list of medications that are considered HIGH RISK when used in the geriatric population due to adverse effects.
- Delirium occurs 4-5 times more often in patients with dementia. ‘Sundowners’ may actually be delirium.

** For Beers Criteria go to www.americangeriatrics.org and search ‘Beers Criteria’
The treatment of delirium is to find the cause.
The size of Styrofoam cups may be too large for our elderly population to hold, and then they don’t drink enough.
Be mindful of the medications that cause delirium.
- Digoxin, Levodopa, Lithium, Theophylline, NSAIDs, opioids, SSRIs, tricyclic antidepressants, anticonvulsants, antihistamines, antiemetics, hypnotics, H2 blockers, benzodiazepines, antimicrobials, antipsychotics, anticholinergics, corticosteroids and muscle relaxants
Learning to Consider for LVHN

- Consider providing activities for the adult patient with dementia while in the acute care setting. (New diversion activity boxes are coming soon!)

- Assure the Confusion Assessment Methodology (CAM) tool is completed correctly on admission and BID. Notify the provider for any positive assessment!
See Terry or Jackie.
Thank you!