



## **POLICY ON THE CARE OF ELDERLY PATIENTS IN THE EMERGENCY DEPARTMENT**

### **1. PURPOSE AND SCOPE**

- 1.1 This document is a policy of the Australasian College for Emergency Medicine (ACEM) and relates to the use of provision of emergency department services to elderly patients.
- 1.2 For clerical purposes, elderly patients are classified as those 65 years of age and over, however it is recognised that physiological function is more important than chronological age.
- 1.3 The policy is applicable to Emergency Departments in general.

### **2. POLICY**

- 2.1 ACEM believes that all patients, regardless of age, within acute care institutions should have their dignity respected and preserved by systems designed to minimize any functional decline in their abilities during their hospital stay.
- 2.2 ACEM believes that the term “acopia” should be removed from the medical lexicon and replaced with “failure of social support services”.
- 2.3 ACEM recognises that failure to provide adequate support services to elderly patients and their carers seven days a week can be a major factor in the presentation of elderly patients to emergency departments.
- 2.4 Emergency department funding and staffing levels should be weighted to factor the number of patients aged over 65 in their total census to reflect the increased medical complexity and nursing dependency of elderly patients.
- 2.5 All hospitals should have sufficient processes to be able to safely manage confused elderly patients without having to call for assistance from external agencies.
- 2.6 ACEM supports the use of advanced healthcare directives and encourages all residents of aged care facilities to complete and regularly update these directives to ensure their wishes are known and respected in the event of a life threatening illness. Where possible this should be noted on hospital information systems.

### **3. PROCEDURE and ACTIONS**

- 3.1 All elderly residents within an aged care facility should have a standardised medical information record which also includes information on their functional and cognitive capabilities, current medications and advanced medical directives. This should accompany them when they are referred to the emergency department.
- 3.2 Validated screening tools should be employed to identify vulnerable elderly patients at risk so that appropriate discharge planning begins as early as possible.
- 3.3 All elderly patients within the emergency department must have a call button within their reach at all times.
- 3.4 All elderly patients within acute care facilities must be able to easily reach any meal presented to them and receive assistance with meals as required.
- 3.5 All emergency departments should have systems in place to prevent pressure areas in elderly patients in the emergency department and monitor the incidence of pressure areas in the first 24 hours when subsequently admitted to hospital.
- 3.6 Emergency Department education programs should ensure all emergency department staff are able to recognize possible elder abuse as well as age specific presentations of medical and surgical condition within the emergency department.

- 3.7 All cases of suspected “elder abuse” should be admitted to hospital or an appropriate emergency accommodation facility to allow the complex legal, social and guardianship issues to be investigated and managed.
- 3.8 Elderly patients living alone should not be discharged from the emergency department back to their homes unless appropriate support has been confirmed, particularly after-hours.