

WHAT TO DO IN AN EMERGENCY SITUATION



There are any number of emergencies that can happen to the elderly as they are often frail and have underlying diseases. They are also on medications that can trigger emergencies due to adverse side effects. Sometimes the emergency happens when the

elderly person is home alone, thus the reasoning behind Lifeline™, which can provide the elderly person with instant access to healthcare and assistance.

The following emergencies represent the major emergencies an elderly person must face, either at home or at a skilled nursing facility or assisted living facility:

- Heart Attack
- Cardiac Arrest
- Stroke
- Fall with hip or other type of fracture
- Psychiatric emergency
- Seizure

Each of these emergencies requires some kind of medical intervention with the possible exception of the cardiac arrest. If an elderly person carries a DNR or “Do not Resuscitate” order that is known and in writing, a cardiac arrest is not treated. DNR orders will be discussed later.

HEART ATTACK

A heart attack is a condition where a coronary

(heart) blood vessel becomes clogged, causing damage to heart muscle. Generally the coronary arteries become narrowed over time to the point where a tiny blood clot can complete the blockage, leading to a lack of blood flow to a part of the heart. The result is the symptoms of a heart attack.

Symptoms of a Heart Attack

- Chest pain, dull or sharp
- Shortness of breath
- Indigestion
- Pain in the left arm
- Sweatiness
- Dizziness
- Nausea

Such symptoms vary from person to person and women tend to have more shortness of breath, exercise intolerance and fatigue, while men have more chest pain and diaphoresis (sweating).

What to do in case of a Heart Attack

A heart attack’s effects can be lessened through the use of thrombolytic (clot-busting) therapy that can only be given at a hospital or ambulance and there are age limits as to who can get this kind of therapy. One thing a family member or nurse can do to reduce the risk of death from a heart attack is to have the individual chew a regular strength aspirin. Studies have shown it to improve survival in those who do this as soon as they can.

When there is access to oxygen, this should be started as soon as possible and an IV is started to provide medications to the patients, such as Lasix to draw fluid off of the lungs. Depending on the age and infirmity of the individual, the doctor will do an EKG and may do a coronary angiogram to see if the block-

age can be opened up. Again, clot busting drugs are given to open up the blockage and reduce the size of the heart damage. One of the clot busting drugs used in both heart attacks and strokes is TPA.

Cardiac Arrest

The cause of a cardiac arrest is generally a massive heart attack and is an ominous emergency. The survival rate of an out of hospital cardiac arrest is only 6.4 percent for all age groups and the elderly fair more poorly than younger individuals, in the range of 2 percent or less. Many elderly have DNR requests on file at skilled nursing facilities and with their healthcare power of attorney.

A DNR request or “Do Not Resuscitate” order is a simple statement that says that the individual in question does not want their heart started in the event they have no pulse or respirations. In many ways, it allows an elderly patient the dignity to die without having severe, somewhat torturous treatment, done on them. A DNR Request looks like this:

OUTSIDE THE HOSPITAL DNR REQUEST FORM

An Advanced Request to Limit the Scope of Emergency Medical Care

I request limited emergency care as herein described.

(name)

I understand DNR means that if my heart stops beating or if I stop breathing, no medical procedure to restart breathing or heart functioning will be instituted.

I understand this decision will not prevent me from obtaining other emergency medical care by pre-hospital care providers and/or medical care directed by a physician prior to my death.

I understand I may revoke this directive at any time.

I give permission for this information to be given to the pre-hospital care providers, doctors, nurses, or other health personnel as necessary to implement this directive.

I hereby agree to the "Do Not Resuscitate" (DNR) order.

Patient/Appropriate Surrogate Signature Date
Witness Date

I hereby revoke the above declaration.

Signature

Date

I AFFIRM THIS DIRECTIVE IS THE EXPRESSED WISH OF THE PATIENT/PATIENT'S APPROPRIATE SURROGATE, IS MEDICALLY APPROPRIATE, AND IS DOCUMENTED IN THE PATIENT'S PERMANENT MEDICAL RECORD.

In the event of an acute cardiac or respiratory arrest, no cardiopulmonary resuscitation will be initiated.

Physician's Signature

Date

Address Facility or Agency Name

THIS FORM WILL NOT BE ACCEPTED IF IT HAS BEEN AMENDED OR ALTERED IN ANY WAY.

If a patient does not have a DNR on record, then CPR must be initiated until it is clear it has failed and a doctor states that this is so or unless the person or persons doing the CPR have become exhausted.



CPR Basic

This is very basic CPR, which can be done on any adult who lacks a pulse or breathing. One or two persons can perform this CPR. In a skilled nursing facility, there is sometimes a cardiac arrest box or cart in which there is a breathing bag and mask that are used to supply breaths to the person in peril.

1. CALL

Check the victim for unresponsiveness. If there is no response, Call 911 and return to the victim. In most locations the emergency dispatcher can assist you with CPR instructions.

2. BLOW

Tilt the head back and listen for breathing. If not breathing normally, pinch nose and cover the mouth with yours and blow until you see the chest rise. Give 2 breaths. Each breath should take 1 second.

3. PUMP

If the victim is still not breathing normally, coughing or moving, begin chest compressions. Push down on the chest 1 1/2 to 2 inches 30 times right between the nipples. Pump at the rate of 100/minute, faster than once per second.

CONTINUE WITH 2 BREATHS AND 30 PUMPS UNTIL HELP ARRIVES

NOTE: This ratio is the same for one-person & two-person CPR. In two-person CPR the person pumping the chest stops while the other gives mouth-to-mouth breathing.

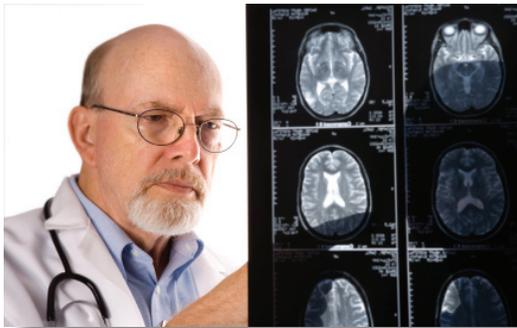
Stroke

A stroke is a common finding in the elderly and is a result of a blockage in the carotid

arteries or in other brain-supplying arteries in the head. The blockages tend to occur rather suddenly but can occur over a several hour period of time.

Let's look at the primary symptoms of a stroke:

- Difficulty speaking or lack of speech
- Inability to move arm and/or a leg on the same side of the body
- Difficulty walking
- Garbled speech
- Unconsciousness—if there is a bilateral stroke or a stroke has previously occurred on the other side of the brain.
- Left-sided neglect—only happens on a right-brained stroke and gives the symptoms of neglect of the left side of the body, such as not moving the left side of the body when they actually can move it, only looking to their right side and failing to dress the right side of their body.



What to do in the case of a stroke:

When a stroke has just occurred, the sooner the elderly person receives TPA, a clot busting drug, the better they will do. Before receiving TPA at a hospital, the individual should get 100 percent oxygen by mask to try and oxygenate the brain as quickly and as much as possible. At the hospital, the following criteria are used to decide who gets TPA and who cannot:

TPA Inclusion Criteria:

- Clinical diagnosis of stroke
- Time of stroke onset (i.e. last time pt witnessed to be well) < 3 hours
- BP Systolic <= 185, diastolic <= 110 (can receive 1-3 doses of bp agent for control)
- Pro time <= 15 seconds or INR <= 1.7
- Platelet count >= 100,000
- Blood Glucose => 50 and <= 400 mg/dl

Exclusion Criteria:

- Seizure at onset of stroke
- Heparin treatment during the past 48 hours with an elevated PTT
- Evidence of acute myocardial infarction

Exclusion Criteria (Relative Contraindications):

- History of prior intracranial hemorrhage, neoplasm, AVM or aneurysm
- Major surgical procedures within 14 days
- Stroke or serious head injury within 3 months
- Gastrointestinal or urinary bleeding within last 21 days
- Lactation or Pregnancy within 30 days

Fall with Hip Fracture or other Fracture

The most common fracture upon the fall of an elderly person is a hip fracture and often the hip fractures prior to the actual fall. The other most common fracture in a fall is a wrist fracture, sustained when the individual tries to break their fall.

Signs of a Hip Fracture

With a hip fracture, the elderly person cannot bear weight on their leg and will complain of pain in the area of the pelvis or the hip. The most common type of hip fracture is called an intertrochanteric hip

fracture and the way you can tell that the hip is fractured in this way is that the affected leg is slightly shorter and the foot is out-turned a bit.

Treatment of a Hip Fracture

You need to keep the individual comfortable and call for an ambulance. Do not move the hip or leg and do not have the person try to bear weight on the hip. The patient is generally more comfortable on their back with both legs out in front of them. It does not need to be splinted or braced. The ultimate treatment for hip fracture is surgery so the patient needs to be sent to a hospital that does orthopedic surgery

Psychiatric Emergencies

It is not uncommon for an elderly person to become upset and be of harm to themselves or others. Panic attacks and hallucinations or delusions may also represent a psychiatric emergency. The best way to manage such a situation is to remain calm and have someone they trust try to talk them out of holding whatever weapons they may be holding. Alternatively, a large group of people can take the individual down on all sides, holding them down until medications can be given to set in some calmness. Two medications often used to calm an elderly person down who has become uncontrollable include:

- Ativan or lorazepam: This is a relaxant of the benzodiazepine category that will calm the anxious or panicky person and can be given orally, by IV or by intramuscular injection.

- Haldol or haloperidol: This is an antipsychotic that can break hallucinations or can calm the elderly person down who is being combative or striking out. Sometimes it just takes talking to the elderly person in crisis. A one on one discussion with the agitated patient in a quiet, peaceful environment can help address their needs and get to the bottom of why they're so angry agitated or anxious. They may have legitimate reasons for their feelings and are simply feeling like no one is listening to them.

Seizures

Seizures are less common but represent situations when the elderly person's brain goes into electrical overload, causing unconsciousness, drooling and tonic clonic movements of the body. They look like they're shaking violently. The trick is not to panic and to make the patient comfortable, loosening any tight clothing around their neck. Do Not Put Anything In their Mouth! If medical attention is necessary, such as a prolonged seizure or a person without a known seizure disorder, call 911 to have an ambulance come and transport the patient to a hospital. If there is a known seizure disorder, call the doctor to inform him or her of the seizure and to get further advice.

Patients with seizures almost always have a "post-ictal state", which is the groggy period they have after the seizure is over. Depending on the extent of the seizure and the individual, the post-ictal state may last several minutes or several hours.

