

Chapter 31

Cancer

- Aging and Cancer

- Caring for OA with cancer is nearly inescapable as a gerontological nurse
- Cancer is primarily a disease of old age (theories discussed previously) mitochondria
- Link between high fat diet and certain cancers
- Obesity increases rates of cancer in prostate, pancreas, uterus, colon, ovary and breast cancer in older women

Cancer Risk Factors

- Heredity
- Diet - link between high fat diet
- Drinking Water
- Tobacco
- Alcohol
- Radiation/ ultraviolet radiation
- Occupational Exposure to carcinogens
- Radon

- Prevention Box 31-1 p. 389
- Screening- early detection
- Treatment- complementary and alternative treatments p. 390 Box 31-3

Warning Signs of Cancer

- C
- A
- U
- T
- I
- O
- N

- Nursing Considerations
 - Promoting Optimum care
 - Providing Support to Patients and Families
 - Remember that the diagnosis of cancer touches lives beyond the patient's

Mental Health Disorders

- Cognitive function among OA is highly individualized based on their health status, experiences and personal resources.
- Good mental health practices throughout the life span promote good mental health in old age
- Depression manifests itself in different ways
- Suicide rate increases with age and is highest among older white men
- Alcoholics come in many forms and often do not fit the stereotypical profile

Chapter 33

Delirium and Dementia

- Many people still believe that loss of mental functioning, senility, or mental incompetence is a natural part of old age --FALSE

- Cognitive function
 - Is highly individualized
 - Based on:
 - Personal resources
 - Health status
 - Unique experiences of the person's life

- Delirium
 - Onset rapid
 - Reversible in most circumstances
 - s/s p. 443
 - Treatment depends on the cause
- Dementia-
 - Irreversible, progressive impairment
 - Alzheimer's is the most common cause of dementia

- Possible Causes
 - Environmental
 - Genetic
 - Investigating free radical theory
 - Questioning a slow acting virus
- Symptoms

- Alzheimer's Disease

- Progressive degenerative disease that develops gradually and progresses at different rates among individuals

- Treatment
 - Currently no treatment or cure
 - NIH is hoping to find a means to improve function and slow the progress of the disease

- Caring for Patients with Dementia
 - foremost consideration is safety
 - Safe structured environment
 - Items to trigger memory
 - Noise, activity, lighting decreased
 - Wandering is common
 - Need for ID bracelet at all times

- Sundowner syndrome
 - Nocturnal confusion
- Depression
 - Most frequent problem treated in elderly
 - Major depression decreases with age
 - Minor depression increases with age
 - s/s: typically insomnia, fatigue, anorexia, weight loss, constipation, guilt , helplessness, hopelessness
- Alcohol Abuse- see p. 455

- Therapies and activities are promoted depending on the pts. LOC or level of functioning.
- Provide physical care for the patient sometimes they don't communicate their needs or realize they have them. E.g., eating
- Consistency with caregivers allows them to become familiar with the pts. unique behaviors
- Need close observation
- Complementary and alternative therapies
- Respecting the individual
- Supporting the Patient's family

Chapter 34

Living in Harmony with Chronic Conditions

- The manner in which a chronic condition is managed can make the difference between a high quality life or one in which a person is a prisoner to their disease.
- There is a profound increase in the rate of most chronic conditions with age.
- P. 426

Goals for Chronic Care

- Healing
- Maintaining or improving self-care capacity
- Manage the condition effectively
- Boost the body's healing abilities
- Prevent Complications
- Delay deterioration and decline
- Achieve the highest possible quality of life
- Die with comfort and dignity

Maximizing the Benefits of Chronic Care

- Select an appropriate physician
- Use a chronic care coach
- Increase knowledge
- Locating a support group
- Making smart lifestyle choices

Factors Affecting the Course of Chronic Care

- Defense Mechanisms
- Impact of Ongoing Care on the Family
- The Need for Institutional Care

Chapter 35

Rehabilitative Care

- Most of the disabilities that older adults have cannot be eliminated or in many cases significantly improved
- Rehabilitation must be defined broadly in geriatric care.
 - Increase self-care capacity
 - Eliminate or minimize self-care limitations
 - Act for or do for when the person is unable to take action for one's self
 - These are the principles of rehabilitative care

Frail Elderly

- A person is considered frail if they have at least three of the following;
 - Unplanned weight loss 10 or more lbs. in the year
 - Slow walking speed
 - Low grip strength
 - Fatigue or poor endurance
 - Low levels of activity

- Assessing Functional Capacity
- View Video: “Functional Assessment”

Interventions to Improve Functioning

- Facilitating Proper Positioning
- Assisting with Range of Motion Exercises
 - Active
 - Active assistive
 - Passive
- Teaching About Mobility Aids
 - Inappropriately used canes, walkers etc. leads to falls/injury
- Maintaining and Promoting Mental Function
 - Reminiscence
 - Reality Orientation
- Using Community Resources

Chapter 38

Acute Care

- Definition of Acute Care:

Risks Associated with Hospitalization

- Delirium
- Falls
- Pressure Ulcers
- Dehydration
- Incontinence
- Constipation
- Loss of functional independence
- Nosocomial Infections

- Nurse need to anticipate and minimize the common risks faced by acutely ill older persons in an effort to promote optimal functional independence.
- Some useful measures are:
 - P. 452
 - Preoperative, operative and postoperative care

Discharge Planning For the OA

- Should begin at the time of admission.
- Many factors influence post discharge outcomes:
 - Pts. Perception of health and prognosis
 - # and complexity of conditions
 - Prior history of self care practices
 - Family or social support and resources

Chapter 39

Nursing in Long –Term Care Facilities

- Development of Long Term Institutional Care
- Omnibus Budget Reconciliation Act of 1987
 - Requirements p. 467
 - Nursing Facility Standards Box 37-1

Nursing Roles and Responsibilities

- Unlicensed nursing personnel currently deliver most care in the nursing facility setting.
 - Imposes greater demands on licensed staff because not only do they have to oversee the residents but they must monitor the competency of unlicensed caregivers.
 - Minimum Data Set (MDS) – is a standardized assessment tool that must be completed on admission, whenever there is a change in the resident's status and annually

Chapter 40

Family Caregiving

- Aging is a family affair
- Nurses need to understand the various structures, roles and relationships that exist among families so that they can be effective when working with the older adults and their care givers

- Caregivers need TLC:
- T= training
- L= leaving
- C= caaring

Elder Abuse

- Estimated that 1.2 M older adults are abused annually in the US
- Primarily by a close family member
- Occurs in all sorts of families regardless of social, financial, or ethnic background
- OA reluctant to report it
- OA must be reassured that their problem will not be made worse

- Elder abuse (cont.)
 - OA may prefer to be verbally abused or have their money taken away as to the alternative to living in an institution or foster home

Rewards of Family Caregiving

- Opportunities to learn more about each other
- Obtain gratification for giving back
- History
- Memories

Chapter 41

End of Life Care

Death

- Inevitable
- Universal
- Common to all
- 80% of all who die are elderly
- **Clinical Definition**

Stages of Dying

- Denial
- Anger
- Bargaining
- Depression
- Acceptance
- Detachment – not mentioned in all literature

Signs of Imminent Death

- Decline in blood pressure
- Rapid weak pulse
- Dyspnea and periods of apnea
- Slower or no pupil response to light
- Profuse perspiration
- Cold extremities

Chapter 42

Challenges of the Future

Challenges

- Advance research
- Promote Integrative Care
- Educate Caregivers
- Develop New Roles
- Balance Quality Care and Health Care Costs