

Chapter 5

- Common Aging Changes

- General System Changes

- The # of cells is gradually reduced
 - Total body fat, as a proportion of the body's composition increases
 - Lean body mass is reduced; fat tissue increases til 60
 - Cellular solids and bone mass are decreased
 - Extracellular fluid remains fairly constant
 - Intracellular fluid is decreased, resulting in less total body fluid

- Noticeable Effects of the Aging Process
 - Hair loss, gray hair and wrinkles
 - Bony appearance of body's contour
 - Deepening of the hollows of the intercostal and supraclavicular spaces, orbits, and axillae
 - Elongated ears, double chin, baggy eyelids
 - Reduced skin-fold thickness in the forearm and on the back of the hands; decline in natural insulation
 - Decreased stature

- Changes in the Respiratory System
 - Less lung expansion
 - Increased residual capacity = dec. vital capacity
 - High risk for respiratory infection
 - Decreased ability to expel foreign or accumulated matter

- Changes in Cardiovascular System
 - Heart size unchanged in absence of pathology
 - Heart muscle loses its efficiency and contractile strength
 - Valves thick and rigid
 - More difficulty managing unusual burdens on the heart
 - Reduced elasticity and lumen of vessels; increased peripheral resistance

- Response of Aging Heart to Stress
 - Tachycardia in the OA will last longer
 - Resting heart rate unchanged

- Changes in the Gastrointestinal System
 - Teeth not normally lost
 - Less acute taste sensations
 - Increased risk of aspiration, indigestion and constipation
 - Produce less than 1/3 of the saliva they did previously
 - Relaxation of the lower esophageal sphincter

- Changes in the Urinary System
 - Reduction in blood flow and filtration
 - Reduced bladder capacity
 - Prostatic enlargement
 - Atrophy of female reproductive organs

Changes in the Reproductive System

- Structural changes can cause a reduction in sperm count
- OA does not lose the physical capacity to achieve erections or ejaculations
- Prostatic enlargement occurs in most OA
- Although most prostatic enlargement is benign it does pose a greater risk of malignancy

- Female

- Uterus shrinks

- Loss of hair and flattening of labia

- Vaginal epithelium becomes thin and vascular

- Reduction in secretions

- Figure 5-6 summarizes age related changes in the male and female reproductive systems

The musculoskeletal system

- Musculoskeletal System
 - Atrophy and reduction in number of muscle fibers
 - Tendons shrink and harden
 - Reduction in bone mineral and mass
 - Contributes to brittleness of the bones
 - Increased risk of fractures
 - Nursing responsibilities

- Changes in the nervous system
 - Reduction in nerve cells
 - Slower reflexes, delayed responses and changes in balance
 - Health of system is dependent on status of other systems

- Changes in Sensory organs
 - Presbyopia
 - Hardening of pupil
 - Less pupil response to light
 - Narrowing of visual field
 - Reduced pupil size
 - High prevalence of cataracts
 - Yellowing of the lens

- Changes in sensory organs
 - Presbycusis
 - Progressive hearing loss as a result of aging
 - High frequency sound are the first to be lost
 - Sound distortions (s,sh,f,ph, ch)
 - Increased accumulation of cerumen
 - Equilibrium is altered as a result of degeneration

- Changes in Sensory Organs (cont.)
 - Sense of smell is reduced and can affect taste acuity
 - Progressive hearing loss can distort speech
 - Ability to sense pressure and pain and differentiate temperature is reduced

- Changes in the Endocrine System
 - Decreased thyroid gland secretion
 - Altered release of insulin
 - ACTH secretion reduces with age
 - Pituitary gland decreases in volume
 - Metabolism of glucose is reduced

- Changes in the Integumentary System
 - Skin less elastic, more dry and more fragile
 - Thinning and graying of hair
 - Reduced sweat gland activity
 - Benign and malignant skin neoplasms occur more
- Changes in the Immune System
 - Depressed system leads to risk of infection
 - Inflammation presents atypically in OA

- Changes in Thermoregulation
 - Normal body temp is lower than in younger years
 - Ability to respond to cold temperatures is reduced

- Changes in the Mind
 - Psychological changes are influenced by general health, genetic factors, education, and activity
 - Basic personality does not change
 - Retrieval of long term memory information can be slower
 - Basic intelligence is maintained
 - More factors interfere with ability to learn
 - OA more easily distracted

Types of Memory

- Short term
- Long term
- Sensory

- Learning
 - OA may display less readiness to learn
 - Rely on previous experiences rather than learn new ones. Need simple assoc. rather than analysis
- Intelligence
 - Basic intelligence is maintained
 - High levels of chronic psychological stress have been found to be associated with an increased incidence of mild cognitive impairment.

Unit 2

- Foundations of Gerontological Nursing

Chapter 6

The Specialty of Gerontological Nursing

- History
- Definitions
 - Gerontological Nursing
 - Involves the care of aging people
 - Emphasizes the promotion of the highest possible quality of life and wellness
 - Geriatric Nursing
 - Focuses on the care of the sick aged

Principles of Gerontological Nursing Practice

- Aging is a natural process
- Various factors influence the aging process
- Elderly share similar self-care and human needs with all other human beings
- Gerontological nursing helps older adults achieve maximum health

- Misconceptions about Aging
 - Looking gray and wrinkled
 - Losing one's mind
 - Becoming sick and frail
 - Obtaining little satisfaction from life
 - Returning to childlike behavior
 - Being useless

- Factors influencing the aging process
 - Nutrition
 - Heredity
 - Health status
 - Cultural background
 - Lifestyle
 - Living arrangements
 - Socioeconomic status

The Nursing Process Framework

- Provides a systematic approach to the delivery of nursing care
- The scope of nursing practice includes more than following a medical order. It involves a holistic approach to individuals and the care they require
- The unique physiological , psychological, social and spiritual challenges of OA are involved in this process

- Common Needs
 - Physiological balance
 - Connection
 - Gratification

- Nursing Actions That Promote Health Based on Nursing Roles
 - Strengthening OA self-care capacity
 - Eliminating or minimizing self-care limitations
 - Providing direct services by acting for, doing for, or assisting the individual when demands cannot be met independently

- Gerontological Nursing Roles
 - Healer
 - Caregiver
 - Educator
 - Advocate
 - Innovator
 - Description of each

Advanced Nurse Practice

- Advanced practice nursing roles
 - Geriatric nurse practitioners
 - Geriatric nurse clinical specialists
 - Geropsychiatric nurse clinicians

The Future of Gerontological Nursing

- Lessons from the Past
- Challenges for the future
- Advance Research
- Promote Integrative Care
- Educate caregivers
- Develop new roles
- Balance Quality Care and Health Care Costs

Chapter 7

Holistic Model for Gerontological Care

- Holism
- Definition
- Goal- is not to treat diseases but to serve the needs of the total person through healing the body mind and spirit

- Health

- Becomes a state of wholeness....an integration of body, mind, and spirit to achieve the highest possible quality of life each day

- May mean

- Exercising at the gym , engaging in challenging work
 - For others propelling in a wheelchair to the porch, enjoying the beauty of nature
 - Views differ between individuals and within individuals from time to time

- What are the factors that contribute to health
 - Basic life sustaining needs
 - Need a connection with:
 - Self
 - Spirit
 - Family
 - Society
 - Culture
 - environment

- Needs related to health challenges
 - Education- understanding a new diagnosis
 - Counseling- helping with lifestyle adjustments
 - Coaching- improving compliance and motivation
 - Monitoring-tracking progress
 - Coordination- keeping all members of the team informed
 - Therapies- implementing treatments

- Requisites to meet needs
 - Physical, mental and socioeconomic
 - Knowledge, experience and skills
 - Desire and decision to take action

- Nursing Interventions Empowering the Elderly by:
- Strengthening self-care capabilities
- Eliminating or minimizing self-care limitations
- Providing direct services by acting for, doing for or assisting the individual when requirements cannot be independently fulfilled

Chapter 8

Legal Aspects of Gerontological Nursing

- Legal Risks Facing Nurses
- Do not set out to commit wrongful acts
- Occurs from:
 - Working without resources
 - Not checking policy or procedure
 - Trying to take shortcuts
 - Bending a rule
 - Working when physically or emotionally exhausted

- Acts That Could Result In Legal Liability For Nurses
 - Assault
 - Battery
 - False imprisonment
 - Invasion of privacy

- Malpractice- conditions that warrant damages
 - Duty- relationship between the nurse and pt. where the nurse assumes responsibility for the care of the patient
 - Negligence: failure to conform to the standard of care
 - Injury – physical or mental harm to the patient
 - P.98
 - Duty, negligence and injury must be present for malpractice to exist.

- Confidentiality p.99
- Patient consent
- HIPPA

- Consent

- Patients are entitled to know the full implications of procedures
- Patients make an independent decision as to whether or not they chose to have a procedure performed
- Consent must be obtained before a procedure is done
 - Performing a procedure without consent can be considered **battery**

- Procedures requiring consent
 - Any entry into the body
 - Any use of anesthesia
 - Use of cobalt or radiation therapy
 - Use of electroshock or experimental procedures
 - Any research participation
 - Any procedure that carries more than a slight risk

- Elements of an informed consent
 - Written description of the procedure and its purpose explained to the patient
 - List of alternatives
 - List of expected consequences and risks
 - Witnessed and dated signature of patient
 - Consent obtained by the person performing the procedure

- Competency Issues
- p.100

- Legal Risks for Nurses
- Potential Areas of Liability for Nurses
 - Administering medications
 - Using restraints
 - Accepting phone orders
 - Following no-code orders
 - Dealing with end of life issues
 - Pronouncing Death

Elder Abuse

- Examples of Elder Abuse
 - Inflicting pain or injury
 - Stealing or mismanaging funds
 - Misusing medications
 - Causing psychological distress
 - Withholding food or care; or sexually abusing
 - Exploiting or confining a person

- Signs of Elder Abuse
 - Delay in seeking necessary medical care
 - Malnutrition
 - Dehydration
 - Skin breaks and bruises
 - Poor hygiene and grooming
 - Urine odor, urine stained clothing
 - Excoriations or abrasions of the genitalia

- Signs of Elder Abuse (cont)
 - Inappropriate administration of medication
 - Repeated injuries and infections
 - Elder's evasiveness in describing incident
 - Unsafe living environment
 - Social isolation
 - Anxiety and depression

Chapter 9

Ethical Aspects of Gerontological Nursing

Ethics

- (Ethos) – means those beliefs that guide life
- ANA Code of Ethics for Nurses p.109

- Changes Increasing ethical dilemmas for Nurses
 - Expanded role of nurses
 - Medical technology
 - Fiscal constraints
 - Greater number of Older Adults

- Measures to Help Nurses Make Ethical Decisions
 - Encourage patients to express desires
 - Identify others who are impacted or have an impact
 - Know thyself
 - Read, Discuss, consult, share
 - Utilize ethics committee

Chapter 10

Continuum of Care in Gerontological Nursing

- Evidence of the “Graying of America”
 - Growing # of OA interested in wellness programs to stay youthful, active and healthy
 - 1/3 surgical patients over age 65
 - Mental health problems increase with age
 - Higher incidence of chronic disease
 - 40% of OA will spend some time in a nursing home
 - OA most significant users of home health

- Gerontological Nursing Practice Settings
 - Nursing homes
 - Health maintenance organizations
 - Outpatient surgical centers
 - Hospice programs
 - Rehab units or private practice

- Providing Preventative and Ancillary Services
- Partial and Intermittent Care Services
- Complete and Continuous Care Services
- Complementary and Alternative Services
 - Define and list types

- Functions of the Gerontological Nurse
- p. 123

Chapter 11

Self-Care for the Gerontological Nurse

- Providing expert gerontological nursing care demands more than possessing knowledge and clinical skills
- Nurses bring their own life experiences, personality and very being into the relationship with elders as they
 - Guide elders, assist individuals, soothe physical, emotional and spiritual pain
 - Provide care that helps OA become integrated, restored and balanced

- Therapeutic nurse relationship (connecting)
 - Strengthening and building relationships requires:
 - TRUST

Characteristics of Nurse Healers

- Presence
- Availability
- Connections
- Models of Holism

Self-Care and Nurturing Strategies

- Following positive health care practices
- p.129

Strengthening and Building Connections

- Relationships
- Spirituality
- Connection with Self

Connection with Self (self reflection)

- Sharing life stories
- Journaling
- Meditating
- Taking retreats

Fostering Connection and Gratification

Unit 3

Chapter 12

Sexuality and Intimacy

Sexuality

- Sexual beings into senior years
- More than physical
- Includes love , warmth,, caring and sharing
- Promotes security, comfort and emotional well being

- Prejudice toward the sexuality of elders
- Nurses may witness subtle or blatant violations of respect to an older adult's sexuality
- p. 136
- It is important to recognize and respect the sexual identity of an individual.

- Importance of a sexual history for elders
 - Demonstrates recognition, acceptance, and respect for the OA
 - Provides an opening for further discussion
 - Identifies physical, emotional and social threats to sexuality and intimacy and provides solutions
 - Promotes practices that enhance sexual function

Sex Among Senior Adults

- Incidence of AIDS/HIV

Menopause

- Definition: The permanent cessation of menses for at least one year
 - Occurs 5th decade of life
 - Can feel unattractive, unappreciated, and underused because western society tends to look at outer beauty vs. inner beauty.
 - Occurs when estrogen levels fall

Menopause

- A naturally occurring process, not a disease
- Has physiological concerns to consider
- Transition in a woman's life –awakening
 - Effective management of the physical aspects can enable women to view this as a positive passage rather than a distressing detour
 - Gerontological nurses need to be knowledgeable and help the OA separate myths from realities

Symptom Management/Patient Education

- Hormonal replacement therapy (HRT)
- Alternative approaches p.139 box 12-2

Age Related Changes and Sexual Response

- p.140-141
 - Decrease in sexual responsiveness and a reduction in the frequency of orgasm.
 - Older men are slower to erect, mount and ejaculate
 - Older women may experience “Dyspareunia” painful intercourse as a result of less lubrication
 - Many women gain a new interest in sex because they no longer have a fear of getting pregnant.

Barriers to Sexual Activity

- Unavailability of a partner
- Psychological Barriers
- Medical Conditions
- Erectile Dysfunction
- Medication adverse effects
- Cognitive impairment

Promoting Healthy Sexual Function

- p.147

Strategies to Facilitate Connections

- p.148 12-2