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ARCHIVES

Five Reasons Why You Need To Stay With Elderly Hospital Patients

Mar. 28, 2008, 5:58 pm

News Brief

This new study, published in the *Archives of Internal Medicine*, quoted below, focused on special risks the elderly have simply because they have been admitted to the hospital.

Many experts agree that the ideal is to have someone with any hospitalized friend or family member at all time but it is clear that the elderly need extra attention.

If round-the-clock coverage isn't possible—and for many friends and families it may not be—then try to be there when you feel it is most important. Ask the doctor when the patient is most likely to need you.

Although the journal article concluded that only physician intervention can correct these problems, we beg to differ. All help is welcome but you don't have to be a doctor to help with some of these difficulties.

The good news is that you, simply by being a concerned friend or relative, can act to spare your patient some big problems while they are in the hospital.

Only two of the risks—delirium and infection—are risks about which you can do little.

Falls: You can help prevent falls by helping the patient out of bed and in walking or calling for an aide if you have been told you should not move the patient yourself.

Pressure Ulcers: You can check for pressure ulcers (formerly called bedsores), which are an invitation to bacterial infections, among other things. You can check to see that the patient is turned regularly to prevent those. You can ask for instructions on how to turn the patient yourself if the staff seems too busy to do this. Nurses may say you can't turn the patient for liability reasons. If so, then ask how you can help them get this done.

Medication errors: You can help with drug errors by finding out what the patient is supposed to take, when and why. Before the patient takes meds, check each one against the list.

Many hospitals are converting to bar codes for medications—just as you see them at the grocery—coded to your patient. This prevents mistakes. Checking medications remains important for hospitals which do not yet use the bar code method.

Malnutrition: Malnutrition is measured clinically, but any

SEARCH

GO

LINKS

- 1-800-4-CANCER (Cancer.gov)
- 911 Help for Kids
- American Heart Association
- American Psychiatric Association
- Caring Bridge - Free, Secure Websites For Seriously Ill Patients, Families and Friends
- Caring Connections - Free, Current, State Forms For End-Of-Life Directives
- Centers for Disease Control and Prevention
- Drug Digest: Pill Identifier
- Healthfinder
- HIV InSite
- Kidshealth ®
- Mayo Clinic
- MEDEM: An information partnership of medical societies
- Medical Library Association's Guide to Using the Internet
- MedlinePlus (English)
- MedlinePlus (Spanish)
- National Center for Complementary and Alternative Medicine (NCCAM)
- National Institute of Mental Health
- NOAH: New York Online Access to Health
- Patient Decision-Making Tool: Ottawa Health Research Institute

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layperson can tell if the patient isn't eating or isn't getting enough calories through an intravenous tube (IV). You can speak to the nurses and the doctor about how little the patient is eating. Ask if the patient is malnourished. Few people eat well in hospitals. Malnutrition is much more than that.

Depression: Depression is a problem the people who know the patient best can spot, perhaps, more quickly than anyone else. You knew the patient before. You know what is true of that person most of the time. Depression never is anything to be embarrassed about—although people continue to be—but most especially not in a hospital. Talk to the patient's doctor about the possibility of depression. Provide comparisons before the hospitalization with the present so a doctor can assess the problem.

Many, but not all, hospitals have added a new kind of specialist with the awkward name of "hospitalist." Hospitalists work in eight-hour time blocks. One is always there so decisions can be made quickly. Hospitalists are supposed to familiarize themselves with your patient's diagnosis when he or she comes on to the unit. Find out the name of the specialist responsible for your patient. Hospitalists are there to act as the patient's doctor while the patient is in the hospital so they are a valuable resource to you.

Journal Watch

"Internal medicine residents often are not aware of their older patients' risks for adverse outcomes during hospitalization.

"Hospitalized elders are at risk for many iatrogenic complications, including delirium, malnutrition, pressure ulcers, falls, depression, infection, and adverse drug events. These complications often are referred to as "hazards of hospitalization" and can result in marked functional decline, additional medical or surgical interventions, prolonged length of stay, placement in extended-care facilities, or even death. Such complications also substantially increase the cost of medical care and negatively affect patient and family satisfaction. Although interdisciplinary teamwork is required to allay potential harm from hazards of hospitalization, modifying patient risk factors invariably requires physician intervention."

Source: *Journal Watch/Hospitals*, March 17, 2008

Citation: *Arch Intern Med* 2008 Feb 25; 168:390.
Fernandez HM et al. House staff member awareness of older inpatients' risks for hazards of hospitalization.

Topics [Patient's Own Decision-Maker](#), [Friends & Families](#), [News](#) |