

Trauma Service Geriatric Guidelines

Medicine/Geriatric Consults on Primary Trauma Patients

- Goal Greater than 80% on primary admitted patients
- Exclusion Criteria
 - o Team Discretion
 - o Anticipated LOS < 2 days with Home Discharge and no active medical conditions
 - o Admitted to ICU through discharge or transitioned to comfort measures only
 - o Transitioned to Comfort Measures Only
 - o Family or patient declined consultation

Neurocognitive/Psychiatry/Delirium/Depression

- CAM Delirium Screening on all Trauma Patients with notification to trauma team if positive
- Chronic Neurocognitive Disorder - Geriatrics Consult for Assessment
- Suicide Risk Screening on all patients by Nursing on Admission
- SBIRT
 - o Screening for Alcohol/Substance Abuse, Depression screen if positive followed by Geriatric Depression Scale, PTSD Screening
 - If positive intervention completed by SBIRT Counselors and resources for referral in hometown, continuation of existing mental health, or formal Psychiatry inpatient consult.
 - Resources provided to patient at time of screening and on discharge
 - Reevaluations as needed

Advanced Directives/Goals of Care

- Initial Care Management Eval Includes Presence of existing Advanced Directives
- Code Status/Goals of Care Assessment Goals
 - o Within 24 hours of admission
 - Code Status Established
 - Healthcare Surrogate Established if patient lacks DMC
 - o Geriatric Deaths with Treatment Limitations Change- discussion documented
 - o Palliative Care Consultation Available as needed
- POST Form/DNR Card If Applicable on Discharge

Pharmacy

- Medication History within 24 hours of admission by Pharmacist/Pharmacy Technician, Resident Physician, APP, Attending Physician
 - o Tableau
- Medication Reconciliation completed prior to Discharge with identification for High-Risk Medications Identified by Pharmacist for Review prior to Discharge
 - o Antiplatelet/Anticoagulation, Multiple CNS Medications, Duplicate Therapies for Chronic Disease Management
- Geriatrics Consult for Polypharmacy

Rehabilitation

- PT/OT Initial Assessment as established with Trauma Rehab guidelines
- If Bedrest initial Mobility Screening with 24 hours – Basic Mobility 6 Clicks
(Completed by PT/OT, Nursing Staff)

Elder Abuse/Safety

- Fall Prevention Intervention for Ground Level falls discharged to Home
- Elder Abuse Trauma Protocol
 - APS referral if patient lacks DMC or if patient has DMC and consents to referral
 - Psychiatry Consult if DMC in question
 - Care Management notification that APS has been notified
 - APS acknowledgement/agreement of disposition documented prior to DC
 - Advanced Directives documented if applicable