

LESSON 4-4

CLINICAL CONSIDERATIONS

Lesson: Clinical Considerations

Author: Sandra P. Hirst RN, PhD, GNC(C)
Associate Professor
Faculty of Nursing
University of Calgary

Intended Audience of Learners

A broad range of health professionals who may work with the older adult population.

Competencies

This lesson supports learning related to the following competencies, with regard to *clinical considerations for caring for the older adult population during the disaster cycle*:

Core Competencies and Subcompetencies from Walsh L, Subbarao I, Gebbie K, et al. Core competencies for disaster medicine and public health. *Disaster Med Public Health Prep.* Mar;6(1):44-52. doi: 10.1001/dmp.2012.4.

Core Competency 7.0 “Demonstrate knowledge of principles and practices for the clinical management of all ages and populations affected by disasters and public health emergencies, in accordance with professional scope of practice.”

Subcompetency 7.1 “Discuss common physical and mental health consequences for all ages and populations affected by disaster or public health emergency.”

Learning Objectives

At the end of this lesson, the learner will be able to within the scope of one’s professional practice:

- 4-4.1 Critically reflect upon the knowledge required for clinical practice when working with older adults during disasters.
 - Describe how to assess older adults at risk for disaster-related physical or psychological distress.
 - Identify common health outcomes of a disaster for older adults.
- 4-4.2 Articulate the disproportionate vulnerability in disasters of older adults who are frail and those who have dementia and identify clinical intervention strategies.
- 4-4.3 Demonstrate understanding of best practice resources that can be used to improve disaster preparedness, response, recovery, and mitigation and the role of health care professionals in disaster management for older adults.

Estimated Time to Complete This Lesson

90 minutes

Content Outline

Module 4: Caring for older adult populations during the disaster cycle: Preparedness, response, recovery, and mitigation

Lesson 4-4: Clinical considerations

- I. Assessment, diagnosis, and treatment or interventions per scope of practice
 - a. Triage
 - b. Trauma, acute injury or illness
 - c. Psychological distress
- II. Health promotion
 - a. Addressing clinical concerns
 - b. Dementia clients
- III. Medications
 - a. Polypharmacy
 - b. Access to accurate medication list
 - c. Medications that need refrigeration
- IV. Specific aids for daily living
 - a. Sensory
 - b. Dietary needs
 - c. Oxygen
 - d. Mobility aids
- V. Culturally competent care
- VI. Elder abuse and neglect
- VII. Palliative care and end of life issues
- VIII. Clinical knowledge

Introduction

The following table provides a lesson plan that may be useful to the instructor and students. Specific activities may be modified according to the time available.

The pre-lesson activity is designed to help the learner review and situate one's current level of knowledge specific to older adults and the context of clinically focused disaster management.

Learning Objective and Content	Outcome of Learning activities	Time	Learning activities
Pre-lesson activity Health care professional knowledge	<ul style="list-style-type: none"> Demonstrate understanding of clinical considerations within one's professional scope of practice that may be beneficial to the diverse geriatric population. 	3 minutes	You are at a senior's apartment complex and it is under several feet of water because of the river flooding. List 3 or 4 clinical considerations specific to your professional scope of practice. Do a quick search of the Internet to identify if your profession has best practice guidelines that will facilitate the support of older adults during a disaster (see Table Pre-1 provided at end of lesson).
I. Assessment, diagnosis, and treatment or interventions per scope of practice	<ul style="list-style-type: none"> Discuss the general aspects of triage of the older adult population in the disaster context. Describe how to assess older adults at risk for disaster-related physical or psychological distress. 	13 minutes	View all or part of the following videoclip: https://www.youtube.com/watch?v=9QHDs10e-GO Review "Presentation Outline One - Acute Illness" at the end of the lesson. Review "Presentation Outline Two - Seniors' Psychological Distress" at the end of the lesson. View all or part of the following videoclip: http://www.c-span.org/video/?c2704011/clip-meeting-needs-older-americans-disasters Read

	<ul style="list-style-type: none"> List essential factors that healthcare professionals should address in developing culturally responsive strategies to benefit the complex needs of diverse seniors. 		<p>http://assets.aarp.org/www.aarp.org/_articles/aboutaarp/baylor_best_practices_guide.pdf or https://www.bcm.edu/pdf/bestpractices.pdf</p> <p>Review “Presentation Outline Two - Seniors’ Psychological Distress” at the end of the lesson.</p> <p>Select one site specific to your profession from Table Pre-1 (provided at end of lesson) and identify its clinical relevance for you in a disaster experience with older adults.</p>
<p>II. Health promotion</p> <p>a. Addressing clinical concerns</p> <p>b. Dementia clients</p>	<ul style="list-style-type: none"> Identify common mental health outcomes of a disaster. List clinical considerations for the health care of older adults with dementia during a disaster. 	<p>15 minutes</p>	<p>Review the 8 core actions from the psychological first aid field guide: http://akecdrake.78beta.com/files/FDD_Module_3_-_Emergency_Response_-_P01/player.html</p> <p>Read “Coping with traumatic events”: http://emergency.cdc.gov/masscasualties/copingpro.asp</p> <p>Review “Presentation Outline Number Three - Clinical Considerations” at the end of the lesson.</p> <p>Review “Presentation Outline Number Four- Dementia” at the end of the lesson.</p> <p>View one of the following video clips specific to dementia: http://www.youtube.com/watch?v=6Zfv5UkuQFM or http://www.youtube.com/watch?v=iJ3Av3ln6ww</p>

<p>III. Medications</p> <p>a. Polypharmacy</p> <p>b. Access to accurate medication list</p> <p>c. Medications that need refrigeration</p>	<ul style="list-style-type: none"> Describe factors (considerations) that will influence the use of medications by older adults. 	<p>5 minutes</p>	<p>Review “Presentation Outline Number Five - Medications” at the end of the lesson.</p> <p>Review the resources identified for diabetic adults at the Outreach Activities and Resources page of the US Department of Health and Human Services: http://sis.nlm.nih.gov/outreach/specialpopulationsanddisasters.html</p>
<p>IV. Specific aids for daily living</p> <p>a. Sensory</p> <p>b. Dietary needs</p> <p>c. Oxygen</p> <p>d. Mobility aids</p>		<p>5 minutes</p>	<p>Select at least 2 of the subpopulations of older adults identified at the Outreach Activities and Resources page of the US Department of Health and Human Services(disabled, visually impaired, deaf/hard of hearing) and review available resources: http://sis.nlm.nih.gov/outreach/specialpopulationsanddisasters.html</p> <p>Review “Presentation Outline Six - Special Aids for Daily Living” at the end of the lesson.</p> <p>Read <i>Nutrition Interventions for Older People in Emergencies</i>.https://www.humanitarianresponse.info/en/system/files/documents/files/Nutrition-FINAL.pdf</p>
<p>V. Culturally competent</p>	<ul style="list-style-type: none"> List essential factors that 	<p>5 minutes</p>	<p>Select at least one of the cultural groups identified at the Outreach Activities and Resources page of the US Department of Health and</p>

	care	healthcare professionals should address in developing culturally responsive strategies to benefit the complex needs of diverse seniors.		Human Services(Latino, American Indians) and review available resources: http://sis.nlm.nih.gov/outreach/specialpopulationsanddisasters.html
VI.	Elder abuse and neglect	<ul style="list-style-type: none"> Describe how to assess older adults at risk for disaster-related physical or psychological distress. 	7 minutes	<p>Read Gutman G, Yon Y. Elder abuse and neglect in disasters: types, prevalence and research gaps. <i>Int J Disaster Risk Reduct.</i> 2014;10:38-47. http://books.genems.com/journals/EEE/3-2/Disaster%20Management/1-s2.0-S2212420914000533-main.pdf</p> <p>Review the document <i>Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centered, Collaborative, System-Wide Approaches</i>: http://rnao.ca/sites/rnao-ca/files/Preventing_Abuse_and_Neglect_of_Older_Adults.pdf</p>
VII.	Palliative care and end of life issues	<ul style="list-style-type: none"> Identify strategies that will facilitate palliative and end of life care for older adults. 	10 minutes	<p>Review the document <i>End-of-Life Care During the Last Days and Hours</i>:http://rnao.ca/sites/rnao-ca/files/End-of-Life_Care_During_the_Last_Days_and_Hours_0.pdf</p> <p>Initiate a discussion specific to older adults and disaster management at the Canadian Virtual Hospice discussion forums: http://www.virtualhospice.ca/en_US/Main+Site+Navigation/Home/Support/Support/Discussion+Forums.aspx</p>
VIII.	Clinical knowledge		3 minutes	Identify 3 to 4 clinical considerations important for documentation.

Suggested Learning Activities for Use in and Beyond the Classroom

1. In groups of 4 to 6, compare and contrast 3 websites specific to disaster management. Consider the following factors: whether the needs of vulnerable or frail older adults are addressed (e.g., those with mobility challenges or are isolated), how communication between older adults and those important to them is addressed, and whether health care professionals can obtain knowledge specific to their own scope of practice. As a group, answer the following question: How will we assess and intervene in the clinical context of care?
2. Interview an older adult who is living alone with a physical or mental health disability and explore his or her perceptions of what he or she might do in a disaster situation (e.g., local river flooded, electrical fire at a substation disables all electricity for a 10-block radius). Compare your findings with those of a classmate.
3. Select a population of older adults within your community and determine what special clinical needs they might have during a disaster (e.g., vision challenges, mobility limitations, and medication access). What community resources are in place to help this group? What gaps do you identify? What is your clinical role and responsibilities?

Readings and Resources for the Learner

- Required Resources
 - *Recommendations for Best Practices in the Management of Elderly Disaster Victims*. Baylor College and Medicine & the American Medical Association. http://assets.aarp.org/www.aarp.org/_articles/aboutaarp/baylor_best_practices_guide.pdf. Accessed February 4, 2015.
 - Emergency management, frailty, dementia and disasters. BrainXchange website. <http://brainxchange.ca/Public/Resource-Centre-Topics-A-to-Z/Emergency-management-frailty-dementia-and-disast.aspx>. Accessed July 10, 2015.
 - Day W, Pirie A, Roys C. *Strong and Fragile: Learning From Older People in Emergencies*. Help Age International. <http://www.helpage.org/silo/files/strong-and-fragile-learning-from-older-people-in-emergencies.pdf>. Published November 2007. Accessed February 4, 2015.
 - Gutman G, Yon Y. Elder abuse and neglect in disasters: types, prevalence and research gaps. *Int J Disaster Risk Reduct.* 2014;10:38-47. doi: 10.1016/j.ijdr.2014.06.002
 - *Older Persons in Emergencies: An Active Ageing Perspective*. World Health Organization.

<http://www.who.int/ageing/publications/EmergenciesEnglish13August.pdf>.
Published 2008. Accessed February 4, 2015.

- Supplemental Resources
 - Seniors: the importance of a personal support network. American Red Cross website. <http://www.redcross.org/prepare/location/home-family/seniors>. Accessed February 4, 2015.
 - Pet care: disaster preparedness. ASPCA website. <http://www.asPCA.org/pet-care/disaster-preparedness>. Accessed February 4, 2015.
 - Cefalu C, ed. *Disaster Preparedness for Seniors*. New York, NY: Springer; 2014.
 - Emergency preparedness for older adults: training resources. Centers for Disease Control and Prevention website. <http://www.cdc.gov/aging/emergency/training.htm>. Updated October 16, 2012. Accessed February 4, 2015.
 - Gibson MC. *Psychosocial Issues Pertaining to Seniors in Emergencies*. <http://www.ccsmh.ca/pdf/Psychosocial%20Issues%20Pertaining%20to%20Seniors%20in%20Emergencies.pdf>. Published 2007. Accessed February 4, 2015.
 - *Preparing for Disaster for People with Disabilities and other Special Needs*. Federal Emergency Management Agency. http://www.fema.gov/pdf/library/pfd_all.pdf. Published August 2004. Accessed February 4, 2015.
 - Fitzgerald K, Maxwell N. *Literature Review: The Roles and Responsibilities of Health Practitioners of Older Adults in Emergency Management*. http://www.ccsmh.ca/pdf/Literature%20Review_Roles%20of%20Health%20Pract%20in%20EP.pdf. Published 2009. Accessed February 4, 2015.
 - Preventing and addressing abuse and neglect of older adults: Person centred, collaborative, system-wide approaches. Registered Nurses' Association of Ontario website. <http://rnao.ca/bpg/guidelines/abuse-and-neglect-older-adults>. Published 2014. Accessed February 4, 2015.

Learner Assessment Strategies

1. Jackie uses the following resources to facilitate the implementation of best practice guidelines when working with older adults in disaster situations. Check all the associations that have developed best practice guidelines.
 - American Red Cross
 - FEMA
 - US Department of Homeland Security
 - World Association for Disaster Management

- Help Aged International
- The World Health Organization (WHO) Emergency Risk Management and Humanitarian Response department

Select one of the above sites and identify its contribution to your clinical practice.

2. When encountering an older adult in psychological distress, what are the first clinical actions of the professional? Fill in:

(Answer: the professional should first assess for personal safety/risk of harm to self and others. The priority is then to link the older adult to mental health services immediately.)

3. Completion of case study and questions

Focus: Seniors' health

In the period immediately following a disaster, it is common for individuals of any age to experience physical and psychological health concerns manifested as anxiety, sadness, grief, depression, insomnia, loss of appetite, or blood pressure changes. You have 3 older adults: (1) Mrs. W. is 82 and lives alone in a senior's apartment. She uses a walker and has a history of hypertension. She is struggling to breathe. (2) Mr. B. is 67 and lives with his wife in their own home. He has a history of cardiac dysrhythmia and is stable on medication. He is complaining of chest pain. (3) Miss S. is 76 and resides in a care facility; she has a history of 3 strokes and is on medication.

Respond to the following questions:

Discuss how you would prioritize your clinical work with these clients.

What are the key clinical practices associated with maintaining and promoting the health and well-being of older adults in disasters?

(Eliminate risks to physical safety, assessment of health status, recognition of presenting trauma, documentation)

Are there existing best practice guidelines and tools within your own clinical discipline that may address the health of older adults in disaster situations?

Readings and Resources for the Educators

- Required Resources
 - Emergency management, frailty, dementia and disasters. Brain Xchange website. <http://brainxchange.ca/Public/Resource-Centre-Topics-A-to-Z/Emergency-management-frailty-dementia-and-disast.aspx>. Accessed July 10, 2015.
 - Gutman G, Yon Y. Elder abuse and neglect in disasters: types, prevalence and research gaps. *Int J Disaster Risk Reduct.* 2014;10:38-47. doi: 10.1016/j.ijdr.2014.06.002
 - *Older Persons in Emergencies: An Active Ageing Perspective.* World Health Organization. <http://www.who.int/ageing/publications/EmergenciesEnglish13August.pdf>. Published 2008. Accessed February 4, 2015.
 - *Nutrition Interventions for Older People in Emergencies.* HelpAge International. <https://www.humanitarianresponse.info/en/system/files/documents/files/Nutrition-FINAL.pdf>. Published 2013. Accessed February 4, 2015.
- Supplemental Resources
 - Cefalu C, ed. *Disaster Preparedness for Seniors.* New York, NY: Springer; 2014.
 - Fitzgerald K, Maxwell N. *Literature Review: The Roles and Responsibilities of Health Practitioners of Older Adults in Emergency Management.*

- http://www.ccsmh.ca/pdf/Literature%20Review_Roles%20of%20Health%20Pract%20in%20EP.pdf. Published 2009. Accessed February 4, 2015.
- Gibson MC. *Psychosocial Issues Pertaining to Seniors in Emergencies*.
<http://www.ccsmh.ca/pdf/Psychosocial%20Issues%20Pertaining%20to%20Seniors%20in%20Emergencies.pdf>. Published 2007. Accessed February 4, 2015.
 - Preventing and addressing abuse and neglect of older adults: person centred, collaborative, system-wide approaches. Registered Nurses' Association of Ontario website. <http://rناو.ca/bpg/guidelines/abuse-and-neglect-older-adults>. Published 2014. Accessed February 4, 2015.
 - *End-of-life Care During the Last Days or Hours*. Registered Nurses' Association of Ontario. http://rناو.ca/sites/rناو-ca/files/End-of-Life_Care_During_the_Last_Days_and_Hours_0.pdf. Published 2011. Accessed February 4, 2015.
 - Response of the National Association of Geriatric Education Centers to the threat of bioterrorism and emergency preparedness for aging. University of Kentucky College of Public Health website. <http://www.uky.edu/publichealth/ovargec/emergency-preparedness-training-resources>. Accessed February 4, 2015.

Sources Cited in Preparing Outline and Activities Above

1. *Recommendations for Best Practices in the Management of Elderly Disaster Victims*. Baylor College and Medicine & The American Medical Association. http://assets.aarp.org/www.aarp.org/_articles/aboutaarp/baylor_best_practices_guide.pdf. Accessed February 4, 2015.
2. Bei B, Bryant C, Gilson KM, et al. A prospective study of the impact of floods on the mental and physical health of older adults. *Aging Ment Health*. 2013;17(8):992-1002. doi:10.1080/13607863.2013.799119.
3. Gibson MC. *Psychosocial Issues Pertaining to Seniors in Emergencies*.
<http://www.ccsmh.ca/pdf/Psychosocial%20Issues%20Pertaining%20to%20Seniors%20in%20Emergencies.pdf>. Published 2007. Accessed February 4, 2015.
4. *Older People in Disasters and Humanitarian Crises: Guidelines for Best Practice*. HelpAge International. <http://www.helpage.org/silo/files/older-people-in-disasters-and-humanitarian-crises-guidelines-for-best-practice.pdf>. Accessed February 4, 2015.
5. Kimhi S, Hantman S, Goroshit M, Eshel Y, Zysberg L. Elderly people coping with the aftermath of war: resilience versus vulnerability. *Am J Geriatr Psychiatry*. 2012;20(5):391-401. doi: 10.1097/JGP.0b013e31821106b3.
6. The Canadian Disaster Database. Public Safety Canada website. <http://www.publicsafety.gc.ca/cnt/rsrscs/cndn-dsstr-dtbs/index-eng.aspx>. Updated July 30, 2014. Accessed February 4, 2015.

7. Education: preparing your hospital for disaster. The Centre for Excellence in Disaster Preparedness website. <http://www.ceep.ca/education.html>. Accessed February 4, 2015.
8. *The Calm Before the Storm: Family Conversations About Disaster Planning, Caregiving, Alzheimer’s Disease and Dementia*. The Hartford Financial Group. <http://hartfordauto.thehartford.com/UI/Downloads/CalmBeforeStormBro.pdf>. Published 2010. Accessed February 4, 2015.

Table Pre-1		
Discipline	URL	Resource
Medicine	http://www.isprm.org/wp-content/uploads/2012/10/Best-Practice-Guidelines-on-Surgical2.pdf	Chackungal S, Nickerson JW, Knowlton LM, et al. Best practice guidelines on surgical response in disasters and humanitarian emergencies: Report of the 2011 Humanitarian Action Summit Working Group on Surgical Issues Within the Humanitarian Space. <i>Prehosp Disaster Med.</i> 2011;26:429-437.
	http://www.iom.edu/Reports/2013/Crisis-Standards-of-Care-A-Toolkit-for-Indicators-and-Triggers.aspx	Institute of Medicine (IOM). <i>Crisis standards of care: A toolkit for indicators and triggers</i> . Washington, DC: IOM; 2013.
Nursing	http://www.elsevierad vantage.com/samplech apters/9780323241731 /9780323080019.pdf	Hassmiller S, Stanely S. Public health nursing disaster management cycle. In: Stanhope M, Lancaster M, eds. <i>Public Health Nursing</i> . Philadelphia, PA: Mosby; 2012:507-531.
	http://www.achne.org /files/public/APHN_Rol eOfPHNinDisasterPRR_F INALJan14.pdf	Association of Public Health Nurses. <i>The Role of the Public Health Nurse in Disaster Preparedness, Response, and Recovery: A position paper</i> .
	http://www.icn.ch/im ages/stories/document s/networks/DisasterPre parednessNetwork /Disaster_Nursing_Com petencies_lite.pdf	International Council of Nurses (ICN) and World Health Organization (WHO). <i>ICN framework of disaster nursing competencies</i> . 2009.

	http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/Issue-Briefs/Disaster-Preparedness.pdf	ANA. <i>Issues brief: Who will be there? Ethics, the law and a nurse's duty to respond in disaster.</i> 2010.
Physical Therapy	http://www.wcpt.org/disaster-management	World Conference for Physical Therapy. Disaster Management.
Occupational Therapy	http://www.caot.ca/pdfs/WFOTPost-TsunamiSituationalAnalysis.pdf	World Federation of Occupational Therapists. <i>Report of WFOT Situational Analysis 19-28 March 2005.</i>
	http://www.aota.org/About-Occupational-Therapy/Professionals/HW/Articles/Disaster-Relief.aspx	The American Occupational Therapy Association. <i>Occupational therapy's role in disaster relief.</i> 2008.
Pharmacy	http://www.michiganpharmacists.org/resources/emergency	Michigan Pharmacists Association. <i>Emergency preparedness.</i>
	http://www.rxopen.org/	Rx Response.
	http://www.pharmacists.com/policy/model-disaster-plan-pharmacists-30	American Pharmacists Association. APhA policy: model disaster plan for pharmacists. 2006.

Presentation Outline One - Acute Illness

- Acute illness
 - Clinical concerns
- Acute illness: Defining characteristics
 - Starts suddenly
 - Usually short duration
 - Usually limited to one body system
 - Responds to treatment
- Examples of acute illness
 - Coughs and colds
 - Kidney stone
 - Fractures
- Clinical considerations include:
 - Presence of pain
 - Pain maybe a heralding feature associated with the onset of acute illness in younger adults,
 - However, the same can NOT be said of pain presentation with acute illness in older adults
 - Presence of delirium
 - Importance of documentation
- Diagnosis is contingent upon:
 1. Knowledge as to its prevalence among older adults
 2. A problem- focused history
 3. A focused physical examination
 4. Heightened awareness of the possibility for an older adult
- Atypical presentation
 - A non-specific symptoms occurring outside of the normal rubric of traditional signs and symptoms, which may signify an impending acute illness in an older adult.
 - Non-specific signs and symptoms may include:
 - Apathy
 - Confusion
 - Dyspnea
 - Falls
 - Fatigue or excessive sleepiness
 - Incontinence
 - Poor appetite
 - Unexplained change in behavior
- Older adults who are at greater risk for atypical presentations:

- Over 85 years of age
- Have multiple comorbidities; the "frail"
- Are on multiple medications
- Have cognitive or functional impairment

Presentation Outline Two - Seniors' Psychological Distress

- Seniors' psychological distress: Assessment, Diagnosis, and Treatment / Intervention
Clinical Considerations
- Consider
 - In mental health terms, a CRISIS refers not to a traumatic disaster event or experience, but to how an older individual responds to the situation.
- Role of health care professionals
 - Older adults may be reluctant to seek or accept help.
 - Some older adults may turn to their faith based communities, to their family and friends, to their family physician, or other health care provider.
 - Can support development of disaster plans specific to needs of older adults within their own workplace.
 - Can work as part of the inter-professional response team.
- Two approaches
 - Traditional counseling
 - Older adult may self-identify as distressed, anxious, court ordered
 - Office based
 - Diagnosis & treatment
 - Goal is to enhance functioning
 - Psychotherapeutic focus
 - Duration may be long term
 - Crisis counseling
 - Self-identify as having disaster related distress
 - Home & community based
 - Examines strengths & coping skills
 - Seeks to restore pre-disaster functioning
 - Duration usually short term
- Crisis counseling strategies
 - Provide information about common physical and psychological reactions to a disaster
 - Provide information about stress and coping
 - Help restore the older adult's sense of control
 - Encourage use of social support system(s)
- Traumatic stress

- “refers to the emotional, cognitive, behavioral and psychological experiences of individuals who are exposed to, or who witness events that overwhelm their coping and problem solving skills”
 - Source: Lerner & Shelton, 2001
- Trauma
 - Characteristics of the trauma
 - Intensity or severity
 - Duration
 - Predictability
 - Proximity to trauma
 - Characteristics of the older adult
 - Prior exposure to a traumatic stress
 - Family history
 - History of mental illness
 - Socially isolated
 - Language and cultural barriers
 - Frail and vulnerable
 - Post-event factors
 - Availability and quality of support systems
 - Time to rebuild home and community - return to “normal”
- Common mental health problems after a disaster
 - Adjustment disorder
 - Anxiety
 - Depression
 - Grief reactions
 - PTSD
- Barriers to use of services
 - Those who do not self-identify as having a mental health problem
 - Symptom misattribution
 - Preference for location of service
 - No treatment or service options available
- Assessment
 - Older adult
 - Identify older adult’s proximity to disaster
 - Identify presence of risk factors
 - Learn about the recovery process:
 - Was aid available?
 - Did relocation occur?
 - Was there initial support available?

- Vulnerability
 - Contributory factors
 - Limitations due to disability
 - Cognitive impairment
 - Chronic health conditions
 - Poverty
 - Difficulties evacuating
 - Language
 - Cultural barriers
 - Lower reading level
 - Isolation from information about disaster and related services

Presentation Outline Three - Clinical Considerations: Disaster Triage

- Clinical Considerations: Disaster Triage
- Information to consider / ask
 - Name, Age, Gender
 - Chief complaint
 - History of presenting complaint
 - Mechanism of injury (if present)
 - Past medical / health history
 - Current medications
 - Allergies to medications
 - *What other information would be useful for you to obtain?*
- Basic steps
 - Airway, Breathing, Circulation
 - Skin vitals (color, moisture, temperature)
 - Pulse
 - Respirations
 - Visual inspection e.g. lacerations, bruising
 - Level of consciousness
 - *Note that these steps are regulated by one's professional practice standards*
- Reflective questions
 - What are the priorities in a triage experience?
 - What ethical dilemmas might you experience as a health care professional posed by disaster triage?

Presentation Outline Four - Dementia and Disasters

- Dementia and Disasters
- Considerations

- Those assisting someone with dementia remain calm themselves. The older adult with dementia will respond to the emotional tone set by those around them.
- Identify if health care providers have agency / professional practice guidelines for disaster situations.
- Older adults with dementia are especially vulnerable to chaos and emotional trauma.
- They have a limited ability to understand what is happening and they may forget what they have been told about a specific disaster.
- First responders should be informed about community members with dementia as they may get confused and not understand what is happening.
- The older adult with dementia should not be left alone. It only takes a few minutes to wander away and get lost, creating an even higher risk situation. Changes in routine, traveling, and new environments can cause an increase in behavioral symptoms, including wandering, agitation, delusions, and sleep disturbance.
- Adapt communication strategies to respond to behavior and needs of the older adult with dementia.
Source: <http://hartfordauto.thehartford.com/UI/Downloads/CalmBeforeStormBro.pdf>
- Accommodation challenges
 - Identify possible accommodation options if the older adult with dementia requires continuous care.
- Is there an emergency shelter nearby, does it support dementia adults?
 - Would the number of people using the shelter contribute to increased stress in the older adult?

Presentation Outline Five - Medications

- Medications
 - Older adults, drugs, and Disaster Considerations
- Older adult
 - May not be able to see or read medication instructions
 - High anxiety may contribute to memory problems (e.g. not remembering name of medication or when to take it)
 - Some medications (e.g. insulin) will require nutritional intake
 - Inability to access medications may contribute to declines in health
- Effectiveness of Medications
 - Effectiveness of medication may be destroyed by high temperatures
 - Medication may be contaminated if exposed to contaminated water
 - Effectiveness of some medications may be impaired if not refrigerated (e.g. heparin, insulin, somatropin); lack of electrical power
 - Sources: <http://www.fda.gov/Drugs/EmergencyPreparedness/ucm085200.htm>
- Considerations

- If a contaminated product is considered medically necessary and would be difficult to replace quickly; contact for example, Red Cross, poison control, health departments, etc. for guidance
- For medications that have to be made into a liquid using water (reconstituted), the drug should only be reconstituted with purified or bottled water
- A seven day supply of medications is recommended
- A list of all medications that an older adult is on should be carried in the wallet / purse

Presentation Outline Six - Special Aids for Daily Living

- Specific Aids for Daily Living
 - Implications for clinical practice
- Sensory status
 - If:
 - If hearing is impaired
 - If sight is impaired
 - If speaking is impaired
 - If smell is impaired
 - Clinical practice implications:
 - Unable to hear instructions
 - Unable to see possible dangers
 - Unable to ask for help
 - Unable to recognize some disaster(s)
- Dietary needs
 - Is the older adult on a special dietary? Why?
 - For e.g.
 - Diabetes mellitus sugar restrictions?
 - Kidney failure are there fluid restrictions?
 - Hypertension is salt restricted (table salt)
 - Are there known allergies?
 - Are medications to be taken with meals?
 - Is help required to eat?
- Oxygen
 - Can the older adult breathe on his or her own?
 - Is supplemental oxygen needed? What is the prescribed rate? Is there a spare tank? How long does a tank last for?

- What are the implications if others smoke within the vicinity of the older adult who requires supplemental oxygen?
- Mobility aids
 - A correlation exists between the ability to perform everyday activities and maximal physical capacity.
 - In general, the reduction in maximal physical capacity increase with age - and even more for inactive older adults.
- Falls
 - Most falls occur out of doors
 - Women are more likely to report indoor falls
 - A drop in blood pressure can trigger a fall when going from lying to sitting to standing quickly
 - Clinical considerations
 - Assess
 - Gait and walking ability of older adult
 - Use of mobility aids e.g. walker, cane
 - Vision of older adult, (e.g. glasses)
 - Environmental hazards