ASSESSING AND MANAGING OLDER CARE HOME RESIDENTS IN ACUTE AND EMERGENCY CARE SETTINGS

CLINICAL ASSESSMENT

TARGETED AND TAILORED TO PRESENTATION
- Pain
- Injuries
- Reduced activity
- Aneurysms
- Dementia
- Delirium
- Swallow
- Mobility
- Skin integrity
- Assess in well-lit environment
  Consider visibility within department if agitated or risk of falls

INFORMATION GATHERING

PERSON
- Medical history
- Contract information
- KIS
- DNR
- Referral

OTHER SERVICES
- Referral
- Power of attorney
- Next of Kin

PREPARED FOR:
- Care home staff
- Power of attorney
- Next of Kin

ADMISSION

Consider AWi if unable to consent
- Avoid catheterisation, unless necessary
- Review medication
  - Time CRITICAL drugs
  - Route: IV, oral, PEG, drugs to hold while unwell
- Notify
  - Next of Kin
  - Power of Attorney

DISCHARGE FROM FRONT DOOR

Return all belongings and paperwork with resident
- Send supply + controlled drug documentation
- Letter to care home
- Let care home know resident is returning

SECRETIVE COMMUNICATION
- Minimise staff and moves in clinical area

KEY CONSIDERATIONS

Know their residents

Serve different needs and populations

May not have registered nursing staff

Can only legally keep controlled drugs for named individuals

Oxygen is not standard in most homes - but can be arranged

Staffing safely makes accompanying to hospital challenging

Gather and support shared decision-making

Ensure care home staff can manage returning resident’s needs

Don’t forget nutrition, hydration and regular meds while waiting

PLAIN TEXT VERSION + GUIDANCE VIDEO: