



1



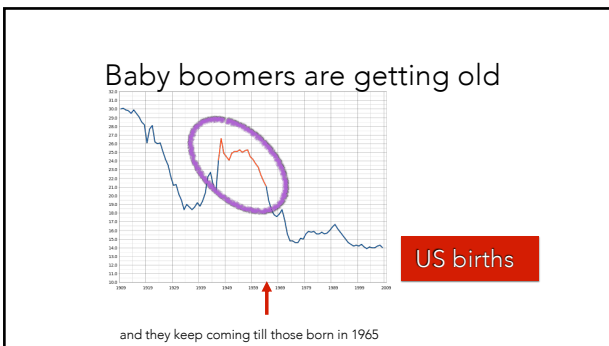
2



3



4



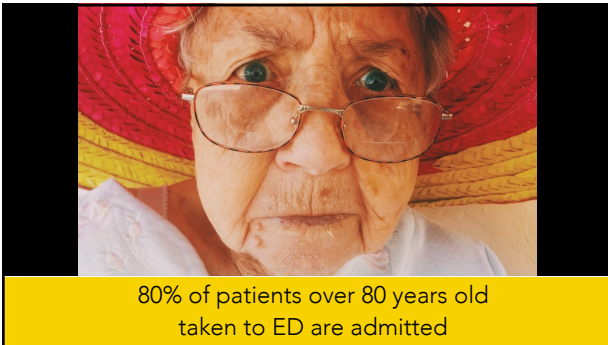
5

Hospital bed usage/year, by age

Emergency bed days per person, per annum Kings Fund

| Age | Bed days per annum |
|-------|--------------------|
| <65 | one-fifth |
| 65-74 | 1 |
| 75-84 | 2.5 |
| 85+ | 5.5 |

6

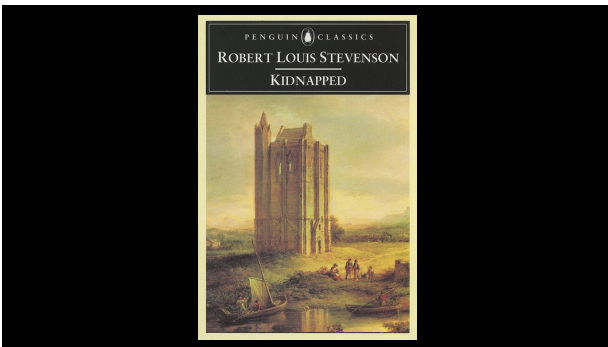


7

Hospital
 /ˈhɒspɪ(ə)l/
 noun

1. a very bad place for elderly people

8



9

The Plan for this session

1. Pot-Pourri of snippets on specific conditions
2. Frailty
3. #HaveTheConversation

11



12

How to diagnose a UTI

At least two of the following symptoms

- Dysuria
- urinary urgency
- Urinary frequency
- New incontinence
- Rigors
- Fever or hypothermia
- Flank pain
- Suprapubic pain
- Haematuria
- New or worsening confusion

or

Evidence of pyrexia, hypothermia, abnormal WCC or CRP
 AND
 No alternative cause for these

Ref: DSM guidelines with formatting; source: most evidence based by DeGroot & Gonzalez, Text by Hospital

13

Lymphoma


$\uparrow \text{Ca}^{2+}$

Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

$\downarrow \text{K}^+$ $\downarrow \text{Na}^+$ $\downarrow \text{Mg}^{2+}$

Disseminated malignancy

14



Take care not to undermine carefully-designed plans, or scupper hopes of avoiding admission

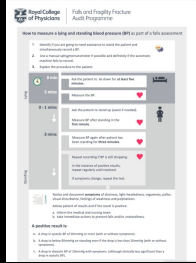
Mind your mouth!

15

Falls in the elderly

- Beware "I must have tripped"
- Ask questions about vertigo/dizziness:
- >50% of older adults who fall have vestibular impairment
- ... but they may not complain of vertigo, and present simply as unsteadiness & falls
- ... all elderly people who fall need a vestibular screen
- Check Lying/Standing BP correctly

16



Google "Lying and standing BP RCP"

17

| Vestibular Screening Tool (VST) | Yes (2) | Sometimes (1) | No (0) |
|--|---------|---------------|--------|
| 1. Do you have a feeling that things are spinning or moving around? | Red | Yellow | Green |
| 2. Does bending over and / or looking up at the sky make you feel dizzy? | Red | Yellow | Green |
| 3. Does lying down and / or turning over in bed make you feel dizzy? | Red | Yellow | Green |
| 4. Does moving your head quickly from side to side make you feel dizzy? | Red | Yellow | Green |
| TOTAL | / 8 | | |

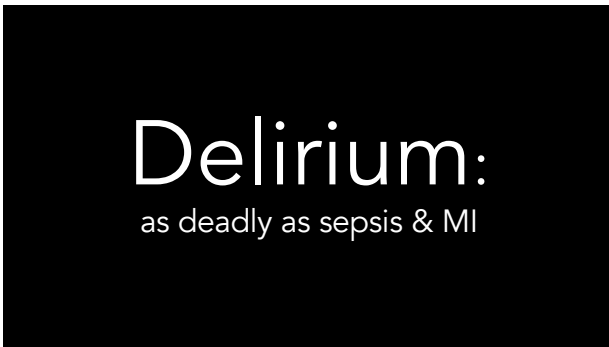
Four-item vestibular screening tool

18



Delirium

19



20



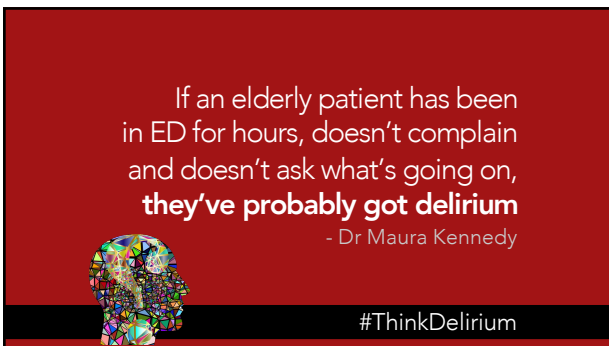
21



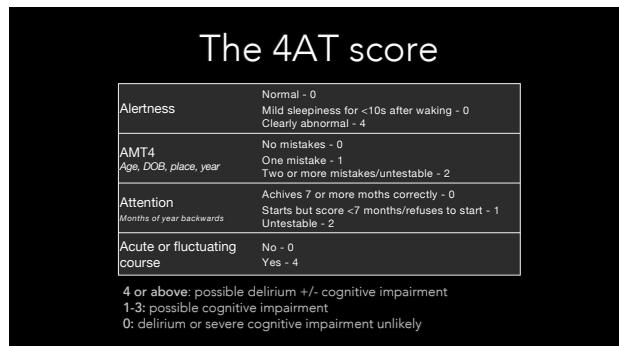
22



23



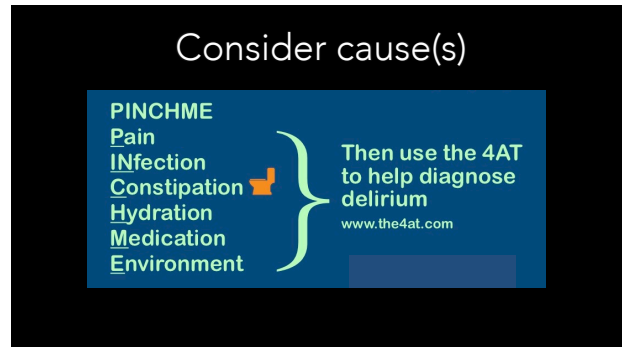
24



25



26



27



28



30



31



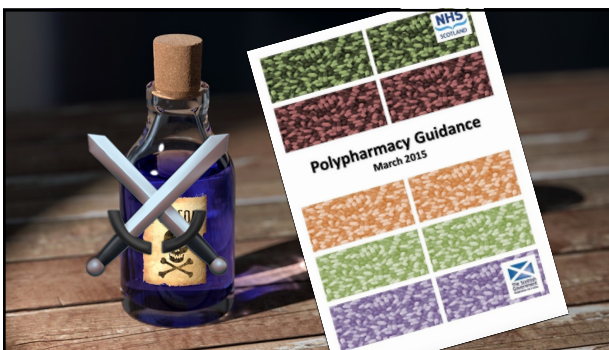
32



33



34



35



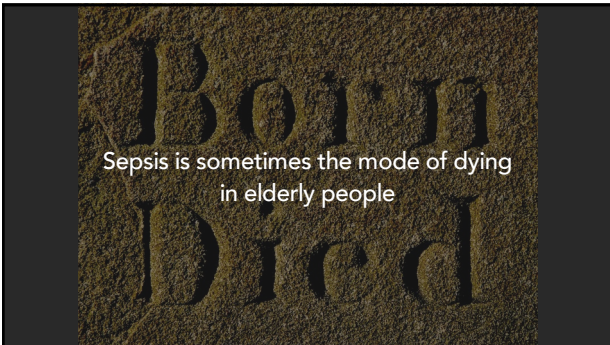
36

If a PD patient suddenly deteriorates
EITHER
 A: it's not the PD
or
 B: they've missed their meds

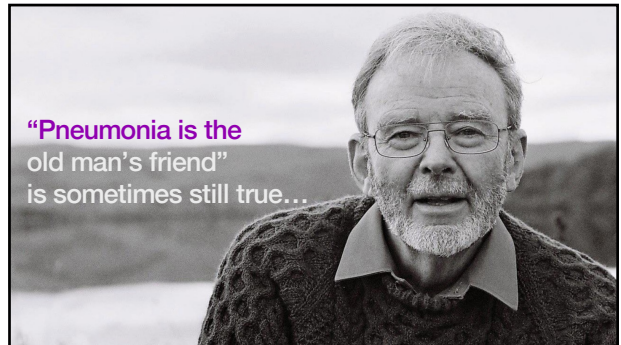
37

Thou shalt
NEVER
 miss or delay
 PD medication

38



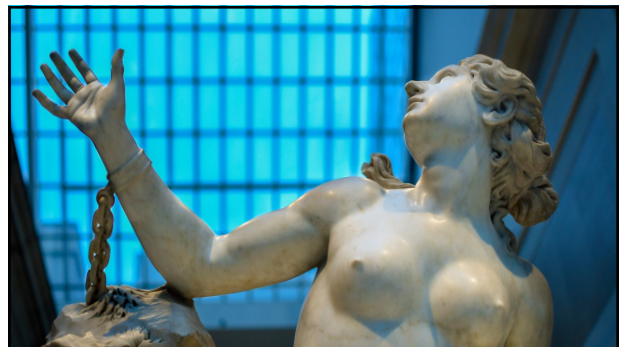
39



40



41



44



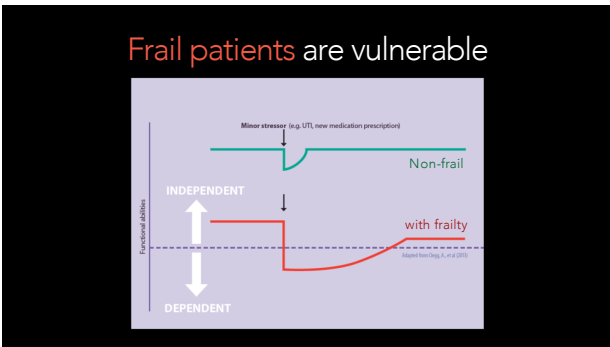
45

What is Frailty?

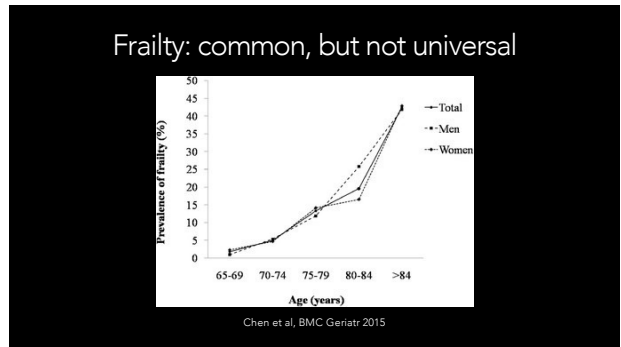
"A condition characterised by **loss of biological reserve** across multiple organ systems and an **increased vulnerability to physiological decompensation** after stressor events"

Many models, scores & tools

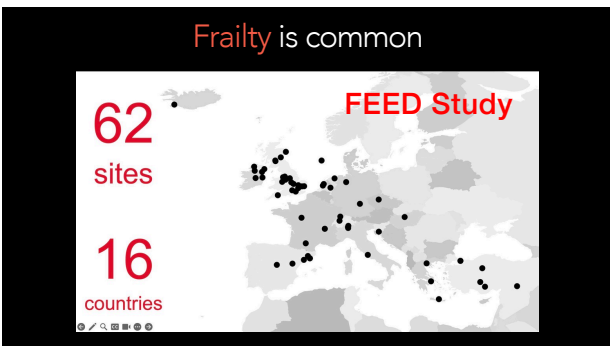
47



48



49



50

FEED Study

Frailty prevalence in European EDs

35%

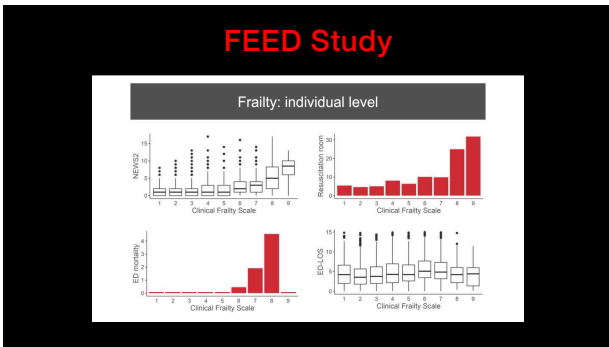
adult ED attenders aged 65+

40%

older ED attenders living with frailty

1 in 7 adult ED attenders are older people living with frailty

51



52

Fried

"Frailty phenotype" ← what frailty "looks" like

- Unintentional weight loss
- Slow walking speed
- Self-reported exhaustion
- Low energy expenditure
- Weakness

53

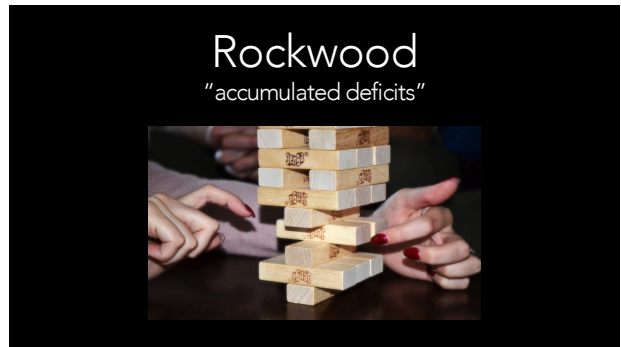
Fried

"Frailty phenotype"

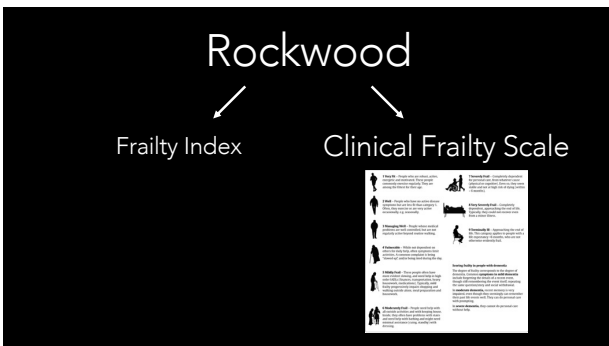
- Unintentional weight loss
- Slow walking speed
- Self-reported exhaustion
- Low energy expenditure
- Weakness

≥3 Frail
1-2 Pre-frail
0 Normal

54



55



56



57

CFS 1-4 Self-caring

CFS 5+ Need help

1 Very Fit - People who are robust, active, energetic, and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 Well - People who have no active disease symptoms but are less fit than Category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

3 Managing Well - People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4 Vulnerable - While not dependent on others for daily help, often symptoms limit activities, a common complaint is being "blowed out," and/or being tired during the day.

5 Mildly Frail - These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 Moderately Frail - People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing, and might need occasional assistance eating, mainly with cutting.

7 Severely Frail - Completely dependent for personal care. Run whenever a case of illness or requires. Even so, they aren't stable and are at high risk of dying (within 6 months).

8 Very Severely Frail - Completely dependent, requiring the need of life. Often, they need not even move from a senior floor.

58

5 Mildly Frail – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

Needs help at home? That's frailty kicking in.

59

Clinical Frailty Scale App

60

Top Tips to help you use the Clinical Frailty Scale

Google "Clinical Frailty Scale Top Tips"

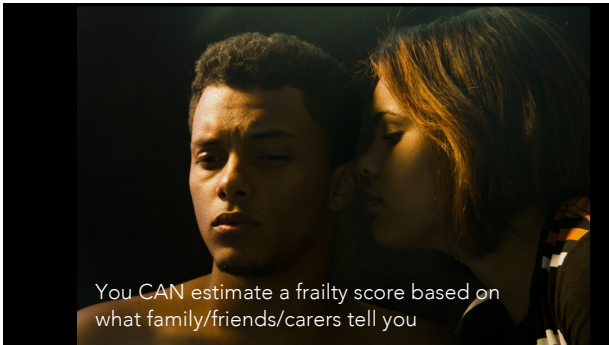
61

Frailty scoring is a measure of how someone is when they are **WELL**, not how they are when they are broken

62

Patients with frailty are more likely to die when they become ill

64



You CAN estimate a frailty score based on what family/friends/carers tell you

65

Frailty → dismal outcomes after CPR

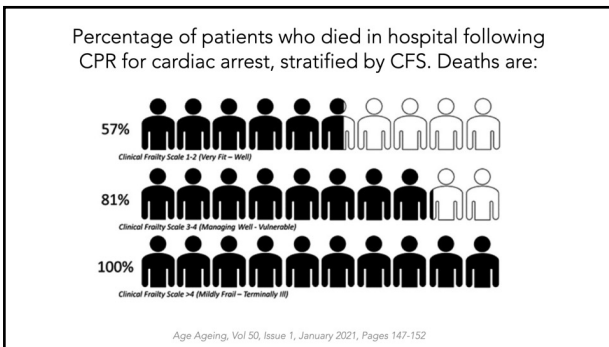
1.8% survival to discharge in retrospective chart review of patients with CFS of 6-9

Frailty is associated with adverse outcome from in-hospital cardio-pulmonary resuscitation
Wharton C, King E & MacDuff A, Resuscitation, 2019

ZERO survivors to discharge if CFS >4 in retrospective chart review of 90 patients, 40 of whom were frail (CFS 5 or above)

Frailty status predicts facility of cardiopulmonary resuscitation in older adults
Ibitoye S, Rawlinson S et al Age and Ageing, 2021

66



67



68

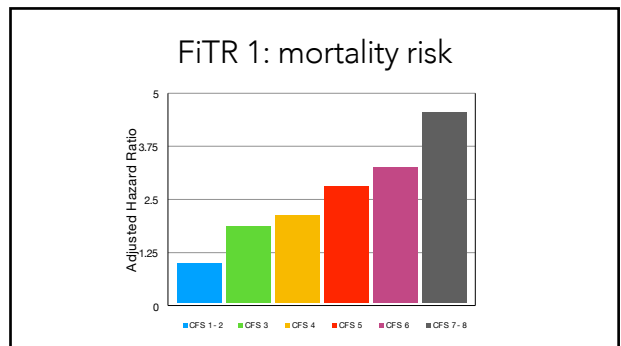
FiTR 1 reported July 22

A national study of 23 major trauma centres to investigate the effect of frailty on clinical outcomes in older people admitted with serious injury in England (FiTR 1): a multicentre observational study

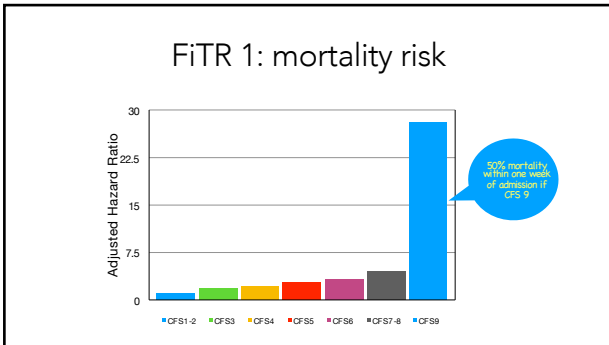
Ben Carter, Rosanna Short, Omar Bouamra, Frances Parry, David Shipway, Julian Thompson, Mark Baxter, Fiona Lecky, Philip Brodie

CFS scoring by Geriatrician required in MTCs for patients with serious injuries since 2019. 16,504 patients analysed via TARN database.

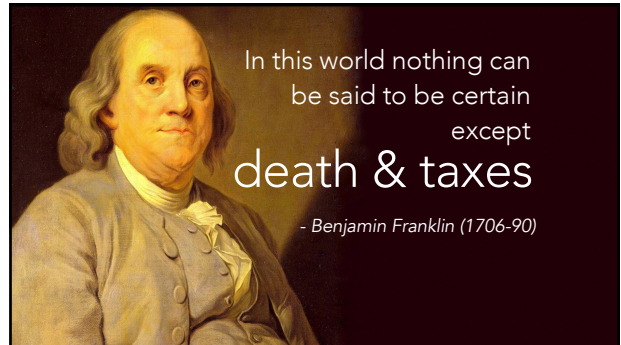
69



70



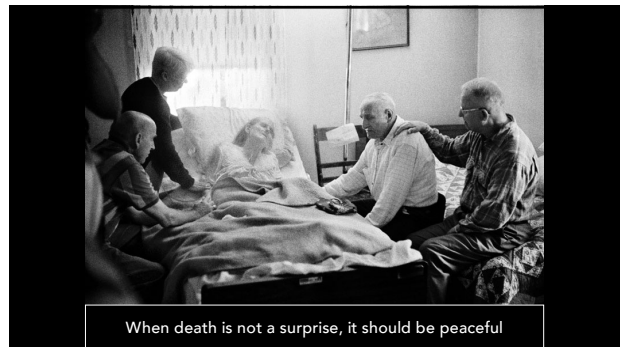
71



72



73



74



75



76

**CPR is not
a treatment for
Ordinary
Dying**



77

**"Your mum needs the
protection of a DNR"**

78

WHOSE JOB ?
*This is a story about four people
named Everybody, Somebody, Anybody
and Nobody. There was an important job
to be done and Everybody was sure that
Somebody would do it. Anybody could
do it, but Nobody did it.*

79

#havetheconversation



EMS: perfectly positioned to pot-warm

80

Who should we mention the need
for EoL Planning to?

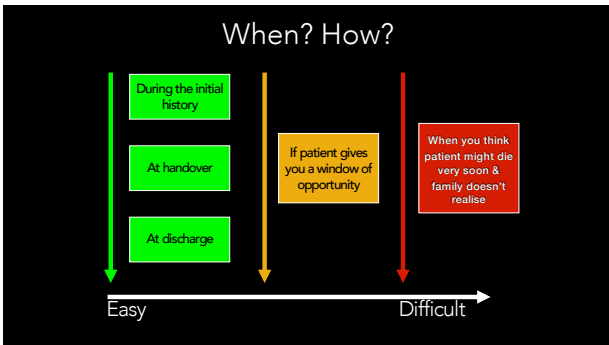
- Ask routinely if old
- Ask routinely if frail
- Ask routinely if in poor health
- Ask routinely if life-limiting diagnosis

81

- Ask routinely if old
- Ask routinely if frail
- Ask routinely if in poor health
- Ask routinely if life-limiting diagnosis

JUST ASK!!!!

82



83

Ask when taking the history

In the social history

After asking about allergies

84

If you forget, you can salvage it at handover

"Oh, just for the paperwork..."

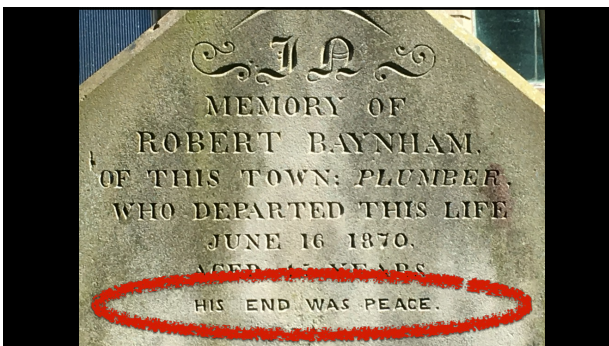
85

If patient gives you a window of opportunity

"The only way I want to leave here is in a box"

"I don't want to go to hospital come what may"

86



88



89

"...in this world nothing can be said to be certain, except death and taxes."
-Benjamin Franklin, 1791

CPR is the **first** thing to try. The BMACPR course **Age-Integrated Resuscitation & Care in the Final Stages of Dying**

I have been asked to give up: **"My dream is to die surrounded by strangers?"** being alone, surrounded by strangers

We need to talk about **DYING**

Everyone deserves a peaceful death. **CPR** is not required for everyone

"we will offer you all of the treatments that will work **but avoid once that time!**"

What is a good death? It's a good death if you are surrounded by people you love, if you are comfortable, if you are not in pain, if you are not being treated by medicine because you don't want it, if you are not being treated by medicine because you don't want it, if you are not being treated by medicine because you don't want it.

#HaveTheConversation

www.LindaDykes.org/havetheconversation

90

Read this book!

ATUL GAWANDE
BEING MORTAL
Illness, Medicine, and What Matters in the End

91

Don't make a big deal out of it. Sometimes humour is appropriate.

92

That's it folks!
Thanks for listening!

93

Acknowledgements

- pixabay.com
- Drs Sion Jones, Cameron Abbott, Chris Subbe, Sally Jones, Maura Kennedy, and Jamie van Oppen
- Lancaster Bomber photo - Cpl Phil Major ABIPP/MOD (via Wikipedia)
- www.theliteratelens.com

94

Questions?

@DrLindaDykes | www.LindaDykes.org
Linda.Dykes@wvt.nhs.uk

95