

## Updated tools for the assessment and management of acutely ill older patients

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FROM THE SPECIALTIES

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**The Norwegian National Centre for Emergency Primary Health Care has updated reference material and other tools to aid the management of geriatric patients with acute illness and trauma outside the hospital setting.**

Older people are overrepresented throughout the chain of emergency care, and the influx of this patient group will increase substantially in the coming decades (1). Assessing acute illness and trauma in geriatric patients can be a challenge. Standardised tools used for triage are largely based on so-called classic symptoms of acute conditions, but these are often absent or less obvious in this patient group. Acute functional decline – a sudden impaired ability to cope with everyday tasks – is often the first sign of acute illness in older people, regardless of the cause.

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## Emergency primary healthcare manual

The emergency primary healthcare manual ([www.lvh.no](http://www.lvh.no)) is a practical guide intended to assist doctors and other healthcare personnel in the assessment and management of acute medical issues in general practice and out-of-hours emergency primary healthcare services. It has now been updated with additional information on special factors relating to geriatric patients and advice on how to identify and deal with the specific challenges in this patient group. The new chapter on geriatric patients contains, among other things, information on various forms of acute functional decline, frailty and special factors that should be included in the medical history of acutely ill geriatric patients and as part of a thorough clinical examination.

Separate reference material has been produced about trauma and medication-related issues. Low-energy trauma, such as ground-level falls, is a typical reason for older people contacting the emergency healthcare services, and is the most common cause of severe trauma in this population [\(2\)](#). Adequate emergency treatment can have a large impact on a patient's subsequent level of functioning. Likewise, medicines are often the cause of or a contributing factor in older patients' need for emergency health care. Vulnerability to adverse effects from medication increases markedly with age, number of medications taken, comorbidity and frailty. Thus, medication use must always be considered as a possible cause of symptoms or disease in this group.

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## Decision support for telephone enquiries

Decision support tools for telephone triage that are widely used in emergency healthcare services and GP practices ([www.legevaktindeks.no](http://www.legevaktindeks.no)) have also been updated with a separate entry for acute functional decline. The phone operator can use this information to establish the right level of urgency and care when assessing patients with symptoms of acute functional decline.

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## New online course

The National Centre for Emergency Primary Health Care's online course on how illness and trauma manifest in older people can be taken via the training portal [www.oppvakt.no](http://www.oppvakt.no). The course is primarily aimed at healthcare personnel in the chain of emergency care, but is also useful for other healthcare personnel who work with geriatric patients. It is freely available and takes approximately one hour to complete.

Hopefully these tools will better equip personnel working with emergency health care to identify acute and potentially serious illness and trauma in geriatric patients and to initiate appropriate measures.

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## REFERENCES

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2. Cuevas-Østrem M, Røise O, Wisborg T et al. Epidemiology of geriatric trauma patients in Norway: A nationwide analysis of Norwegian Trauma Registry data, 2015-2018. A retrospective cohort study. *Injury* 2021; 52: 450–9. [PubMed][CrossRef]

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