Question 1

Older patients in hospitals are often labelled using pejorative and ageist terms such as ‘inability to cope’ or ‘acopia’. These terms are intended to reflect functional difficulties in these patients who usually have no other discernible acute symptoms. In the medical field, there is a mixed opinion for using the term ‘acopia’ to describe a particular range of functional symptoms in geriatric patients, with some doctors feeling that it is a useful term and others feeling that it is an unacceptable diagnostic label (Tsui et al., 2020).

The use of acopia as a diagnostic term in hospitals can have several impacts on the healthcare of older patients. Most importantly, it can lower the possibility of underlying clinical complexities being identified and addressed by healthcare providers in these patients. Dyer et al. (2018) found that almost all older patients who had a diagnosis of acopia also had another primary diagnosis of an acute condition along with presenting conditions of dementia, cognitive impairment, and polypharmacy. Therefore, it has been suggested that use of such terms for older patients can prevent the diagnosis of other underlying medical conditions that may be contributing to their functional disabilities.

From a nursing point of view, a premature diagnosis of acopia can compromise the diagnosis of a significant underlying condition and its treatment. Nurses often tend to consider acopia as ‘not a serious condition’ and this reflects on their patient priority list and quality of care delivered. In Edith’s case, it is important that the nurse provide timely care and support by being empathetic to her condition and providing all interventions that are necessary to make her feel better. More than the management of symptoms, offering a listening ear and relevant support will go a long way in ensuring that Edith feels cared for and safe at the facility (Oliver, 2016).

Question 2

Although the life expectancy of humans has increased, increase in age results in several physiological changes in the body, and the diagnosis of multiple acute and chronic conditions. In general, older patients experience decreased functional abilities and frailty ultimately resulting in immobilization and staying in bed for long periods of time. In addition, the presence of chronic conditions can limit mobility, result in weight loss, and deplete energy reserves, all of which are major risk factors for the development of pressure injuries (Jaul et al., 2018).

Changes at the cellular level are characterised by reduction in muscle strength and physical inactivity, which leads to dependency, polypharmacy, institutionalization, and disability.

All these physiological and cellular changes act synergistically to give rise to inflammatory changes, hormonal changes, low immunity, changes in blood flow, and degenerative changes. These changes, combined with the diagnosis of psychiatric and chronic conditions can break the will power of older patients, eventually leading to the development of pressure injuries (Chiari et al., 2017).

In Edith's case, she has been placed in a wheelchair in the hospital corridor for 8 hours and she is at a high risk for developing pressure injuries. In this scenario, there are several things that the attending nurse can do to prevent this type of injury in Edith. One approach is to provide sufficient padding at pressure points and to reposition the patient regularly to avoid friction. The wheelchair should be a correct fit for the patient as otherwise, it may increase the risk of pressure injuries. Appropriate wheelchair tilts may also be practiced to relieve pressure from susceptible body parts (Boyko et al., 2018).

Question 3

Maintaining a safe home environment is of extreme importance for older people who live alone, so that they are at minimal risk for falls and injuries. A safe home environment is defined as one where the frailty, cognitive impairment, and declining motor coordination in old people do not compromise their safety in performing daily activities. A safe home may be developed by using certain functional devices specific to the old patient's needs and removing potentially injurious objects that can harm them while performing their chores (Bamzar, 2018).

In Amita's case, her safe home environment may be compromised due to musculoskeletal pain and weakness in her lower leg that may lead to falls and injuries. Other possibilities that may occur due to old age and frailty include cognitive impairment, visual impairment, polypharmacy, urinary incontinence, and a diagnosis of other chronic conditions (Li et al., 2016).

There are several ways by which an RN can help Amita in preventing falls and other injuries at her home. The first step would be to conduct a risk assessment of Amita's home and identify all possible sources of falls and injuries. Based on the risk assessment, assistive technologies such as bed or chair alarms, low beds and cabinets, and emergency contacts on speed dial may be introduced to aid Amita with her daily challenges. Information about family and visitors may also be acquired from Amita to understand her family and social background, and to help her have a healthy social life as per her preferences (Cameron et al., 2018).

Question 4

The physiological characteristics and requirements vary between younger and older people, with older patients being more susceptible to co-morbid conditions and polypharmacy, which in turn predisposes them to adverse drug events. This is because their bodies process drugs in a different way owing to changes in pharmacodynamics and pharmacokinetics at their age (Cahir et al., 2017). Some important risk factors for adverse drug events include alterations in hepatic and renal clearance and metabolism of drugs thereby increasing the half-lives of drugs in blood plasma. The increased amount of time that the drug components spend in the body, results in an increased possibility of adverse reactions between the various drugs. The presentation of adverse drug events is often non-specific and the clinical symptoms are rarely associated with polypharmacy. This is the reason that adverse drug events are one of the leading causes of death in the older age group of 70 years and above (Dubrall et al., 2020).

As a nurse, there are several assessments and interventions that may be proposed to reduce Amita's chances of adverse drug reactions. The nurse may use a screening tool such as the Beers criteria that provides the degree of appropriateness, safety, and adverse reactions with other drugs. If the drugs taken by Amita are found to have a possibility of adverse reactions, they may be adjusted in a timely manner to prevent future hospitalizations. Another tool that may be used is the STOPP/START screening tool which provides an evaluation of the patient's medicines (Brown, 2016).

Question 5

The major functions of the respiratory system include gaseous exchange, regulation of blood pH and blood pressure, and role in immune defences. These functions may be compromised due to the normal anatomical and physiological changes that occur due to the ageing process. Increase in age results in calcification of the ribs contributing to increased rigidity in the cell wall. The inter-vertebral discs also undergo dessication, lose its robustness, and become compressed. Other changes include loss of muscle mass contributing to muscle weakness and muscle wastage (Kim et al., 2017).

Due to the anatomical and phsyiological changes in the respiratory system due to ageing, breathing becomes a little difficult and the coughing reflex becomes less effective, thereby increasing the susceptibility of older people to respiratory tract infections such as

pneumonia. Additionally, the efficacy of the cilia in expelling foreign bodies out of the respiratory tract decreases with age further contributing to the infection risk in older patients (Skloot, 2017).

As a nurse, it is essential to implement all possible interventions to protect older patients such as Oliver from Hospital-Acquired Pneumonia (HAP). Some of the evidence-based strategies include good oral hygiene, checking for impaired swallow, using antibiotics such as chlorhexidine, mobilization, recumbency, and physiotherapy. It has been recommended that older patients be fed at an angle of 45 degrees so as to lower the risk of acquiring HAP. Regular assessment of the possible development of respiratory symptoms in Oliver should be carried out to monitor for the occurrence of HAP (Passaro et al., 2016).

Question 6

It has been suggested that lack of mobility in hospitalized older patients can lead to functional decline in these patients, whereas increasing mobility can prevent the risk of falls, frailty, venous thromboembolic disease, skin breakdown, and delirium in these patients. It can also act as a protective factor for conditions such as heart disease, diabetes, stroke, and certain types of cancer. Apart from this, it can have significant benefits for mental and emotional health of older patients by delaying the onset of dementia and memory loss, and improving the quality of life, well-being, and hospital outcomes of these patients (Langhammer et al., 2018).

There are several ways by which a nurse can increase the mobility of patients like Oliver in a hospital setting. Given his age, simple activities such as getting out of bed, sitting in a chair, standing, ambulating, and going to the toilet can go a long way in improving his health and enhancing his self-confidence. Several hospitals have mobility programs for older patients that use the ‘Get Up and Go’ approach to incorporate physical exercise during their hospital stay. This approach involves standing up from a sitting position, walking for a short distance, turning, stopping, and sitting down. The objective of such exercises is to encourage the patient to be independent, promote strength and endurance in their minds and bodies, and lower their dependence on their care-givers thereby increasing their self-confidence (Smart et al., 2018).

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