Reducing Functional Decline in Older Adults during Hospitalization: A Best Practice Approach

By: American Academy of Nursing’s Expert Panel on Acute and Critical Care*

WHY: Hospitalization poses a risk for altered functional status for older adults due to acute illness, decreased mobility, the negative effects of bedrest such as pressure ulcers, pain, dehydration and/or malnutrition, medication side effects, and associated hospital treatment measures such as invasive lines and catheters that limit mobility. Low levels of mobility and bedrest are common occurrences during hospitalization for older adults (Fischer et al., 2011). Of great significance is that deconditioning and functional decline from baseline have been found to occur by day two of hospitalization in older patients (Winkelman, 2009).

TARGET POPULATION: Hospitalized older adults at risk for functional decline and immobility.

BEST PRACTICE: Reducing the risk for functional decline in hospitalized older adults can make a significant impact on their function and quality of life. A number of evidence-based strategies have been identified for reducing deterioration in hospitalized older adults. These include:

• Conduct comprehensive and interdisciplinary geriatric assessment of physical, psychosocial, and functional status at admission.
• Encourage activity during hospitalization with structured exercise, progressive resistance strength training, and walking programs, in coordination with rehabilitation therapies (physical and occupational).
• Implement early mobilization for acute and critically ill patients based on established protocols (http://www.mobilization-network.org).
• Ensure assistive devices are in use: hearing aids in place; glasses on; walker or cane.
• Ensure use of appropriate footwear to encourage mobility and prevent falls.
• Use of environmental enhancements for eldercare including handrails, uncluttered hallways, large clocks and calendars, elevated toilet seats, and door levers.
• Integrate established protocols aimed at reducing the risk for geriatric syndromes and improving self care, continence, nutrition, mobility, sleep, skin care, cognition, and minimizing adverse effects of selected procedures (e.g. urinary catherization).
• Evaluate the appropriateness of medications, minimizing the use of sedative-hypnotic medications, and ensuring correct medication dosing; monitor responses to drug therapy and ensure medication reconciliation during hospitalization and at discharge.
• Promote safety while encouraging independence and maintaining dignity.
• Integrate geriatric interdisciplinary team training with use of geriatric specialists and acute care for elderly (ACE) and geriatric resource nurse (GRN) models of care.
• Consider participation in best practice models for elder care including Geriatric Interdisciplinary Team Training (GITT) and Nurses Improving Care for Healthsystem Elders (NICHE) (http://www.nicheprogram.org/).
The American Academy of Nursing’s Expert Panels on Acute and Critical Care, Aging and Quality Health Care developed a framework based on the theme: Healthy Care Environments for Older Adults – Creating a Culture of Care. Within this framework, eight specific goals identify ways to address prevention of functional decline and the promotion of a culture of caring. These goals include: (1) Promoting Recovery (2) Optimizing Reserve (3) Maximizing Safety (4) Supporting Independence (5) Upholding Dignity (6) Maintaining Vigilance (7) Cultivating Responsiveness (8) Improving Access.

**MORE ON THE TOPIC:**

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