

An overview on management of the traumatised elderly patient.

Gakuu, LN; Kabetu, CE

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Abstract:

The elderly are predisposed to injuries due to consequences of ageing and presence of disease process commonly seen in the old people. Age-related deterioration of senses such as decrease in hearing capacity, presbyopia, changes in co-ordination, balance, motor strength and postural stability render the elderly vulnerable to environmental hazards. Diseases such as dementia, congestive cardiac failure, postural hypotension, osteoporosis and arthritis further contribute to compound problems of the elderly. Age and chronic factors further blunt the reserves to enable an elderly individual meet the demands of trauma. The challenge to the clinician is to be aware of the subtle changes and deviation from the norm that may suggest development of complications. With careful attention and appropriate physiological support the elderly patient has a good chance of survival. The primary condition must be assessed, necrotic tissues must be debrided by thorough surgical toileting, pus must be drained, wounds sutured and fractures must be set while cardiopulmonary activity must be monitored accurately. The patient should be reassured, kept warm and adequate analgesia given to relieve pain. Intravascular volume and composition of extracellular fluid must be maintained. Nutritional support should be provided in amounts needed to meet the higher demands of trauma and preferably by oral feeding. Above all multidisciplinary approach to the traumatised elderly is mandatory involving surgeons, physicians, physiotherapists and other paramedical staff and relatives.