



TITLE: Screening and Referral to the Geriatric Service for Hospitalized Geriatric Injured Patients

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I. PURPOSE

A proactive approach to identify frail older adults admitted with injury to prevent or decrease hospital complications and provide quality care in this patient population.

II. POLICY

Utilizing the Identification of Seniors at Risk (ISAR) scale to help screen patients 65 years and older who are at a greater risk for adverse outcomes or need assistance with geriatric syndromes. A referral can be to the geriatric consultation service to assist in caring for these patients to decrease complications including incidence of delirium and functional decline.

III. PROCEDURE

- A. When providers use the Identification of Seniors at Risk (ISAR) screening tool, injured patients 65 years and older with a score of  $\geq 2$ , are recommended to have an Inpatient Geriatric Consult. In addition to the ISAR screening tool, a provider may place a geriatric consult to assist with geriatric syndromes, such as delirium (prevention or treatment), dementia/cognitive decline, polypharmacy, weakness, and frailty. This may also warrant an Inpatient Geriatric Consult.
- B. An order is placed in Epic "IP Consult to Geriatrics" CON158. If the ISAR screening is used, it is identified in the Trauma H&P by using the embedded smartlist .TRAUMAISAR.
- C. Upon initial evaluation, a comprehensive geriatric assessment is used to identify functional capabilities/limitations, medical conditions, and psychosocial needs to best develop a plan of care for the patient.
- D. The geriatric provider obtains baseline cognitive function and regularly assesses for risk factors that could cause delirium.
- E. The geriatric provider will place a consultation to HELP (Hospital Elder Life Program), if appropriate. Criteria for a HELP consultation includes hospitalized patients 65 years and older who are at risk for cognitive and physical decline. Some of these risk factors include age, dementia, serious illness or injury, multiple comorbidities, and sensory deficits. The goals of HELP include improving patient outcomes while preventing delirium and further functional decline. These are carried out through various

interventions such as cognitive stimulation, range of motion exercises, assistance with ambulation, encouragement of nutrition/fluid intake, etc.

- F. If the geriatric patient develops delirium during the hospitalization, the provider helps identify any reversible causes and eliminates them accordingly.
- G. The geriatric provider reviews baseline nutritional status and assesses for any weight loss prior to admission. If there are any malnutrition concerns, consultation to the nutrition specialist can be placed for evaluation and recommendations.
- H. The geriatric provider evaluates baseline functional status and encourages early mobilization and utilization of physical/occupational therapies to optimize mobility and provide discharge recommendations during the hospitalization.
- I. The geriatric provider reviews home medications and evaluates for any polypharmacy or high-risk medication concerns. If so, the provider has discussion with the patient and/or appropriate decision maker (s) to help develop further treatment plan.
- J. The geriatric provider reviews active medications and changes, stops, or adjusts dosing, if appropriate, to reflect geriatric needs.
- K. The geriatric provider reviews Advance Directives and Living Will documents. If the patient lacks decision making capacity, the provider helps identify the legally appointed or surrogate decision maker who is appropriate to make medical decisions for the patient.
- L. To ensure an interdisciplinary approach, the geriatric provider evaluates and determines if any other specialists are necessary to help care for the patient while in the hospital and will make this recommendation to the Trauma Team.
- M. The geriatric provider assists with supportive conversations to the patient and/or appropriate decision maker (s) to ensure they have a good understanding of the medical issues and treatment plan moving forward.
- N. If necessary, the geriatric provider makes a connection through verbal communication with the outpatient care team to provide updates on any treatment changes that have occurred during the hospitalization.
- O. The Geriatric Consultation Service providers will participate in Trauma Performance Improvement and Patient Safety Committee and Trauma Committee.