

## TIPS FROM GERIATRICIANS

1. If cognitive impairment is diagnosed, assess if the patient can comprehend, evaluate and choose among care options before assuming such capacity is absent.
2. Be alert to depression and burn-out in your patients' caregivers.
3. Remain aware for potential financial, mental and physical abuse and self-neglect in frail elders.
4. Use your "Sherlock" skills during your initial moments with a patient:
  - a. Is the patient's manner of dress consistent with previous visits?
  - b. Is there an odor of urine or fecal incontinence?
  - c. Are the clothes clean and appropriately fitted?
  - d. Are there any visible skin changes?
  - e. Do you need to speak more loudly for the patient to hear you? (If yes, consider using a pocket talker to assist communication.)
  - f. Do the shoes appear appropriate?
5. Write down all instructions and medication changes for the patient and/ or caregivers. Use large and bold font for all written communications, including appointment reminders.
6. Review all medications and let the patient and/or caregiver know the ones that should not be crushed. Many elders will crush oral medications before swallowing.
7. Remind elders of risks of using over-the-counter diphenhydramine (available in sleep and cold preparations) that include delirium, urinary retention, and constipation.
8. Routinely include a social history to assess the patient's daily life and functional status. Ask about sexual activity and high risk behaviors for sexually transmitted diseases and HIV.
9. California providers are required to report lapses of consciousness or control and conditions that potentially lead to unsafe driving which includes cognitive impairment. Available at: <http://www.ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=13139>. Accessed 5/2/17
10. Physicians should engage with adult patients and their families in advance care planning to understand and document the patients' end of life wishes and values. For patients with a diagnosed terminal illness or extremely frail condition, consider completion of a POLST (Physicians' Orders for Life Sustaining Treatment) in addition to an Advanced Directive. ([www.capolst.org](http://www.capolst.org)). By recording the patient's healthcare preferences with tools such as Advance Directives or POLST, the patient is more likely to receive desired treatments and avoid treatments that the patient does not desire, even if the patient later loses decisional capacity.
11. The American Geriatrics Society has an excellent source for information on elder care, available at <https://geriatricscareonline.org>. The publication *Geriatrics at Your Fingertips* is a handy, pocket-sized reference that is updated annually.