

Four signs that a geriatric ER patient should be admitted to the hospital

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Four reasons to admit a senior from the ER to the hospital (*Annals of Emergency Medicine*). Credit: American College of Emergency Physicians

Older adults who go to the emergency department with cognitive impairment, a change in disposition plan from admit to discharge, low blood pressure and elevated heart rate were more likely to be admitted to

the intensive care unit (ICU) or to die within 7 days. The results of a matched case-control study of patients age 65 or older who died or were admitted to the ICU within 7 days of being evaluated in the emergency department were published online Wednesday in *Annals of Emergency Medicine* ("Poor Outcomes Following Emergency Department Discharge of the Elderly: A Case-Control Study").

"Emergency physicians must exercise extra caution when making the decision to admit or discharge a geriatric patient," said Gelareh Gabayan, MD, MSHS of the Department of Medicine at the University of California at Los Angeles. "These patients tend to be more delicate than their younger counterparts. Even abnormal vital signs, like [blood pressure](#) and heart rate, are associated with potentially catastrophic events for patients who are discharged from the ER rather than admitted."

Patients age 65 or older with a change in disposition plan (from admit to discharge), acute or chronic cognitive impairment or mental status changes, and abnormal vital signs (a systolic blood pressure below 120 and [heart rate](#) above 90) had a greater likelihood of experiencing death or an ICU admission within 7 days of being discharged from the [emergency department](#). (The change in disposition could be directed by a physician or by the patient leaving the hospital against medical advice.)

"Both patient families and hospital administrators can pressure emergency physicians to discharge seniors from the emergency department, but our study supports caution in these decisions," said Dr. Gabayan. "Our study identifies the patients at risk and the findings show that even seemingly small indicators can add up to something dangerous in these vulnerable patients. It is important to note, however, that this study does not encourage that all [older adults](#) be admitted. The findings should act as a tool for emergency department providers."

More information: Gelareh Z. Gabayan et al. Poor Outcomes After Emergency Department Discharge of the Elderly: A Case-Control Study, *Annals of Emergency Medicine* (2016). [DOI: 10.1016/j.annemergmed.2016.01.007](https://doi.org/10.1016/j.annemergmed.2016.01.007)

Provided by American College of Emergency Physicians

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