

Interdisciplinary care pathway helps manage frail, elderly trauma patients

25 April 2019



0.04) and 30-day [readmission](#) (9.6 to 2.7 percent; $P = 0.01$). Lower delirium (odds ratio, 0.44; $P = 0.02$) and 30-day readmission rates (odds ratio, 0.25; $P = 0.02$) were seen postintervention compared with prepathway patients, even after adjusting for patient characteristics.

"Implementing pathways standardizing care for these vulnerable patients could improve their outcomes following trauma," the authors write.

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(HealthDay)—An interdisciplinary care protocol for frail geriatric trauma patients significantly reduces the risk for delirium and 30-day readmission, according to a study published online April 5 in the *Journal of the American College of Surgeons*.

Elizabeth A. Bryant, M.P.H., from Brigham and Women's Hospital in Boston, and colleagues evaluated whether an interdisciplinary care pathway for frail trauma [patients](#) (>65 years) improved in-hospital mortality, complications, and 30-day readmissions. The interdisciplinary protocol included early ambulation, bowel/pain regimens, nonpharmacological delirium prevention, nutrition/[physical therapy](#) consults, and geriatrics assessments.

Based on the 125 and 144 [frail patients](#) in the preintervention and postintervention cohorts, the researchers observed no significant demographic differences in complications ($P = 0.93$). However, following the intervention, there was a significant decrease in delirium (21.6 to 12.5 percent; $P =$

APA citation: Interdisciplinary care pathway helps manage frail, elderly trauma patients (2019, April 25) retrieved 20 September 2021 from <https://medicalxpress.com/news/2019-04-interdisciplinary-pathway-frail-elderly-trauma.html>

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