Optimal Perioperative Management of the Geriatric Patient

Sherry Sonsalla
CentraCare Health, sonsallas@centracare.com

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Purpose

- Review best practice guidelines, perform a gap analysis, and provide recommendations for areas of opportunity for geriatric surgical patients

Methodology

- Older adult population (>65) is growing at a rapid rate
- Older adult population is projected to double to be 89 million between 2010-2050
- Geriatric population has an increase risk of postoperative complications and prolong recovery period
- Geriatric population has a higher risk of mortality and morbidity
- Health care costs are 3-5% higher have younger adults.
- Perioperative risks have been reduced because of new surgical techniques and advancements allowing more appropriate surgical interventions for elderly patients.

Recommendations

**Preoperative Fasting**

Collaborate with Department of Anesthesia, Surgeons and nursing to revise preoperative fasting guidelines and policies to support best practice guideline recommendations:

- Adults scheduled for an elective non-emergent surgical procedure should fast from clear liquids for at least two hours.
- Adults scheduled for an elective non-emergent surgical procedure should fast from light meal and/or nonhuman milk for at least six hours.
- Additional fasting (eight hours or more) maybe required depending on the type of food ingested, co-morbidities/diseases or other areas that may affect gastric emptying or fluid volumes

**Functional Decline**

- Adopt a geriatric model of care to support the unique needs of this population. These models of care are designed to reduce cost, length of stay, risk of mortality, increase likelihood of discharge to home, improve patient satisfaction.

**Nutrition in the Postoperative Period**

- Review Aspiration policy to include sitting upright while eating for one hour after completion of eating.
- Standards of care should include daily weights for 5 post op days on geriatric surgical patients.
- An Aspiration Risk Assessment/Adequate Nutrition Assessment should be completed upon admission and daily

Organizational Support

Optimal Perioperative Management of the Geriatric Patient: Best Practice Guidelines from ACS NSQIP/American Geriatric Society are supported by these organizations:

- American College of Surgeons (ACS)
- ACS/NSQIP (National Surgical Quality Improvement Program)
- AGS (American Geriatric Society)
- Geriatrics for Specialists
- The Joint Commission

References