

Care of ageing patients: general considerations for nursing

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ABSTRACT

As veterinary nurses, we readily advise clients about the additional needs of elderly animals at home. However, we must be careful not to neglect applying our recommendations to these same animals when admitted into the practice and are under our care. Ageing animals seldom have a single disease, but instead have a unique combination of multiple organ disease with varying levels of dysfunction (Fortney, 2004). Such changes in organ system function, however, may be covert until the ageing animal is stressed by illness, general anaesthetic procedure or hospital stay (Carpenter et al, 2005).

When admitting an elderly in-patient, comprehensive history-taking is especially critical.

Detailed information, including decrease or increase in food or water consumption, alterations in bodyweight or activity level and behavioural changes, are all important pieces of information. Owners are in a unique position to note subtle changes in daily routine, but may not offer such information unless prompted to do so.

It is important to remember elderly patients may be suffering from diseases other than those for which they have been admitted, so concurrent disease and medications must be ascertained at admission. On a busy ward it is easy for veterinary personnel to become focused on treating the presenting condition, only to overlook the fact the patient is also supposed to be receiving medication for arthritis, a prescription diet for chronic renal disease, eye drops for keratoconjunctivitis sicca and so on (Urquhart, 2001).

Hopefully, this situation appears as totally unacceptable nursing care – you may, however, be surprised at the frequency of its occurrence.

Key nursing considerations for the ageing in-patient will now be discussed.

Sensory impairment



Figure 1. Warning signs displayed on the kennel door will enable staff to adapt their approach to the patient accordingly.

Some degree of visual or auditory impairment is likely to be present in ageing animals and while such animals may function quite normally in a protected environment such as the home, the unfamiliar and confusing surroundings of a veterinary practice may lead to disorientation, nervousness or signs of aggression.

Careful owner questioning is essential to determine the pet's normal routine at home; this should be facilitated within the hospital environment as far as is possible.

Patients with sensory impairments will need slow and gentle handling; continuous vocal encouragement will guide the patient as to where the handler is and avoid it becoming startled. For a patient with reduced hearing, it is necessary to ensure it can see you approach or to gently tap on the side of the kennel to create vibrations if it is facing away from you.

For a patient with reduced vision, talk slowly, but constantly to it as you approach it. A warning sign should be displayed on the kennel door to inform staff of any sensory impairment and enable them to adapt their approach accordingly (**Figure 1**).

Appetite

Elderly patients are less able to tolerate periods of inappetence; however, it is not unusual to

encounter difficulties when trying to tempt elderly in-patients to eat as many become fussier with age. It is imperative, therefore, to question the owner regarding what the pet is normally fed, the quantity, frequency, and likes and dislikes.

This information must be recorded on the patient's care plan so all staff are informed; such information becomes useless if only one staff member is aware of it.



Figure 2. Many animals become fussy with age. Cats, in particular, may prefer to feed from a flat dish rather than a bowl.

It is essential to pay close attention to how the senior patient responds to food as a lack of interest in food is rarely due to true anorexia, with periodontitis and sensory impairment common causes of inappetence among elderly in-patients.

Periodontitis is common in elderly patients, so it is necessary to perform an oral examination of both the teeth and gums in patients refusing or appearing to have difficulty consuming food. Gingivitis, ulceration and damaged teeth are all likely to cause inappetence in a patient.

It is remarkable how often appropriate treatment for these oral problems leads to not only a marked improvement in appetite, but also patient activity and overall quality of life.

Smell and taste sensation also become reduced in ageing patients, and with elderly feline patients in particular this may lead to a lack of appetite. Feeding highly aromatic diets such as tuna and warming food to body temperature before serving will greatly enhance palatability.

It is also essential to consider how the food is presented, as large meals can become over-facing for many elderly patients. Smaller, more frequent meals may be more readily accepted and can also provide valuable mental stimulation and patient-VN interaction time. It is also necessary to consider the feeding implements used as many older animals, particularly cats, do not like to put

their face into a small bowl to eat and may, therefore, eat more readily if food is placed on to a flat dish (**Figure 2**).

In addition to appetite changes, elderly animals also have a decreased thirst response (Wolf, 2006) meaning they are susceptible to dehydration when ill or during periods of hospitalisation. Increasing the fluid content of food can help to avoid dehydration in patients who may not ingest sufficient fluid to meet their daily metabolic requirements (Urquhart, 2001).

Unless otherwise directed by the attending veterinary surgeon, fresh water must always be available for the elderly in-patient and the VN must monitor and record fluid input (50ml/kg/day for normal basal requirements), urine production (1ml/kg/day to 2ml/kg/day) and hydration status. Remember, many ageing animals will be suffering from some degree of renal compromise, therefore may drink and urinate in excess of normal calculated volumes.

Elimination

Due to varying degrees of renal compromise, elderly patients are often polyuric or incontinent, hence VNs must consider the choice of bedding material provided and provide regular opportunities for elimination. Elderly patients will probably require thick, comfortable bedding to reduce stress on painful joints; waterproof foam mattresses and veterinary fleece bedding, which enables fluid to pass through and be absorbed by the base layer, is ideal.

It is necessary to regularly inspect bedding and remove urine-contaminated items swiftly to avoid possible urine scalding and distress to the patient. Any fur contaminated with urine should be washed and dried; clipping hair around the genital region is often necessary in longer-coated breeds, along with applying a barrier cream.

When taking a patient history from the owner, information regarding toilet habits is essential; what type of cat litter is preferred, whether a dog prefers to toilet on grass rather than concrete and any particular commands used to elicit toileting. Again, it is essential such information is recorded on the patient's care plan so all staff are aware.

Mental and emotional well-being



Figure 3. The environmental use of synthetic pheromones may help improve ageing in-patients' demeanour, appetite and the ability to adapt to a busy ward.

Ageing dogs and cats often suffer a decline in cognitive brain function. Cognition, broadly defined, refers to mental processes such as perception, awareness, learning, memory and decision-making.

The ageing patient may therefore appear less mentally alert, which can make it appear stubborn or withdrawn. Such patients benefit greatly from time, effort and social interaction, as this can often reveal the true character of an animal that is prone to “switch off” for periods of time (Urquhart, 2001).

Animals suffering cognitive impairment may be especially confused and distressed when taken away from the familiarity of their home surroundings. Careful owner questioning is required regarding the animals' general mental status; does it respond well to commands, does it only respond to certain commands?

Disorientated pets do not adapt well to change, which makes them difficult to nurse in the hospital environment. It is essential, therefore, to ensure a balance between mental stimulation and periods of rest. Elderly animals tend to have frequent naps and may be irritable if their sleep pattern is disturbed; it is the job of the veterinary nurse to ensure the animal's environment is conducive to rest.

This may be achieved by careful kennel selection on admittance, grouping nursing interventions together wherever possible to minimise sleep interruption and allowing the patient some “quiet time” with the lights down.

Familiar blankets or beds may also help to alleviate stress and these should be provided wherever possible. Practice staff can sometimes be reluctant to allow personal belongings from home in case they get soiled and require washing, as it is then easy for them to get lost in a busy hospital environment.

If the risk of this is explained to the owner at admittance, then this rarely poses a problem. Remember, the item from home does not have to be an expensive plush bed; a towel or a piece of old clothing from the owner will help to pacify the animal just as well.

The environmental use of synthetic pheromones (pheromonotherapy) may also improve the demeanour, appetite and ability to adapt to the stresses a busy ward can cause to ageing patients. Both canine and feline versions are available and their use should be considered in the hospital setting (**Figure 3**).

Exercise requirements



Figure 4. It is important to allow hospitalised dogs time to wander outside as part of their mental well-being.

Elderly dogs enjoy “pottering” and it is important hospitalised dogs should be allowed time to wander and “sniff” outside, as part of their mental well-being (**Figure 4**). This may be provided as time in an outdoor run or, dependent on the patient’s condition, via frequent short walks, which can help to exercise stiff joints and enable plenty of opportunities for elimination. For dogs with any degree of cardiac or airway compromise, the use of a harness and lead is preferable to a collar and lead.

While elderly cats often spend long periods of time sleeping, encouraging them to move around is beneficial for circulatory, digestive, joint and emotional health. A quiet consultation room can be

used for this purpose.

It is essential to remember handling, restraint and exercise must be gentle at all times as joint degeneration and muscle atrophy are common among ageing animals. The use of non-slip mats should be considered on slippery surfaces where necessary. The rubber matting from consulting room tables is a good alternative where specific floor mats are not available (Urquhart, 2001).

Thermoregulation

Ageing animals have decreased thermoregulatory capacity and thus may be more heat or cold seeking dependent on the season and the ambient temperature. Regular monitoring of body temperatures is therefore essential and maintenance of an ambient ward temperature between 18°C to 22°C is paramount, along with care to ensure patients are not positioned in a draught.

Supplementary forms of heating/cooling will often be required and safe forms of heat sources (heat pads, microwaveable pads and circulating warm air systems) or cooling systems (air conditioning units and fans) should be used accordingly.

Compromised immune system

Ageing is associated with a decline in the functional competence of the immune system, which results in a reduced tolerance to infection and resulting presenting illness. Veterinary nurses must be mindful of this and ensure a rigorous aseptic technique is adhered to during all invasive procedures and nursing interventions.

Use of therapeutic agents

Nies (2001) suggested overall the risk of adverse drug reactions may increase by threefold to sevenfold as patients get older. Because of the underlying changes in many elderly animals and the effects such changes can have on drug metabolism, it is important to fully evaluate each patient and select therapeutic agents that are the safest for that patient. While this will be the job of the veterinary surgeon, veterinary nurses need to be aware of the effects of polypharmacy and monitor hospitalised patients closely for any adverse drug interactions (Wolf, 2006).

Tender loving care

While it is certainly not acceptable, it is perhaps understandable that in a busy veterinary practice, the “tender loving care” aspect of nursing care is sometimes overlooked. Despite staffing and time limitations, this is undoubtedly one of the most important aspects of nursing care.

As discussed, elderly in-patients are often scared and disorientated, so need that little bit of extra

care more than ever; these patients really do need, and will benefit greatly from, a little bit of extra care and attention compared with a younger patient.

Remember, elderly patients are generally the patients less able to compensate for any shortfall in veterinary nursing care; that extra fuss and attention might just help identify why the patient is withdrawn, inappetent and so on (Urquhart, 2001).

Conclusion

Ageing animals are less tolerant of a busy hospital environment and changes to their daily routine. Acclimatisation to a busy and noisy ward, therefore, may take them a little longer than younger, more outgoing patients. Small alterations in your actions can create a much more relaxed and amenable patient. While such actions may mean patient assessment and nursing interventions take a little longer, they will subsequently have a positive impact on the patient's physical and emotional well-being, which as VNs must always be our ultimate aim.

References

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