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Caring for Older Adults in the Hallway of a Crowded Emergency Department

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BACKGROUND

Recent increases in Emergency Department (ED) volumes in most parts of America have resulted in long waiting room times, longer times receiving care in the ED, crowding in the waiting room and in the ED site, and longer times waiting for a hospital bed. In a rural community Emergency Department that had 15,000 encounters (all ages) from 10/2020 to 9/2021 there were 4674 encounters in those over the age of 65 (30.7%), and of those, 116 became boarders (waiting for a hospital bed). 45% of all boarders in this hospital Emergency Department are older adults (> 65 years old). (These statistics were obtained from administrative data from personal communication from Aaron Malsch, Advocate Aurora Health Care 12/2/2021.)

The ED rooms may be used for those who await Intensive Care Unit beds, hence may not be available for others. The hallway is used "to keep an eye on the older adults" while they await transfer to the general medical floor of the hospital. Some older adults may spend long periods in this setting. Older patients who are vulnerable may develop delirium during their care in the emergency department.¹ The chaotic setting of ED hallways can create an environment that is particularly difficult to provide care and may pose further risk for delirium.^{2,3} For patients with cognitive impairment, the ED can be a disorienting experience which can lead to behavioral and psychological symptoms in response to stressors.

Several principles of care for older adults during disasters may be relevant to this situation.^{4,5} The American Red Cross developed a White Paper which highlighted key principles on the care of vulnerable older adults during particularly distressing times or disasters. Many of the concepts apply to the context of care for older adults in the hallway of an ED.

Six Practical Suggestions to Improve ED Care of Older Patients in the Hallway:

1. Acknowledge the situation and remain empathetic.

- Keep the patient and family up to date on the delay and the current status of the situation. Providing reassurance that we are working on the situation may help to decrease their anxiety.
- Assessment of those with dementia can be difficult and cognitive impairment may be underestimated. Remember that all behaviors have meaning. Use the term “distressed” as opposed to “agitated.”

2. Deploy delirium prevention strategies.

- Consider using sensory support devices such as hearing aids, voice amplification devices, or eyeglasses; promote orientation; provide therapeutic activities such as crosswords, word searches, sudoku, coloring sheets, playing cards, books, or magazines.
- Screen for delirium and recognize risk for delirium.
- Promote rest by keeping the ED environment as quiet as possible.
- Verbally reorient the patient during caregiving.
- Provide meaningful activities. Consider the use of physical therapy and mobility aids.
- Encourage the individual to keep their eyeglasses on and hearing aids in place. If the patient does not have their hearing aids with them, use a hearing amplifier which is a low-cost alternative to use in the ED, is easy to clean between uses, and has replaceable headsets.
- Provide ear plugs, eye shades and warm herbal tea/milk to promote restful sleep.
- Avoid missing dosages of baseline medication for chronic conditions.
- Those who develop delirium may be at particular risk for receiving psychotropic medications while in the hallway. Try to consider the entire context of the situation before prescribing such medications.
- Recognize signs of distress, anxiety, or confusion. Implement non-pharmacological strategies to assess their needs, redirect the individual’s attention to calm them down. Refer to the GED collaborative (<https://gedcollaborative.com/resources/cognitive-and-behavioral-disorders/>)⁶ for additional evidence-based resources.
- Consider the use of volunteers (if able) to assist with activities, reorientation, and providing comfort to the older adults who are boarding.

3. Consider providing a comfortable chair or recliner, as an option to a stretcher.

- The standard ED stretcher may not be the best place for a patient who is waiting for hours in the ED. In fact, they can pose significant risks to patients such as pressure injuries, inherent mobility restriction and delirium.
- A recliner may be a first line choice as it takes up less space, promotes upright positioning, promotes safe swallowing, and does not encourage patient to lay in bed.
- While safety is of great concern, the overall goal is that the older adult should remain free of physical restraint during the ED visit.

4. Promote comfort and dignity.^{7,8}

- Offer a warm blanket, extra pillows, snacks, water, and personal care items.
- Provide access to food and meals.
- Privacy of your interactions is important. d. Maintain the dignity and privacy of the patient while attending to their needs (personal and informational).
- Ensure toileting is offered at routine and frequent intervals to avoid discomfort or incontinence. Assess the patient’s need for assistance with their self-care. Help the patient to the bathroom if able.
- Avoid excessive noise/traffic in the hallway. Keep the patient away from the busiest areas of the ED, such as elevator, lobby, or trauma/ambulance bay, if possible.
- Consider offering a variety of items to enhance comfort, for example a Comfort Menu and Comfort Cart.⁷
- Encourage family to visit, particularly caregivers. (Follow local policies on visitors.)
- Support the family caregiver during their visit. (Provide comfort for them, as well)

5. Reassess the patient over time.

Individual’s needs will change throughout the day and night. Likewise, their response to treatment will need to be monitored during their initial course. Delirium screening may be warranted, given that the context of the care may precipitate delirium. Consider a screening tool such as bCAM and other resources which can be found at the GED collaborative link (<https://gedcollaborative.com/resources/cognitive-and-behavioral-disorders/>).⁶ Resources for screening for and managing patients with dementia in the ED can be found at the GED collaborative link (<https://gedcollaborative.com/resources/cognitive-and-behavioral-disorders/>).⁶

6. Prioritize older patients for hospital rooms and re-assess/address the systems-based barriers to optimal patient flow.⁹

There may be handoffs in care during the time waiting in the hallway. Make sure that care transitions integrate the individuals’ unique needs while in the ED.

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CONFLICTS OF INTEREST

Michael Malone owns stock in Abbott Labs and AbbVie.

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