**Geriatrics Consult Rotation**

Welcome to the Geriatrics Consult Rotation!

The Geriatrics Consult service provides consultative care for complex older adults who are admitted to the hospital. Consults come from both surgical and medical services. Surgical services often request assistance with perioperative management of chronic medical comorbidities in addition to delirium prevention. Medical services often request assistance with evaluation and management of many geriatric syndromes including management of delirium, falls, goals of care, management of behavioral and psychological symptoms of dementia and “adult failure to thrive.” We hope that this rotation helps you to hone your skills as a medical consultant and gives you further insight into evaluation and management of geriatric syndromes in hospitalized older adults.

**Faculty**

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| Sarah Wingfield, MD (Director)  Assistant Professor, Geriatric Medicine | Anu Gangavati, MD  Assistant Professor, Geriatric Medicine |
| Thomas Dalton, MD  Associate Professor, Geriatric Medicine | Namirah Jamshed, MD  Associate Professor, Geriatric Medicine |
| Jessica Voit, MD  Assistant Professor, Geriatric Medicine | Erica Chu, MD  Assistant Professor, Geriatric Medicine |
| Ravindra Bharadwaj, MD  Associate Professor, Geriatric Medicine |  |

**Advanced Practice Providers**

Amaka Opute DNP, APRN, ACNP-BC

**Geriatrics Consult Service Learning Objectives**

1. Goal: Learn to function as an internal medicine consultant for other specialties

Objectives:

* + Evaluate all acute and chronic medical conditions for each patient and provide a thorough differential, evaluation and management plan for acute medical issues and a management plan for all chronic medical issues.
  + Communicate all recommendations to the primary team and place orders as requested.

1. Goal: Learn to prevent, identify, evaluate and manage delirium in hospitalized older adults

Objectives:

* Use the DSM-5 criteria to define delirium and describe how it is different from dementia
* Describe delirium risk factors
  + Use the Confusion Assessment Method to screen patients for delirium
  + Describe delirium prevention strategies, the evidence behind them and work with the interdisciplinary team to implement them for patients on the geriatrics consult service
  + Create management plans for patients with delirium which prioritize non-pharmacologic management
  + Describe the evidence for the use of antipsychotics in the management of delirium

1. Goal: Learn about management of acute and chronic pain in older adults
   * Describe strategies for management of pain in patients who are unable to verbally express pain (ex. patients with dementia or delirium)
   * Create a pain management plan which minimizes the use potentially inappropriate medications but also effectively manages pain in older adults
   * Describe the importance of a multimodal pain management strategy
   * Recognize side effects of commonly used pain medications
   * List non-pharmacologic strategies for pain management
   * Be able to convert doses of different opioids to oral morphine equivalents
2. Goal: Learn about perioperative care of geriatric patients

Objectives:

* Create management plans for other issues which commonly arise in the postoperative period including constipation, urinary retention and nausea/vomiting
* Describe common components of Enhanced Recovery After Surgery protocols
* Determine the appropriate disposition for a geriatric patient and describe the components of a safe transition of care out of the hospital
* Participate in a “Most Difficult Perioperative Case” conference once during the two-week rotation

1. Goal: Evaluate a patient for “adult failure to thrive”

Objectives:

* Recognize that what is described as “adult failure to thrive” is multifactorial
* Screen patients for depression using the PHQ-9 or the Geriatric Depression Scale
* Define frailty and its impact on clinical outcomes
* List side effects of appetite stimulants in older adults and describe non-pharmacologic strategies for management of poor appetite
* Recognize that many medications can impact appetite and safely de-prescribe medications as appropriate

1. Goal: Appreciate the hazards of hospitalization for older adults and describe ways to prevent common negative outcomes related to hospitalization (delirium, falls, catheter-related complications, medication errors, pressure ulcers, deconditioning, disability, etc.)
   * Define hospitalization associated disability and strategies to prevent it
2. Goal: Sensitively evaluate a patient’s goals of care and communicate with patients and their families at the end of life
   * Lead a goals of care discussion as appropriate

**Teaching and Learning Strategies**

* Direct patient care and bedside teaching
* Articles provided at the start of the rotation
* Most Difficult Perioperative Case Conference and other conferences
* Plan to attend noon conference, morning report and other scheduled learning sessions by the internal medicine residency program
* Internal Medicine Grand Rounds
* Geriatrics Grand Rounds

**Day to Day Operations**

Many of our consults come from surgical services and many of the patients have been evaluated as part of the UTSW Perioperative Optimization of Senior Health (POSH) Program. As part of this program, surgeons refer patients for a comprehensive geriatric assessment preoperatively in the geriatrics clinic and the patient is followed by the geriatrics consult service in the hospital to help manage medical comorbidities, prevent delirium and assist with safe transition out of the hospital. Patients are referred based on the following criteria

Age > 85

Or

Age > 70 with any of the following

-Known or suspected cognitive impairment

-BMI < 25

-Greater than 3 chronic medical conditions

-Greater than 5 medications

-Hours are 8a-5p Monday-Friday. The consult service does not round on the weekends and therefore, residents will have both Saturday and Sunday off. You will receive an email from Amaka on Sunday evening prior to the start of your rotation to welcome you to the service and to notify you of the patients to be seen on Monday morning.

-Please contact Amaka at the start of each day to discuss patients who need to be seen. Please see new consults or follow-up patients as needed in the morning and write your note. List the attending physician as a cosigner on your note. On the first day, Amaka can be reached by email at amaka.opute@utsouthwestern.edu.

-Amaka will be first call on the consult pager and will notify you if there is a new consult to be seen.

-Consulting teams should be contacted by phone (if possible) to discuss our recommendations and relevant orders should be placed if requested by the consulting team.

- **Adherence to all duty hour regulations as dictated by the internal medicine residency program is absolutely expected and required. If you feel you have violated or will violate any duty hour restriction, then you must inform the attending on service and/or Dr. Wingfield immediately.**