

CLOSER THAN YOU THINK: THE VULNERABLE OLDER ADULT



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CE Earn Up to 7.5 Hours. See page 337.

“Please! Please! Don’t make me go back there! The frail, white-haired old woman clutches your arm as the attendant attempts to transfer her to the wheelchair so she can be returned to where she lives. She continues to resist the transfer, grabbing at the side rails of the stretcher, crying, and saying, “They’ll hurt me again!”

This 86-year-old had been sent to the emergency department for evaluation of increased confusion, combativeness with staff, and “bloody incontinence.” The referring nurse was concerned about a urinary tract infection and “worsening dementia.”

The ED provider had already evaluated the patient and reviewed the urine laboratory results that showed leukocytes but, surprisingly, no blood. A prescription for an antibiotic had been written, and this case appeared to be a quick, easy assessment, diagnosis, and disposition. Suddenly, however, the patient exhibits this behavior. You recall the report of “blood in her incontinence pad.” What would you do?

Fortunately, in this case, the nurse took time to investigate. Further questioning led to the decision to re-examine the patient, especially the perineal area, where signs of bruising and abrasions were found. A forensic examination was completed, and the patient was admitted for her safety. Authorities were notified.

Abuse of older and vulnerable adults may take on physical attributes that can be seen when they are looked for, making the problem a little easier to recognize. Unfortunately, it is suspected that neglect, sexual assault, verbal and emotional abuse, and coercion to work without pay (essentially human trafficking) are very common among older adults and are greatly underreported.¹⁻⁹ Financial abuse is suspected to be

the most common type of abuse, with a concern that up to 50% of older adults are financially exploited; yet this number is suspected to be greatly under-reported and under-investigated.⁴⁻⁸ Legislation related to this problem was passed in October 2017 (the Elder Abuse Prevention and Prosecution Act), but lack of reporting has made further action and the collating of statistical data difficult.^{4-7,9}

A recent report in *AARP Magazine*³ highlighted the plight of older adults who are placed under guardianship and then exploited. Guardianships (which often are court ordered when an older adult appears to be “mentally or physically incapacitated”) should protect the patient, but these guardianships may take away the older adult’s civil rights instead, which can include the right to sign contracts, make medical decisions, and choose with whom to associate and where to live.

Legal guardians are often court appointed if health care providers are having a difficult time reaching family members during a crisis. Guardianship may be appointed due to convenience, and agencies now exist that offer guardianships as a business. Family members may be court appointed as legal guardians, but it just as frequently happens that the family is cut out of the patient’s life and not even allowed to contact the patient, especially when they start to question the guardian’s decisions. This situation is especially true if the family lives in a different state and is not able to prove previous interaction with the patient on a frequent basis. Most guardians are loving and caring, but some guardians (both family members and non-family members) have been found to exploit older adults.^{3,4,9}

Nurses in the emergency department may not be able to see what goes on in the home or be knowledgeable about the older adult’s financial situation, but some signs may be a red flag that nonphysical abuse is occurring. In addition to unusual bruises, abrasions, and lacerations, other clues to older adult abuse can include weight loss, poor hygiene and grooming, unkempt clothing, a shuffling gait rather than good mobility, and lack of medical aids such as hearing aids, glasses, dentures, a walker, a cane, or medication. A history of changes in mood; becoming withdrawn; loss of interest; complaints of sleeplessness, anxiety, or talking about suicide; or reports from EMS of no food or expired food

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TABLE
Resources related to care of older and vulnerable adults

Resource	Web site
The Long-Term Care Ombudsman Program, Adult Protective Services, and State Survey and Certification Agency	www.theconsumervoice.org/get_help
Eldercare Locator	www.eldercare.acl.gov
National Consumer Voice for Quality Long-Term Care	www.theconsumervoice.org
National Long-Term Care Ombudsman Resource Center	www.ltcombudsman.org
National Center on Elder Abuse	https://ncea.acl.gov/
National Sexual Violence Resource Center	www.nsvrc.org
National Adult Protective Services Association	www.napsa-now.org

in the home or piles of dirty laundry are findings that suggest that older adults are not getting the support they need from an assigned caregiver or no one is checking on them. It may be that the older adult has not needed a caregiver until now, but it also may be that the assigned caregiver is not watching out for the older adult and ensuring that his or her needs are met. The nurse should obtain a history related to self-sufficiency if it appears to be a situation in which someone has been assigned to assist the patient and has not done so. In such cases, a report should be made so that further investigation can be performed.

Numerous cases have been reported in which a caregiver takes the monies sent to the older adult by the government to be used for food, shelter, clothing, and medical aid and keeps it instead of providing for the older adult, who is often found hungry, clothed in ragged, dirty clothing, and without appropriate medications.¹⁻⁹ When the older adult becomes ill or injured, the caregiver then refuses to allow the patient to be taken to the hospital or admitted, because this cuts into or diverts the funds the caregiver has taken. This behavior has been seen both when the older adult owns a home but has been assigned a caregiver/guardian and when the older adult has been placed in a home for care.¹⁻⁹

Less obvious to ED staff is financial exploitation, when someone illegally or improperly uses an older adult's money or belongings for personal use. This type of exploitation is

thought to be the fastest growing form of elder abuse. ED staff need to observe when assigned caregivers or family members demand/ask/or simply take money or items belonging to the older adult. If the older adult receives a discharge notification for nonpayment of rent and ends up in the emergency department with nowhere to go, is seen hiding money, or speaks of buying big-ticket items or making unusually large donations, the ED nurse should be suspicious that someone is taking or trying to take the older adult's money. ED nursing staff may not know about changes in financial status, money disappearing from checking, savings, or retirement accounts, or new credit card accounts being opened and used in the older adult's name, but if they hear the older adult worrying about this, they should pay attention, because these are common ways older adults are exploited. Being coerced to sign legal documents or use of power of attorney in an inappropriate manner are other ways older adults can be financially abused and exploited.¹⁻⁸

It must be noted that at times a patient may be forgetful, paranoid, or have a psychosis caused by a cognitive disorder or medical condition; in these cases, someone else must make decisions that may anger the older adult and take away his or her rights. However, growing evidence indicates that often a small bump in the road causing a brief bout of confusion has led to an older adult being declared incompetent.¹⁻⁹ If the ED nurse get hints of inconsistencies, she or he should speak up. These patients are vulnerable because somewhere along the line they have been deemed to be vulnerable, but they may no longer be as incompetent as they were at the time they were so labeled. These older adults need a champion. Action may not remove the "vulnerable" label, but it may restore some of the older adult's rights, privileges, and dignity (Table).

Several states are starting to look at vulnerability of older adults—especially what happens in nonlicensed facilities where older adults may be sent when they are unable to live in their own homes. Evidence shows that care providers in some of these homes physically, sexually, and verbally abuse older adults, but this abuse is often hard to prove because the older adult is fearful of retaliation. Often if an older adult speaks up it is chalked up to confusion or it is assumed they could have injuries or altered behaviors for other reasons, and it is easier to look the other way.¹⁻⁹

As nurses we are willing to stand up for children who are being abused. We also need to stand up for older adults who are just as vulnerable, are often afraid, and often have a nonphysical component to their vulnerability, which can include financial, verbal, and emotional aspects of abuse. Know your state's laws and make the call. These conditions are closer than you think.

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