

## Ten Things to Look For in a Senior-Friendly Emergency Room

**A trip to the Emergency Room (ER) can be difficult at any age.** It can be particularly difficult for older adults, who often have a number of health problems and take multiple medications. Because ERs tend to be noisy and hectic, older people can feel overwhelmed. And, if they have to spend a lot of time in the ER, they have a greater chance of developing delirium—serious mental confusion that can sometimes lead to difficulty thinking and remembering.

Fortunately, ERs are changing and getting more “senior-friendly.” More hospitals are changing their ERs so they are safer for older people. Some hospitals are even creating special ERs just for older adults.

If you are older, or if you care for an older person, it can be helpful to learn more about the ER that is closest to where you live. This is where you will likely be taken if you need emergency care. When you visit, ask the ER staff the five questions below. After these five questions are five things to look for in the ER.

### Five Questions to Ask

#### 1. Is there someone on the ER staff with specialized training in the care of older adults?

Geriatricians are doctors with advanced training in caring for older people. Nurses, physician assistants, and other members of the healthcare team may also have advanced training in geriatrics. These professionals are important members of the ER team because older people may respond differently to medications and other treatments than younger people do. Geriatrics health professionals are well aware of these differences.

#### 2. Is there someone at the hospital I can speak with about advance directives?

Advanced directives are legal papers that explain what kind of end-of-life care a person wants, and doesn't want. For example, in an advanced directive an older person may note that he does not want to be kept alive with a respirator—a device that can breathe for you if you can't breathe on your own.

#### 3. How do you help make triage less stressful for older people?

Triage is a standard system for deciding which patients at an ER get treated first. With triage, patients who need care the most get treated first. Because ERs are often busy, waits can be long for those who don't need immediate help. This can be a problem because older adults who have long waits may run an increased risk of developing delirium in the ER. Ask the ER staff if they can move an older person to a quieter, calmer room if they have a long wait. Ask what else they do to make older people's time in the ER less stressful.

#### 4. What do you do to limit the number of “transitions of care” that older adults go through after they reach the ER?

Between the time they reach the ER and the time they return to their home, older adults may be moved to new locations several times. For example, they may be transferred to an Intensive Care Unit (ICU), to a hospital room, to a rehabilitation facility, and back to where they live. With each

**4** (cont.) move (care transition), patients get care from different healthcare providers. However, research shows that older people who go through fewer transitions are given fewer inappropriate medications and have better health outcomes.

**5** **Does the hospital use medication reconciliation and full pharmacy reviews?**  
These practices lower the chance that an older patient will get incorrect medications, or medicines at the wrong doses. Medication errors are the most common medical errors. Many of these errors can be avoided with regular medication reconciliations. These reviews involve making a complete list of a patient's medications, and then comparing that list with the list of medications in the patient's record. Pharmacy reviews involve creating a complete and correct list of the current medications a patient should be taking, every time the patient moves from one healthcare setting to another—such as from the ER to a hospital room to a rehabilitation facility.

## Five Things to Look For

**1** **Handrails along the walls**  
These help older people avoid falling while standing or walking.

**2** **Appropriate wall treatments and lighting**  
Light-colored, non-shiny walls and floors can both boost lighting and reduce glare in an ER. Glare on shiny surfaces can make it harder for older adults to see the edges of pale-colored surfaces. This can cause confusion. At the same time, colors that contrast too much (such as bright blue and bright orange) can make older people feel dizzy. Indirect light that bounces off walls or ceilings can increase overall room brightness without creating glare. Exposure to natural light (such as through windows) can help with recovery in the ER and may help decrease delirium.

**3** **Special reclining examination chairs**  
These are more comfortable than standard exam chairs. It can also be easier for older people to sit in and get up from these special chairs.

**4** **Warming blankets**  
Warming blankets or other devices can help older people warm up if they've gotten too cold. Older adults tend to have more difficulty staying warm than younger people do.

**5** **Bedside commodes**  
For some older adults, using a standard toilet—or simply walking to the bathroom—can be difficult and may lead to falls. Bedside commodes, which look like a cross between a chair and a toilet, can help. The height can be adjusted so the older person can sit on and get off the commode easily and safely.

Source: *Geriatric Emergency Department Guidelines*, developed and endorsed by the American College of Emergency Physicians, the American Geriatrics Society, the Emergency Nurses Association, and the Society for Academic Emergency Medicine, and supported through the AGS Geriatrics-for-Specialists Initiative which is funded by the John A. Hartford Foundation. See [GeriatricsCareOnline.org](http://GeriatricsCareOnline.org) for the full guidelines.

  
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