COVID-19 in the older adult

1. How does the older adult present?
   - WATCH OUT FOR:
     - Delirium
     - Anorexia/Fatigue/malaise
     - Falls/Syncope
     - GI symptoms
     - Deterioration in function
     - Less likely to present with cough, dyspnea or temperature
   - Day to day variability

2. Clues in biomarkers/tests
   - Lymphopenia
   - Modest rise in inflammatory markers
   - Hypoxia without breathlessness
   - Acute kidney injury
   - Hypotension
   - May have no CXR changes

3. Management
   - Treat superimposed infection
     - Acute kidney injury
     - VTE thromboprophylaxis
   - GI symptoms
   - Management of delirium
     - Functional decline/Rehabilitation
     - Remember latent fatigue
     - Beware nutrition, hydration and mouth care
     - Look at the medication

4. The Sums
   - Increased chance of Atypical Presentation
   - Mortality
   - Age

5. Assessment of Frailty
   - Assess frailty at the front door
     - (use the tool that best fits your service)
   - Comprehensive Geriatric Assessment (CGA)
     - NNT 33
   - Benefit from a Clinical Frailty Score:
     - Functional status 2 weeks before admission
     - Not validated in Under 65 or those with stable lifelong disability

6. Special considerations
   - Patient
     - PPE
     - Hearing/visual
   - Relative
     - Virtual visiting/updates
   - Discharge planning
     - Follow local guidelines
     - Cohorting/multiple occupancy rooms with local infection control teams
   - Communication
   - Managing the mobile wandering and confused patient

7. Treatment Escalation Plans
   - Individualised care plan including TEP
   - DNACPR discussions
     - Conversations with openness & compassion
   - Palliative care - involve your palliative care teams early and individualise the care

Useful resources:
- REDMAP Framework
- Coronavirus and Older People (BGS Website)