



# COVID-19 in the older adult

## 1 How does the older adult present?

**WATCH OUT FOR**

Less likely to present with cough, dyspnea or temperature

Delirium	Anorexia/ Fatigue/ malaise	Deterioration in function
Falls/ Syncope	GI symptoms	Day to day variability

## 2 Clues in biomarkers/tests

**Clues in biomarkers/ tests**

- Lymphopenia
- Modest rise in inflammatory markers
- Hypoxia without breathlessness
- Acute kidney injury
- Hyponatraemia
- May have no CXR changes

Symptoms may be unreliable- consider early testing

If index of suspicion high Repeat swabs



Don't forget non-covid causes for presentation

## 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
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## 4 The Sums

Age ↑ Mortality ↑

Age + Frailty + Comorbidities = Increased chance of Atypical Presentation

Severity of illness may be disproportionate to symptoms

Hypertension, Cardiovascular, Cerebrovascular, Diabetes

## 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

**Communication**

Patient PPE Hearing/visual

Relative Virtual visiting/updates

**Discharge planning**

Shielded/vulnerable spouses Carer packages

Nursing/residential home Working in partnership

Follow local guidelines

Cohorting/ multiple occupancy rooms with local infection control teams

Supporting patients who are confused and excessively mobile

## 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

### REDMAP FRAMEWORK

- R**EADY - CAN WE TALK ABOUT YOUR CARE?
- E**XPECT - WHAT DO YOU KNOW/ WANT TO ASK?
- D**IAGNOSIS - WE KNOW/DON'T KNOW
- M**ATTERS - WHAT MATTERS TO YOU?
- A**CTION - THIS CAN HELP/ THIS WILL NOT HELP
- P**LAN - LET'S PLAN GOOD CARE FOR YOU + YOUR FAMILY

**CPR**

WE WON'T USE MACHINES THAT CAUSE HARM

WE WON'T PRESS ON YOUR CHEST IF YOUR STOP BEATING ...

... BECAUSE THESE THINGS DON'T WORK

### Useful resources:

REDMAP Framework

Coronavirus and Older People (BGS Website)

