

Degree	Type	Year
2500891 Nursing	OT	4

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Teaching groups languages

You can view this information at the [end](#) of this document.

Prerequisites

There are no established prerequisites, but it is recommended to have passed the subject of Nursing care in the aging process

Objectives and Contextualisation

In this subject, the most prevalent acute health problems and the main chronic pathologies in elderly people will be studied.

However, all geriatric syndromes are analyzed in depth.

Older people can be affected by these syndromes that cause high levels of dissatisfaction in relation to basic needs. As a result we find high levels of dependency, social isolation and the loss of quality of life in relation to their health.

In order to maintain the balance between health needs and their satisfaction, nurses must establish a care plan with actions based on the latest available scientific evidence.

Nursing must favor the satisfaction of their basic needs, and promote the empowerment of the person and autonomy. It is for this reason that the identification of geriatric syndromes at any level of care will allow us to make an effective approach with the ability to reduce the morbidity and mortality of the geriatric population by drawing up personalized nursing care plans guaranteeing the safety and effectiveness of the interventions.

Targets

1. Know the bioethical principles applied to geriatrics. Identify abuse, neglect and abuse in the elderly.
2. Promote healthy and active aging.
3. Know the biological aspects of aging that are related to the incidence of suffering from diseases in order to develop care plans adapted to the specific needs of this stage of the life cycle.
4. Know in depth the integral geriatric assessment (VGI), for the preparation of care plans correctly designed and adapted to the real needs of elderly people.
5. Identify and learn the most prevalent chronic processes in the field of geriatrics.

6. Know all the geriatric syndromes in depth in elderly people.
7. Identify all the causes of each of the geriatric syndromes to create nursing plans aimed at preventing them.
8. Know all the consequences of geriatric syndromes to prevent serious complications if they occur.
9. Identify the interrelation established between each of the geriatric syndromes
10. Know the most prevalent acute pathologies in the field of geriatrics in order to develop care plans adapted to their needs.
11. Identify and know the main drugs used in the field of geriatrics taking into account: indications, dosage, dose, side effects and interactions. Pharmacokinetic alterations in geriatrics.
12. Assess and recognize the different types of pain in the elderly, and learn to assess pain in patients with advanced cognitive impairment.
13. Know the measures to take to compensate for alterations in thermoregulation in elderly people.
14. Identify the signs and symptoms of dehydration that will occur in elderly people and how we should act to compensate for them in home or residential environments.
15. Know the most prevalent neurological pathologies in the elderly and which nursing care is most appropriate.
16. Know which are the most frequent mood disorders in elderly people and which are the most appropriate treatments.
17. Know which cardiovascular diseases occur more frequently in elderly people and which are the strategies to take in their care.
18. Know the clinical manifestations of respiratory processes in elderly people, and what are the most suitable nursing interventions.
19. Describe the most relevant digestive problems in elderly people, and find out which are the most appropriate interventions.
20. Identify which are the endocrinometabolic processes that occur more frequently in elderly people and which nursing interventions will be necessary.
21. Describe the characteristics of osteo-articular alterations in elderly people, and establish appropriate nursing care plans.
22. Identify the etiology of the different sores (arterial, venous, mixed, Martorell), to offer the best treatment with evidence based on the causes that cause the deterioration of skin integrity.

Competences

- "Demonstrate an understanding of people without prejudice: consider physical, psychological and social aspects, as independent individuals; ensure that their opinions, values and beliefs are respected and guarantee their right to privacy, through trust and professional secrecy."
- Act with ethical responsibility and respect for fundamental rights and duties, diversity and democratic values.
- Base nursing interventions on scientific evidence and the available media.
- Make changes to methods and processes in the area of knowledge in order to provide innovative responses to society's needs and demands.

- Offer technical and professional health care and that this adequate for the health needs of the person being attended, in accordance with the current state of scientific knowledge at any time and levels of quality and safety established under the applicable legal and deontological rules.

Learning Outcomes

1. Acquire and use the necessary instruments for developing a critical and reflective attitude.
2. Analyse nursing interventions justifying them with scientific evidence and/or expert opinions that support them.
3. Analyse the physical, psychological and social aspects affecting the autonomy and independence of individuals.
4. Analyse the problems, prejudices and discrimination in the short and long term in relation to certain people or groups.
5. Apply scientific evidence in the planning and practice of nursing care.
6. Consider the physical, psychological and social aspects of situations of conflict from a bioethical point of view to reach a solution.
7. Describe the most prevalent changes in the health of elderly people, their manifestations (changing needs) and the nursing care to address their health problems.
8. Identify the appropriate actions that promote respect at the peoples psychosocial answers to health situations (particularly illness and suffering).
9. Identify the structural, functional and psychological modifications and changes in lifestyle associated with the ageing process as well as the nursing care needs deriving from these changes.

Content

CONTENTS

Principles and concepts:

In this subject, the bioethical principles applied to the care of people will be worked on, with special emphasis and focus on the elderly, in accordance with the situation of fragility and vulnerability they often present.

It is intended to work and provide knowledge in relation to healthy, active, non-pathological aging in the first place.

The most frequent alterations of thermoregulation in the elderly are hypothermia, hyperthermia and heat stroke, which appears regularly and leads to a hydroelectrolytic imbalance with serious consequences for the elderly.

Vertigo has a high prevalence and is a frequent cause of consultation. It is a problem that must be carefully evaluated and is described as a spinning sensation that requires evaluation by a specialist, although nursing exploration can guide the clinical diagnosis and at the same time reduce the number of unnecessary interventions.

Syncope is a sudden loss of consciousness, with spontaneous recovery, caused by a decrease in cerebral blood flow, it can also be caused by metabolic alterations such as hypoglycemia. Nursing must develop the necessary skills to be able to carry out a screening and identify the main causes related to the different situations.

The two digestive symptoms that occur with greater incidence in the elderly are constipation and diarrhea, both entities require an examination of food, hygienic and care habits, in order to reduce and avoid the resulting risks such as dehydration, vasovagal pictures, among others.

Immobility is the difficulty or lack of ability of the elderly person to carry out movements due to the deterioration of their motor functions, which prevent them from carrying out activities of daily life, so that their relationship with the environment deteriorates and favors the presence or development of skin lesions such as dependency-related wounds and vascular ulcers. Knowing the etiology of injuries, their identification, classification and treatment is a nursing activity that is included in the measures to determine the degree of quality of care.

A fall can be defined as falling to the floor, suddenly, involuntarily and unsuspected, which may or may not cause a secondary injury, and which is confirmed by the elderly person himself or another person who saw him fall. Its frequency is high among elderly people admitted to care centers, especially among those who suffer from cardiovascular disorders, and who when they fall are usually conscious and oriented. The falls are related to the increase in dependence as a result of the post-fall syndrome, which appears due to people's fear of having new episodes of falls again.

An important element in the falls and accidents of the elderly requires a multi-intervention prevention plan that preserves the physical integrity of the person and at the same time allows the activation of the necessary social resources, such as tele-assistance services, systems home safety equipment such as smoke detectors, lighting systems, programs to maintain physical (strength and balance) and sensory abilities to prevent or reduce falls and accidents.

Neurological disorders are one of the main causes of chronic processes that lead to disability in the elderly. Since a high percentage of neurological processes occur in old age, this situation occurs for several reasons, among which are the changes that the aging process exerts on the central nervous system, which facilitate the appearance or complication of pathological processes, such as dementias and neurodegenerative disorders such as Alzheimer's, among others, or Parkinson's.

Organic brain diseases are classified into acute and chronic. In the first we find acute cerebral syndromes such as stroke, TIA and in the second are all the dementias. The nurse must know the assessment and screening instruments for dementia in order to establish a care plan for the person and their environment that will reduce the impact these processes have on health and quality of life.

Mental health in the elderly must be dealt with from the perspective of the person as a whole, that is to say it must deal with psychosocial aspects of the care of the elderly and what the ideal environment is like.

Cardiovascular diseases are one of the most important causes of morbidity and mortality among the elderly. The most frequent are angina, CHF, IAM, hypertension, peripheral vascular diseases, arteriosclerosis, aneurysms, arrhythmias and valvulopathies. The signs and symptoms in the elderly have an insidious development and are therefore not recognized, neither by the patient nor by the carers.

The respiratory system is the one that maintains the closest contact with all environmental pollutants throughout life, if we add to this the changes of the aging process, all this increases its vulnerability and creates great dependencies in the elderly person. The most common respiratory disorders in the elderly are pneumonia, emphysema, tuberculosis and pulmonary thromboembolism (PE), although in the last two years, acute viral infections such as infections by COVID 19, and other acute processes such as Stationary Flu and Avian Flu. Derived from recent infectious events affecting the respiratory system, it is necessary to establish nursing care plans based on preventive interventions, such as the administration of vaccines, education on hygiene and personal and collective protection, as well as establishing strategies for public health in order to identify and act on possible sources of infection.

The health problems of the gastrointestinal system are of three types, ingestion, digestion and elimination. These three functions are necessary and help the development and maintenance of metabolism. The most frequent problems in the elderly are xerostomia, hiatus hernia, diverticulitis, hepatic colic, hemorrhoids and anemia related to alterations of the gastrointestinal system.

The changes in the sexuality of elderly people begin slowly between the ages of 30 and 40 to become evident as the person gets older, these changes are related to physiological changes in the genitourinary system and generate changes in the relationships of couple

The peak age at which diabetes mellitus is diagnosed in the elderly is between 60 and 70 years. Poor metabolic control generates a series of physiological responses such as sweating, polyuria, tachycardia among others, which are often absent in elderly people.

Osteoporosis is the most prevalent bone disease of a metabolic nature among the elderly and which carries a high morbidity among them, in our country according to data collected from the "Hispanic Osteoporosis Foundation" about three million people suffer from this disease.

It is appropriate to differentiate the concept of fever from hyperthermia, the first is an increase in body temperature, due to the activation of interleukin-1 that stimulates the hypothalamic preoptic area, which is where body temperature is regulated, causing an increase in temperature and the activation of the immune system with the stimulation of neutrophils in the bone marrow, favoring muscle proteolysis. In summary, fever is a defense mechanism of the body as it stimulates the generation of antibodies and acts against antigens sensitive to heat, preventing their development.

Dehydration is one of the important disorders in elderly people, since in the body composition of the body the liquid element constitutes 60% of the body weight, distributed as follows: 40% is in the intracellular space about 28 liters, and the remaining 20% in the extracellular space about 14 liters, a distribution that in elderly people varies, due to changes in the aging process, decreasing total water and increasing the proportion of descending until reaching a percentage that oscillates between 40% and 45%. For this reason, it is also the disorder that occurs more frequently in the elderly, in which several factors are involved that cause a decrease in the contribution of liquids or an increase in the losses thereof. The main one is the lack of sensitivity of the thirst center in elderly people, which, like the temperature regulator, is located in the hypothalamus. That's why in the face of a picture of dehydration, the perceived feeling of thirst is lower, which is why the intake of liquids is not enough, which results in a functional deterioration.

The two types of incontinence that occur in older people are urinary and faecal, the latter with less frequency than urinary, but with a high impact on the quality of life.

Regarding urinary incontinence, the SIC (International Continence Society, 1991) defined urinary incontinence as: The involuntary loss of urine that is objectively demonstrable and constitutes a social and hygienic problem. Urinary incontinence is not a normal process of aging, on the contrary it is caused by some type of functional or pathological disorder. It has very negative repercussions on physical and psychological health. As well as on social activity by limiting it noticeably and of course it has an important impact on health costs.

Faecal incontinence is the inability to control the output of faeces voluntarily, resulting in a change in the normal habits of faecal elimination. With significant alterations in the level of satisfaction of the elderly person's basic needs, similar to what we have described in urinary incontinence, which have repercussions at a bio-psycho-social and economic level, representing an important family burden, the reason why they are often institutionalized

Constipation is the reduction in the frequency of stools that may or may not be accompanied by difficulty in expelling stool. Bearing in mind that normal defecation would be at a weekly frequency that was not less than three times. Other parameters are also involved that would complete this definition such as the consistency of the stool and the presence of symptoms in the evacuation of the stool such as pain and tenesmus.

On the other hand, the demographic changes have caused the different levels of care to start programs to treat and care for the elderly in their environment, in order to minimize the impact of chronic processes and reduce unwanted effects related to health care. The PCC (Chronic Complex Patient) and MACA program has been developed in the last year.

A situation that needs to be worked on throughout the mention is polymedication in elderly people. There is a large number of drugs that can alter the functionality of devices and organs, generating greater dependence and increasing morbidity and mortality. The recognition of the different drugs most common in the field of geriatrics is vital: Indications, dosage, dose, side effects, interactions, and forms of administration.

On the other hand, the need to train future nursing professionals in the assessment of pain in elderly patients with cognitive impairment must be highlighted.

The elderly by age and pathologies have a high prevalence of suffering from sores of different etiologies (venous, arterial, mixed, Martorell), etc. It is essential to recognize the type of sore depending on its etiology, and an appropriate treatment.

Activities and Methodology

Title	Hours	ECTS	Learning Outcomes
Type: Directed			
THEORY	50	2	1, 3, 4, 6, 8, 9
Type: Autonomous			
WORKS: CLINICAL CASES	100	4	2, 5, 7, 8

The methodology used is theory sessions, and the development of clinical cases based on theory.

Note: 15 minutes of a class will be set aside, within the calendar established by the center/degree, for students to fill in surveys to evaluate the performance of the teaching staff and to evaluate the subject/module.

Annotation: Within the schedule set by the centre or degree programme, 15 minutes of one class will be reserved for students to evaluate their lecturers and their courses or modules through questionnaires.

Assessment

Continuous Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
EXAM	50%	0	0	1, 3, 4, 2, 5, 6, 7, 8, 9
REPORTS / WRITTEN	45	0	0	1, 3, 4, 2, 5, 6, 7, 8, 9
SELF APPRAISAL	5	0	0	1, 3, 4, 2, 5, 6, 7, 8, 9

There is a written test at the end of the subject that represents 50% of the final grade.

The evaluation system includes written assignments (clinical cases) that solve the questions worked on based on the theory. This activity is group. Each activity mentioned represents 15% of the final grade.

At the end of the subject, each student must present a self-evaluation report in which he critically, honestly and reflectively explains what his strengths and weaknesses have been, as well as the causes and possible ways to solve them. This self-assessment must be quantitative and qualitative and always in relation to the achievement of the objectives set by the subject and represents 5% of the final grade.

Each activity must be approved with a minimum of 5 points in order to calculate the final grade. Otherwise, the subject will be recorded as suspended and the student will have to make up on the established dates.

Any sign of plagiarism will result in the suspension of the subject.

Any disrespectful action towards the rest of the students and teachers will not be tolerated. If necessary, the coordination of the degree will be informed in order to open an analysis committee which may mean the suspension of the subject

Obtaining the final grade:

The requirement for obtaining the final grade is to have completed all the assessable units.

It is considered non-evaluable when:

The student has missed more than 20% of scheduled sessions. Therefore, 80% attendance at the sessions is mandatory.

When the student has not passed the written test with a minimum of 4.9, or when he does not present a minimum of 5 in the reports or written work.

When the student enrolled in the subject has not taken the subject nor passed the tests and written assignments.

The final grade will be the sum of the different parts that make up the subject. The final qualification according to agreement 4.4 of the Governing Council 17/11/2010 of the evaluation regulations, the qualifications will be:

0- 4.9= Suspend

5- 6.9 = Passed

7- 8.9 = Remarkable

9- 9.5 = Excellent

9.6-10 = Honor roll.

The student has the right to review the evaluations. For this purpose, the date will be determined on the virtual campus.

The assessment of special and particular situations will be assessed by an assessment committee set up for that purpose.

Bibliography

In line with the methodology used autonomous resolution of clinical cases based on theory and, given that one of the general skills that the student is expected to acquire is that of developing strategies for autonomous learning, no bibliography is specified. The student must become competent in the search and management of information

Software

Mendeley

Language list

Name	Group	Language	Semester	Turn
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