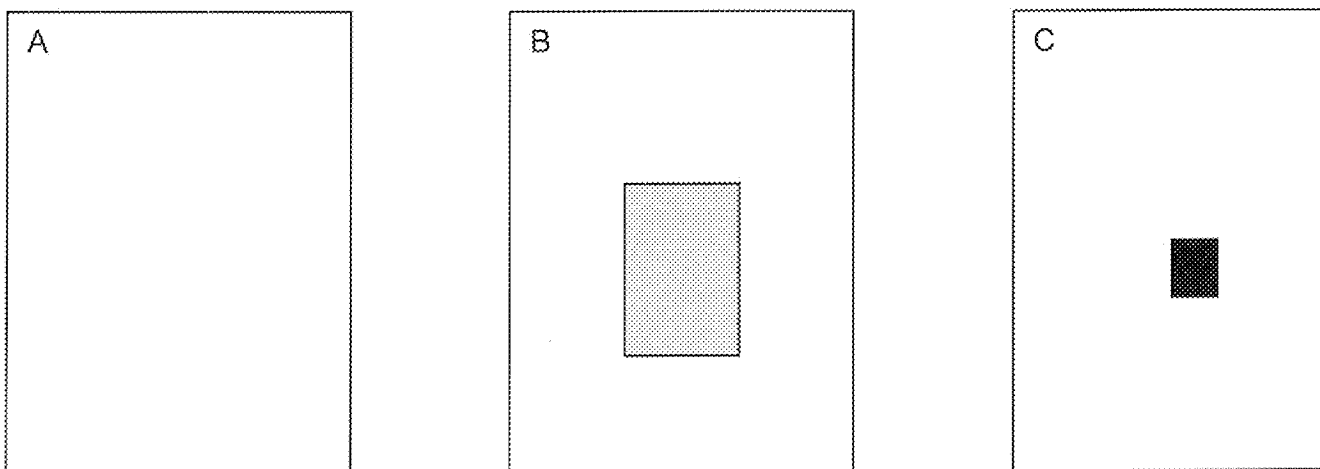


Frailty and the nursing care of older people

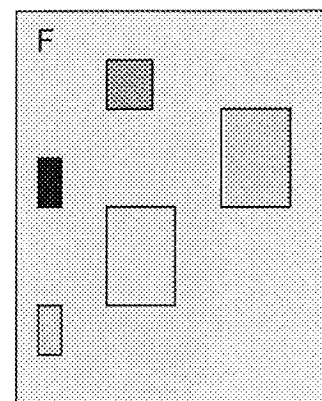
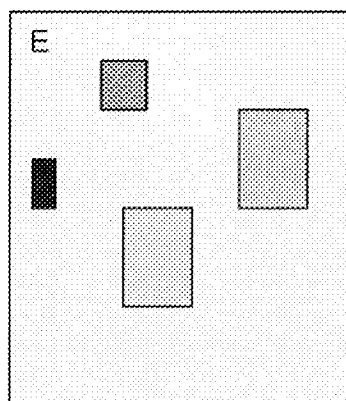
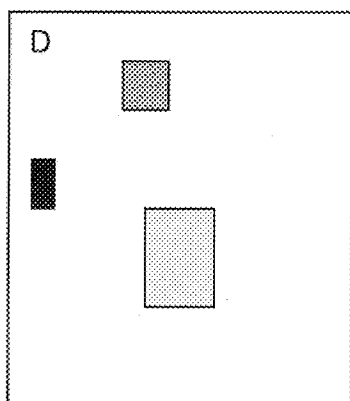
Lynne Phair JP
MA BSC(Hons) RMN RGN DPNS IP
Independent Consultant Nurse

The process of damage and repair in humans



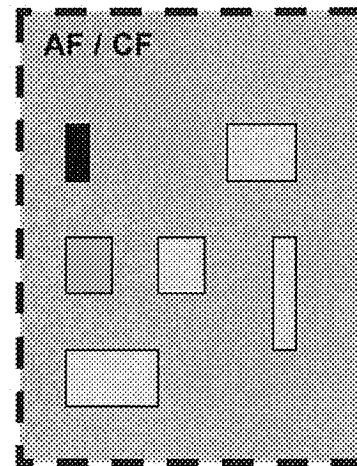
Frailty: underlying mechanisms and consequences for older people of care or neglect (Adapted from Izaks & Westendorp, 2003). In HEATH H. & PHAIR L. (2009) The concept of frailty and its significance in the consequences of care or neglect for older people: an analysis. *International Journal of Older People Nursing* 4, 120–131

The process of frailty development



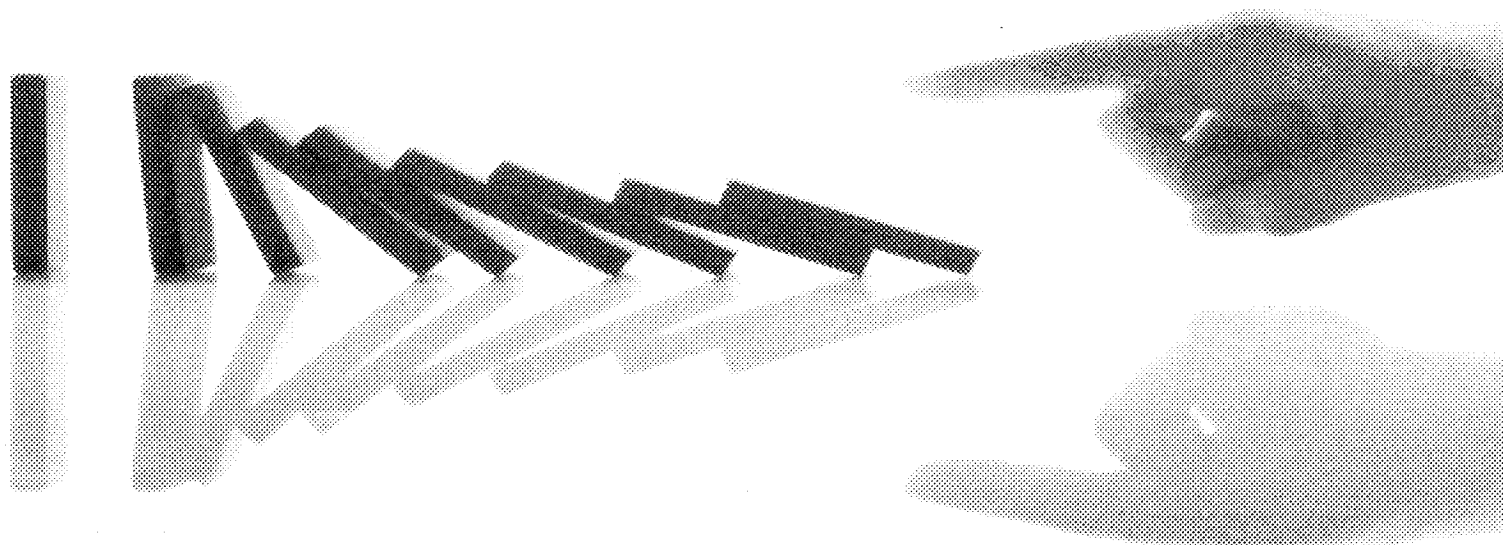
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Advanced Frailty/Complications of Frailty



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Implications of frailty

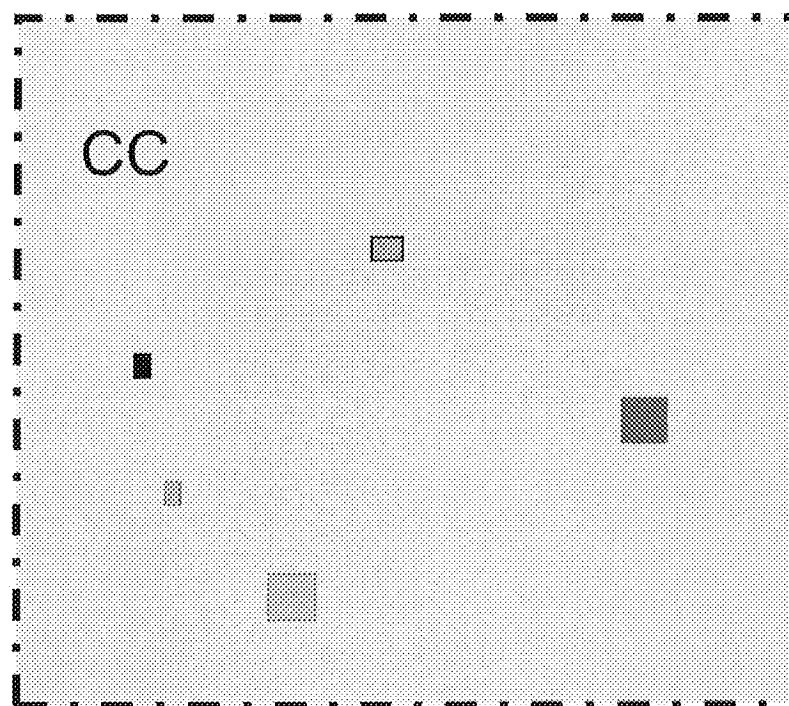


Frailty

Frailty is a weakened state of being in which a person's reserve capacity is reduced to an extent where health, functioning and wellbeing are compromised.

Hazel Heath & Lynne Phair (2009) The concept of frailty and its significance in the consequences of care or neglect for older people: an analysis. *International Journal of Older People Nursing*

Compensatory Care



Frailty: underlying mechanisms and consequences for older people of care or neglect (Adapted from Izaks & Westendorp, 2003). In HEATH H. & PHAIR L. (2009) The concept of frailty and its significance in the consequences of care or neglect for older people: an analysis. *International Journal of Older People Nursing* 4, 120--131

Some common complications of frailty

- Dehydration
- Poor nutrition
- Recurrent infections - urinary tract infection/chest infection/ thrush
- Constipation/faecal incontinence
- Intractable pain/ poor pain management
- Insomnia/ Twilight state of awareness/ drowsiness
- Confusion not linked to mental condition/ Delirium
- Sense of hopelessness/ resignation
- Recurrent falls without identified cause
- Pressure ulcers
- Acute illness/ exacerbation of long term condition
- The need for numerous medicines that interact with each other

The role of the nurse working with frail older people

Focus is a balance between reactive and anticipatory care combining the technical skills of:

Acute care – managing and nursing a distinct acute illness- e.g. acute heart failure;

Mental health care – supporting and caring for any acute or long-term mental health concerns;

Rehabilitation – enabling the person to reach their full potential, however full or limited that may be;

Long-term care – to support the person's physical, psychological and spiritual needs, engaging with families, enabling autonomy of decision making and upholding their quality of care and quality of life.

The role of the nurse working with frail older people

Palliative care – the active holistic care of patients with advanced progressive illness including management of pain and other symptoms and provision of psychological, social and spiritual support to achieve the best quality of life for the person and their families.

End of life care – to provide care and support to both the person and their family at the end of the person's life

And constantly assessing whether any presentation is a part of normal ageing

One episode of care will require the use of

- **Tacit knowledge** – the expert nurse engages in holistic decision making: problem solving that becomes so embedded the nurse does it automatically
- **Empirical knowledge** – knowledge from the literature
- **Skills** – practical and psychological skills
- **Experience-** a knowledge of the impact of consequences of a series of events

How does an older peoples nurse work?

- The work often appears simple or basic
- BUT the work is more subtle than any one speciality and works on many levels
- Any one episode of care will have many levels and should combine the head, the heart and the hands of nursing
- The work focuses on maintaining the person, anticipating the consequences and working to prevent complications or enabling an uncomplicated journey to the end of their life