REVISTA MENSUAL NÚM.2

GERI-URG NEWS

El "full parroquial" del grup

GENER 2014

EL FUTUR JA ÉS AQUÍ!!!!

Comença un any farcidet!

Res mes començar l' any tenim un parell d' events interessants.

JORNADA MONITORITZACIÓ NO INVASIVA PACIENT INESTABLE EN L' AMBIT URGENT HOSPITALARI I EXTRAHOSPITALARI

Organitza: SOCMUE

Data: Dijous 30.01,14

Loc: Can Caralleu

La Dra Eva Lista (membre del Geri-urg) és un dels coordinadors de la jornada.

Informació: www.socmue.cat

JORNADA ACTUALITZACIÓ TOXICOLOGIA CLÍNICA

Organitza: SOCMUE

Data: Divendres 31.01,14

Loc: Can Caralleu

Direcció: Dr Santiago Nogué

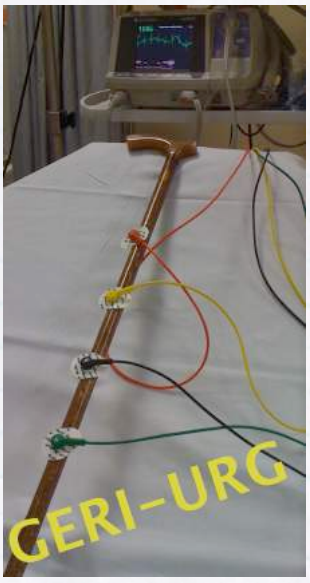
Informació: www.socmue.cat

ALGÚ ANIRÀ I ENS FARÀ CINC CÈNTIMS????????

A la reunió de la Junta directiva del 20 de gener es va aprovar el GdT de GERI-URG.

De moment encara no existim a la pàgina de la SOCMUE , però tot arribarà

..i així tindrem alguna que posar en portada al mes de febrer!

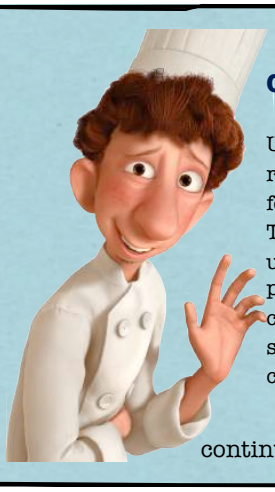


Ja som grup oficial de la SOCMUE

ENS HI POSEM A FER COSES?

Ara que ja som oficials no tenim disculpa. Toca posar-se a treballar i que la feina que fem també sigui útil als nostres companys d' urgències i als nostres pacients.

Aprofitem l' oportunitat que tenim entre mans i comencem a canviar allò que no ens agrada. Companys.....ÉS L' HORA DE FER CIÈNCIA..i ciència de qualitat.



CUINEM???

Us adjuntem la recepta de com fer una píndola. També trobareu un article perque veieU com les fan servir a la clínica Mayo

continued on page 2

CAMPER

Care of the Aging Medical Patient in the ER

continued on page 3

COM CUINAR UNA PÍNDOLA

1.- SITUACIÓ CLÍNICA QUE PROVOCA EL DUBTE .

Explicar en quatre linees, el cas concret que provoca el dubte . Aquest pas, no és imprescindible. A vegades pot ser útil per aclarir que t' ha portat a plantejar el dubte.

2.- PREGUNTA CONCRETA

Formules el teu dubte de forma concreta i concisa , ja que és a partir d´aquesta pregunta que iniciaràs la teva cerca

3.- MÈTODE RESOLUCIÓ DEL DUBTE--> FONT BIBLIOGRÀFICA

IMportant que quedi clar quina font has fet servir per resoldre el dubte. Això és util en un futur, tant per saber de quin any és, com per valorar si l' origen és fiable.

4.- "PÍNDOLA"

Seria la conclusió final a la que arribes i que aplicaràs a la teva pràctica clínica habitual res mes acabis de llegir-la.

5.- QUÈ PENSES FER ARA AMB AQUESTA INFORMACIÓ?

Cada un de nosaltres té un mètode personal de gestió de la informació. És igual en quin format el "guardis" sempre i quan hi puguis tenir accés la propera vegada que tinguis el mateix dubte.

En aquest article de la Clinica Mayo, podeu veure com ho fan ells i quina utilitat li donen.

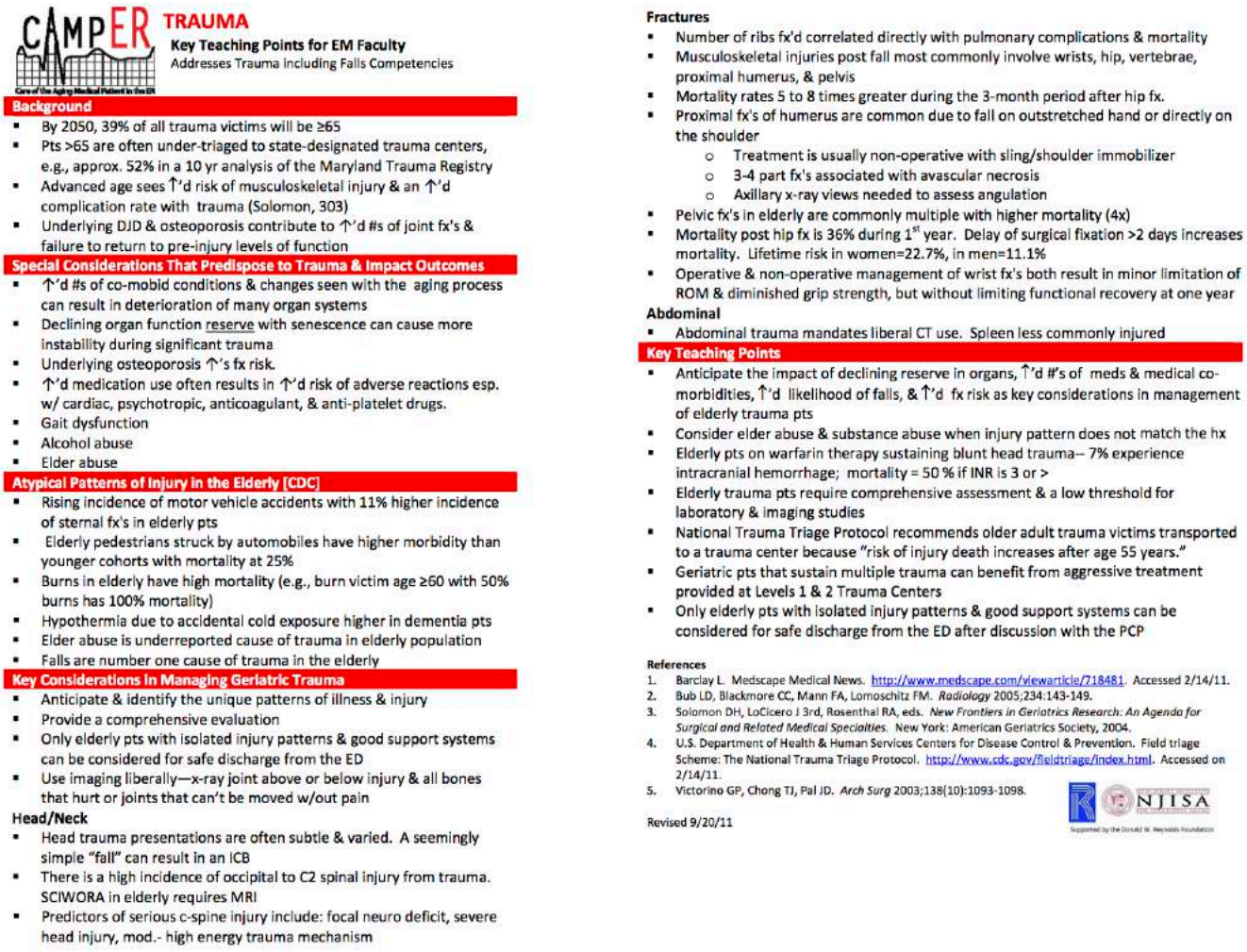
Mayo Clin Proc. n January 2013;88(1):106-112 n http://dx.doi.org/10.1016/j.mayocp.2012.11.003

NO ESTEM SOLS!!!!

Care of Ageing Medical Patients in the E.R.

Existeix un portal de docència en Geriatria, anomenat **POGOe.**

Allà trobareu materials sobre el maneig específic del pacient geriatric a les urgències.



CAMPER TRAUMA

Key Teaching Points for EM Faculty

Addresses Trauma including Falls Competencies

Background

- By 2050, 39% of all trauma victims will be ≥65
- Pts >65 are often under-triaged to state-designated trauma centers, e.g., approx. 52% in a 10 yr analysis of the Maryland Trauma Registry
- Advanced age sees ↑'d risk of musculoskeletal injury & an ↑'d complication rate with trauma (Solomon, 303)
- Underlying DJD & osteoporosis contribute to ↑'d #s of joint fx's & failure to return to pre-injury levels of function

Special Considerations That Predispose to Trauma & Impact Outcomes

- ↑'d #s of co-mobid conditions & changes seen with the aging process can result in deterioration of many organ systems
- Declining organ function reserve with senescence can cause more instability during significant trauma
- Underlying osteoporosis ↑'s fx risk.
- ↑'d medication use often results in ↑'d risk of adverse reactions esp. w/ cardiac, psychotropic, anticoagulant, & anti-platelet drugs.
- Gait dysfunction
- Alcohol abuse
- Elder abuse

Atypical Patterns of Injury in the Elderly [CDC]

- Rising incidence of motor vehicle accidents with 11% higher incidence of sternal fx's in elderly pts
- Elderly pedestrians struck by automobiles have higher morbidity than younger cohorts with mortality at 25%
- Burns in elderly have high mortality (e.g., burn victim age ≥60 with 50% burns has 100% mortality)
- Hypothermia due to accidental cold exposure higher in dementia pts
- Elder abuse is underreported cause of trauma in elderly population
- Falls are number one cause of trauma in the elderly

Key Considerations in Managing Geriatric Trauma

- Anticipate & identify the unique patterns of illness & injury
- Provide a comprehensive evaluation
- Only elderly pts with isolated injury patterns & good support systems can be considered for safe discharge from the ED
- Use imaging liberally—x-ray joint above or below injury & all bones that hurt or joints that can't be moved w/out pain

Head/Neck

- Head trauma presentations are often subtle & varied. A seemingly simple "fall" can result in an ICB
- There is a high incidence of occipital to C2 spinal injury from trauma. SCIWORA in elderly requires MRI
- Predictors of serious c-spine injury include: focal neuro deficit, severe head injury, mod.- high energy trauma mechanism

Fractures

- Number of ribs fx'd correlated directly with pulmonary complications & mortality
- Musculoskeletal injuries post fall most commonly involve wrists, hip, vertebrae, proximal humerus, & pelvis
- Mortality rates 5 to 8 times greater during the 3-month period after hip fx.
- Proximal fx's of humerus are common due to fall on outstretched hand or directly on the shoulder
  - Treatment is usually non-operative with sling/shoulder immobilizer
  - 3-4 part fx's associated with avascular necrosis
  - Axillary x-ray views needed to assess angulation
- Pelvic fx's in elderly are commonly multiple with higher mortality (4x)
- Mortality post hip fx is 36% during 1st year. Delay of surgical fixation >2 days increases mortality. Lifetime risk in women=22.7%, in men=11.1%
- Operative & non-operative management of wrist fx's both result in minor limitation of ROM & diminished grip strength, but without limiting functional recovery at one year

Abdominal

- Abdominal trauma mandates liberal CT use. Spleen less commonly injured

Key Teaching Points

- Anticipate the impact of declining reserve in organs, ↑'d #'s of meds & medical co-morbidities, ↑'d likelihood of falls, & ↑'d fx risk as key considerations in management of elderly trauma pts
- Consider elder abuse & substance abuse when injury pattern does not match the hx
- Elderly pts on warfarin therapy sustaining blunt head trauma-- 7% experience intracranial hemorrhage; mortality = 50 % if INR is 3 or >
- Elderly trauma pts require comprehensive assessment & a low threshold for laboratory & imaging studies
- National Trauma Triage Protocol recommends older adult trauma victims transported to a trauma center because "risk of injury death increases after age 55 years."
- Geriatric pts that sustain multiple trauma can benefit from aggressive treatment provided at Levels 1 & 2 Trauma Centers
- Only elderly pts with isolated injury patterns & good support systems can be considered for safe discharge from the ED after discussion with the PCP

References

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Revised 9/20/11

Supported by the Donald W. Reynolds Foundation

POGOe Be a Quicker, Better Geriatrics Educator — The Portal of Geriatrics Online Education

Si algú de vosaltres vol col.laborar.....

SI PEL PROPER MES DE FEBRER teniu alguna cosa interessarnt que compartir amb el grup, no dubteu a publicar-ho aquí!

Si voleu plantejar algun dubte, proposar un estudi o comentar un article, aquest és un bon lloc.

Només cal enviar un mail a

lrpmor@hotmail.com

Assumpte: Pel full parroquial

Algú s' anima a fer un píndola sobre infecció orina vs bacteriuria assimptomàtica????