



KEY POINT SUMMARY

OBJECTIVES

The objective of this review paper is to present a perspective on the need for emergency departments to be designed and their staffs to be trained to cater to the specific requirements of the geriatric patient population.

The Geriatric ED: Structure, Patient Care, and Considerations for the Emergency Department Geriatric Unit

Burton, J.H., Young, J., & Bernier, C. 2013 | *International Journal of Gerontology* Volume 8, Pages 56-59

Key Concepts/Context

Older patients who visit the emergency department in developed countries are more likely to require a more specialized nature of treatment in comparison to younger patients. The authors believe that current-day emergency departments are not equipped to adequately treat these patients in terms of design and staff training for assessments and evaluations unique to this age group. The authors recommend a geriatric-specific approach to designing patient treatment spaces, medical evaluations, neurocognitive assessments, and post-ED visit support.

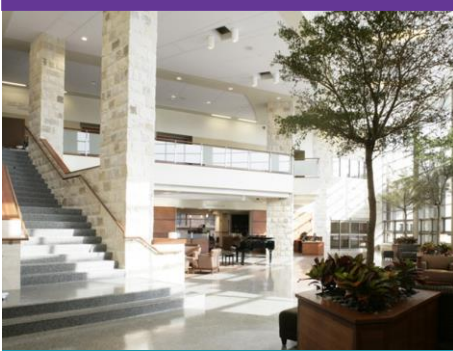
Methods

This is a literature review article in which the authors present their viewpoint on the need for emergency department spaces to be designed for and ED staff to be trained to meet the unique need of the geriatric patients. No systematic method was used for the literature reviewed.

Findings

The authors believe that a large number of elderly patients (typically 70 years and older) depend on emergency departments for acute and chronic ailments, and this number is likely to grow in the coming years. Further, they are likely to present with complex medical problems. The authors suggest that this necessitates that emergency departments adapt a geriatric-specific approach for the treatment of these patients. Such an approach according to the authors would entail:

1. Designing an ED evaluation and treatment space suitable for geriatric patients. Such a design would involve:



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- a. An environment/space that takes into consideration the potential risks of falls, confusion, delirium and poor balance (typical of patients in this age group) and is designed to reduce high-risk areas
 - b. Elevated entries into and exits from treatment areas should be removed.
 - c. Uneven walking surfaces like rugs, carpets, and textured tiles should be removed.
 - d. Reduce in-hospital patient transport by designing the treatment area for bedside radiographic and laboratory assessment.
2. The authors also reference their opinion about non-design considerations and patient evaluation, but these comments are beyond the review of the summary and would need to be reviewed with clinical staff.

Design Implications

When designing spaces for elderly patients in EDs, the following should be considered:

- An environment/space that takes into consideration the potential risks of falls, confusion, delirium, and poor balance (typical of patients in this age group), and is designed to reduce areas that can pose a high risk for falls, confusion, and imbalance
- Elevated entries into and exits from treatment areas should be removed.
- Uneven walking surfaces like rugs, carpets, and textured tiles should be removed.
- In-hospital patient transport should be reduced by designing the treatment area for bedside radiographic and laboratory assessment

Limitations

The authors do not indicate the literature reviewed for writing this article. The article is not based on a comprehensive literature search, because of which the paper reads more like an opinion paper than a review article.