

# Community Geriatric Nursing

## ILO 3, Session 3

**Develop and implement evidence-based,  
patient-centered care plans tailored to the unique  
needs of older adults in community settings**

# Subject Contents

- Define terms and concepts of evidence-based practice and patient-centered care.
- Describe the advantages of implementing evidence-based patient-centered care plans in caring for older adults in the community.
- Formulate evidence-based patient-centered care plans in caring for older adults in the community with common chronic disease conditions.
- Build environment and social determinants for the health of older adults

# Session Plan

- **Session 1- Lecture 1 hour**
  - Evidence-based practice and patient-centered care in Community settings
- **Session 2 -Lecture 1 hour + Community Practice 10 hours**
  - 2.1 (Lecture)Formulation evidence-based practice and patient-centered care nursing care plans for common geriatric health problems , Part -1
  - 2.2 (Practical)Implementation evidence-based practice and patient-centered care nursing care plans for common geriatric health problems , Part -1
- **Session 3 -Lecture 1 hour + Community Practice 10 hours**
  - 3.1 (Lecture)Formulation evidence-based practice and patient-centered care nursing care plans for common geriatric health problems , Part -1
  - 3.2 (Practical)Implementation evidence-based practice and patient-centered care nursing care plans for common geriatric health problems , Part -1

# Evidence-based practice and patient-centered care in Community settings

## Session 3

**Lecture 1 hour + Community Practice 10 hours**

# Formulation of patient centered and evidence-based nursing care plans-1

1. Nutritional Issues
2. Sensory Impairments
3. Cognitive & Mental Health
4. Geriatric Syndromes
5. Oral Health Problems

# Nutritional Issues Among Older Adults

- Malnutrition (Undernutrition): Significant problem, driven by poverty, poor dentition, chronic illness, social isolation, and sometimes cultural/religious dietary restrictions.
- Micronutrient Deficiencies: Vitamin D, B12, Calcium, Iron deficiencies are common.
- Obesity: Increasing problem, particularly in urban areas, contributing to NCDs.
- Dysphagia: Swallowing difficulties often unrecognized.

# Main Nursing Diagnoses

## 1) Imbalanced Nutrition: Less than Body Requirements

Defining characteristics / assessment cues:

- Unintentional weight loss, low BMI, decreased muscle mass
- Laboratory changes (low albumin/pre-albumin, electrolyte imbalances, anemia)
- Inadequate oral intake (reduced appetite, intake < needs)
- Fatigue, weakness, delayed wound healing, recurrent infections

Related / contributing factors:

- Poor dentition, difficulty chewing/swallowing, dysphagia
- Reduced appetite from illness, depression, or medications
- Limited income, poor access to food, inability to prepare meals
- Cognitive impairment, dependence for feeding

## Nursing interventions:

- Complete nutritional assessment (24-hr recall, weight/BMI, labs, swallow screen)
- Collaborate with dietitian to set calorie/protein goals and plan fortified, nutrient-dense meals
- Provide small, frequent, appealing meals; assist with feeding as needed
- Address reversible causes (review meds, treat depression/pain, dental referral)
- Monitor weight, intake, labs; provide oral nutritional supplements if ordered
- Educate patient/family on high-calorie/high-protein choices and meal resources

## 2) Risk for Imbalanced Nutrition: Less than Body Requirements

When to use: No current significant weight loss but risk factors present (e.g., reduced intake, chronic disease, difficulty chewing)

Risk factors: Chronic illness, polypharmacy, poor appetite, social isolation, decreased mobility

### **Nursing interventions:**

- Early screening and frequent monitoring
- Implement preventive strategies (meal assistance, nutrient-dense snacks, appetite stimulation)
- Link to community resources

# Nursing Diagnoses.....

- 3) Imbalanced Nutrition: More than Body Requirements (Overnutrition)**
- 4) Readiness for Enhanced Nutrition**
- 5) Risk for Aspiration**
- 6) Impaired Swallowing (Dysphagia)**
- 7) Self-Care Deficit: Feeding (or Activity Intolerance affecting intake)**
- 8) Risk for Infection / Delayed Surgical Recovery (as secondary to malnutrition)**

# Sensory Impairments among Older Adults

Sensory impairment” includes

- Vision (reduced acuity, contrast sensitivity, glare sensitivity, visual field loss)
- Hearing (presbycusis, conductive losses)
- Taste and smell (hypogeusia, hyposmia/anosmia)
- Somatosensory / touch (reduced light touch, vibration, proprioception)
- Vestibular / balance (dizziness, decreased postural control)
- Combined (multisensory impairment common and multiplies risk)

# Nursing Interventions

## 1) Vision impairment — nursing interventions

### A. Assessment & environment

- Ensure up-to-date corrective lenses are available and clean; check for proper fit of glasses.
- Maximize lighting: bright, even, non-glare task lighting; add night lights in bathrooms/hallways.
- Provide high-contrast cues: colored tape on steps/edges, contrasting crockery and utensils.
- Reduce clutter and remove trip hazards; keep furniture placement consistent.

## B. Communication & ADLs

- Use large-print, high-contrast printed materials; read important documents aloud.
- Encourage use of magnifiers, large-button phones, talking clocks/labels, screen magnification and voice-over features on devices.
- Refer to occupational therapy/low-vision services for ADL training and adaptive devices.



## C. Safety & nutrition

Label foods with large print or tactile markers; ensure food presentation emphasizes texture and color to improve intake.

- Teach and arrange community supports (transportation, Meals on Wheels, orientation & mobility training).

## D. Monitoring

- Monitor for falls, decreased independence in ADLs, weight loss, signs of depression/isolation.
- Schedule and document ophthalmology follow-up (cataract, glaucoma screening) as indicated.

## 2) Hearing impairment — nursing interventions

- Screen for hearing loss and note communication difficulties.
- Gain attention before speaking; face the person, use short sentences, speak clearly (normal pace), reduce background noise.
- Use written summaries, gestures, and visual aids for important instructions (med schedules, discharge).
- Ensure hearing aids/implants are functioning

## 2) Hearing impairment — nursing interventions

- Provide or recommend assistive listening devices
- Encourage participation in hearing loss support groups and group-based hearing rehabilitation where available.
- Install visual alarms (flashing smoke/carbon monoxide detectors) and vibrating alarms for wake-up or alerting devices.
- Refer to audiology and ENT; consider earwax removal if indicated.
- Monitor for social withdrawal, depression, and medication adherence problems due to communication barriers.

### 3) Smell/taste impairment — nursing interventions

- Screen for changes in appetite, weight loss, and ability to detect odors (smoke, gas).
- Consult dietitian for taste-enhancing strategies: stronger safe seasonings, textural variety, temperature contrasts, frequent small nutrient-dense meals, oral care to improve taste perception.
- Ensure working smoke and gas detectors and educate about food safety (use-by dates, refrigeration)
- Review medications that alter taste/smell; refer for dental/oral evaluations and ENT if sinus disease suspected.

## 5) Vestibular/balance impairment — nursing interventions

- Screen for dizziness/vertigo triggers, orthostatic changes; perform TUG, Romberg as appropriate.
- Encourage slow position changes, use of assistive devices, and avoid high-risk activities until stable.

## • 6) Cognitive & psychosocial considerations

- Address social isolation and depression: promote involvement in group activities, hearing/vision support groups, and mental health referral as needed.
- Use compensatory strategies if cognitive impairment is present: simplified instructions, pillboxes with alarms, caregiver supervision for medications and finances

# Cognitive & Mental Health Issues among Older Adults

- Mental health disorders affect approximately 14% of adults aged 60 and over worldwide, accounting for 10.6% of total years lived with disability in this age group.
- The consequences of untreated mental health conditions in older adults are severe, including diminished functioning, increased disability, cognitive decline, poor quality of life, and increased mortality including suicide.

## The Most Prevalent Issues Include:

- **Neurocognitive disorders:** Alzheimer's disease alone affects over 5.7 million people with projections tripling to 14 million by 2050. Mild cognitive impairment affects about 15.5% of those over 60.
- **Depression:** The most common mental health problem in older adults, affecting about 1 in 5 seniors. Notably, depression is both under-diagnosed and under-treated in primary care settings, with providers failing to diagnose it nearly 50% of the time.
- **Anxiety disorders:** Frequently co-occurring with depression and cognitive impairment.
- **Substance use disorders:** Alcohol use disorders are more common than often realized, particularly in older men.

# Nursing Intervention

- **Integrated care models:** Multidisciplinary team care with comprehensive assessment, clinical management, and coordination of mental, physical and social health services .
- **Culturally competent care:** Culturally tailored assessment tools and interventions, Increasing provider diversity and cultural responsiveness.
- **Care giver support**
- **Innovative service delivery**

# Geriatric Syndromes

- **Geriatric syndromes** are complex health conditions that commonly affect older adults, often resulting from multiple underlying factors, including chronic diseases, functional impairments, and age-related physiological changes.
- Unlike traditional medical diagnoses, these syndromes do not fit into a single disease category but rather represent a cluster of symptoms that significantly impact quality of life, independence, and mortality.

- Geriatric syndromes are major contributors to disability, hospitalization, and reduced quality of life in older adults.
- A **patient-centered, multidisciplinary approach** is essential for prevention, early detection, and management.
- Addressing these syndromes can help older adults maintain independence and improve overall well-being.

# Common Geriatric Syndromes

- Falls
- Frailty (A state of increased vulnerability due to decreased physiological reserves.)
- Delirium (Acute confusional state)
- Polypharmacy & Adverse drug reactions
- Urinary incontinence
- Pressure ulcers
- Functional decline & immobility
- Malnutrition & Sarcopenia

# Oral Health Problems

As populations age globally, oral diseases—including dental caries, periodontal disease, tooth loss, and oral cancer—are becoming increasingly prevalent, with severe consequences for nutrition, chronic disease management, mental health, and quality of life.

# Oral Health Issues in Older Adults

- Dental Caries (Tooth Decay)
- Periodontal (Gum) Disease
- Tooth Loss (Edentulism)
- Dry mouth (Xerostomia)
- Oral cancer

# Nursing Interventions

- Oral diseases in seniors are **preventable** but require systemic changes in healthcare access.
- **Policy action** (e.g., Medicare dental benefits) is critical to address equity gaps.
- **Integrated care models** can bridge medical and oral health divides.
- **Psychosocial support** (e.g., addressing loneliness) is as vital as clinical interventions

# Summary

## Planning of evidence-based nursing intervention to older adults in the community with;

1. Nutritional Issues
2. Sensory Impairments
3. Cognitive & Mental Health
4. Geriatric Syndromes
5. Oral Health Problems

# Clinical Practice (10 hours)

- **Apply nursing process in the community to the clients with following health problems**

1. Nutritional Issues
2. Sensory Impairments
3. Cognitive & Mental Health
4. Geriatric Syndromes
5. Oral Health Problems

# Literature

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2. Kulkarni, R., & Zodpey, S. (Eds.). (2019). Park's textbook of preventive and social medicine (25th ed.). M/s Banarsidas Bhanot Publishers, India
3. Rao, K.A., (2009), An introduction to community health nursing (with special reference to India), Fourth edition (Revised), B. I. Publications, India
4. Rao, B.S., (2011), Community Health nursing, 2<sup>nd</sup> edition, AITBS Publications, India.

# Questions?

# Thank You

