

---

# Nursing: Gerontology

## Six Things Nurses and Patients Should Question

by

Canadian Nurses Association

Canadian Gerontological Nursing Association

Last updated: April 2018



### **1 Don't routinely suggest antimicrobial treatment for older persons unless they are consistent with their goals of care.**

While antimicrobial treatments can be lifesaving, they are not without side-effects, particularly for an older person. Antimicrobial use is only appropriate if it aligns with the older person's wishes and goals of care. Life-prolonging use of antimicrobials may be inconsistent with a patient's wishes or a palliative approach to care. Talk with the older person and their family to ensure they understand the impact of antimicrobial treatment.

### **2 Don't routinely use intravenous antimicrobials for older persons who can take and absorb oral medications.**

When antimicrobials are indicated and consistent with an older person's plan of care, intravenous formulations should not be the first choice unless there is no other safe and effective route of administration. Many antimicrobials have excellent bioavailability and only in rare instances need to be administered intravenously. Use of oral formulations of these medications reduces the need for placement and maintenance of venous access devices and their associated complications. In addition, reduced need for venous access can prevent transfer of an older person away from their current setting to accommodate a higher level of care.

### **3 Don't send frail older persons to the hospital unless their urgent needs and goals of care cannot be met in their current setting.**

Transfers to hospital for assessment and treatment of a change in condition have become customary. However, harms can outweigh benefit and may result in increased morbidity. In one Canadian study, approximately half of hospitalizations were considered avoidable. Transfer often results in long periods in an unfamiliar and stressful environment for the older person. Other hazards include delirium, hospital-acquired infections, medication side effects, lack of sleep, and rapid loss of muscle strength while bedridden. Frail older persons assessed and treated in their current settings have the opportunity to receive more individualized care and better comfort and end-of-life care. If a transfer is unavoidable, a person-centred collaborative approach is necessary to communicate the older person's functionality and plan of care to ensure their needs are met. Much consideration should be given to the older person's goals of care, including integrating a palliative approach to care.

### **4 Don't encourage bed rest for older persons during a hospital stay unless medically indicated.**

Continuous bed rest or limited ambulation during a hospital stay causes deconditioning and loss of muscle mass and is one of the primary factors for loss of walking independence in hospitalized older adults. Up to 65% of older persons who can walk independently will lose this ability during a hospital stay. Walking during the hospital stay is critical for maintaining this functional ability. Loss of walking independence increases the length of hospital stay, the need for rehabilitation services, the possibility of placement in a nursing home, and the risk for falls both during and after discharge from the hospital. It also places higher demands on caregivers and increases the risk of death. Compared with older persons who don't walk during their hospital stay, those that do are able to walk farther by discharge, are discharged from the hospital sooner, have improved ability to perform basic daily living tasks independently, and have a faster recovery rate after surgery.

**5****Don't use restraints with older persons unless all other alternatives have been explored.**

Restraints are most often applied when an older person is distressed or has a change in medical status. These situations require immediate assessment and attention, not restraint. Restraints can be mechanical, physical, chemical or environmental in nature — for example, devices or medications that can be used to restrict a person's movement. Perceived benefits of restraints are often outweighed by their significant potential for harm, including serious complications and even death. Safe, quality care can be achieved using a least-restraint approach.

**6****Don't use a q2h turning routine unless it meets the older person's plan of care.**

Individualized turning plans should be developed to align with the older person's care needs. Turning an older person q2h is often considered the gold standard implemented in many areas of health care to aid in the avoidance of skin breakdown and pressure injuries. However, there is little evidence to support this particular frequency of repositioning. In some cases, it is far too frequent; in others, it is not frequent enough. For older persons at low risk for skin breakdown, this practice may severely impact their quality of life due to sleep deprivation and disruption, leading to delirium, depression and other psychiatric impairments. Excessive repositioning of an older adult may also result in shearing forces that can lead to pressure injuries. Conversely, q2h turning may be inadequate for persons at higher risk for skin breakdown, including those with decreased tissue tolerance and limited mobility. To facilitate an appropriate turning schedule for older adults of all risk levels, it is crucial to use a validated tool to assess each client's risk for skin breakdown and develop an individualized turning plan.

## How the list was created

The Canadian Nurses Association (CNA) and the Canadian Gerontological Nursing Association (CGNA) established its Choosing Wisely Canada nursing list by convening an 11 member nursing working group (NWG). The group consisted of gerontological nursing experts from across Canada, representing a broad range of geographical regions and practice settings. The NWG began considering its list by reviewing existing recommendations, including items from Choosing Wisely Canada's specialty societies and the American Academy of Nursing (AAN) Choosing Wisely list, both of which had already undergone rigorous evidence reviews. In addition, members brought forward recommendations on new evidence-based items. The NWG appraised 260 items for their relevance to gerontological nursing using a structured process developed for this work. Each of these items (227 Choosing Wisely Canada items, 20 AAN Choosing Wisely items and 13 independently-submitted items) was appraised by two independent reviewers and then validated by the group. Using a modified Delphi process for the next two rounds of revision, the group refined and adapted 17 items until it reached consensus on a final six-item list. A literature review was conducted to confirm the evidence for these items, and supporting nursing research was added where appropriate. The list subsequently underwent extensive consultation, with input from nursing experts in patient safety, members of the Canadian Network of Nursing Specialties, patient advocates, CNA jurisdictional members, CNA nurses, principal nurse advisors, the Canadian Agency for Drugs and Technologies in Health (CADTH) and Choosing Wisely Canada's internal clinician reviewers. In March of 2018, the Choosing Wisely Canada gerontological nursing list was presented to the CGNA executive and CNA board, both of whom gave it their full endorsement and support.

## Sources

- 1 Association of Medical Microbiology and Infectious Disease. [Five things physicians and patients should question](#) [Internet]. 2017 Jun [cited 2017 Oct 21]. Centers for Disease Control and Prevention. [Core Elements of Hospital Antibiotic Stewardship Programs](#) [Internet]. 2014 [cited 2017 Oct 21]. Dellit TH, et al. Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America guidelines for developing an institutional program to enhance antimicrobial stewardship. *Clin Infect Dis*. 2007 Jan 15;44(2):159-77. PMID: [17173212](#). Reimer-Kirkham S, et al. 'Close to' a palliative approach: nurses' and care aides' descriptions of caring for people with advancing chronic life-limiting conditions. *J Clin Nurs*. 2016 Aug;25(15-16):2189-99. PMID: [27312279](#). Sawatzky R, et al. Embedding a Palliative Approach in Nursing Care Delivery: An Integrated Knowledge Synthesis. *ANS Adv Nurs Sci*. 2017 Jul/Sep;40(3):261-277. PMID: [27930401](#). The American Geriatrics Society 2015 Beers Criteria Update Expert Panel. American Geriatrics Society updated Beers Criteria for potentially inappropriate medication use in older adults. *J Am Geriatr Soc*. 2015 Nov;63(11):2227-46. PMID: [26446832](#). Toward Optimized Practice. [Diagnosis and Management of Nursing Home Acquired Pneumonia](#) [Internet]. 2015 Mar [cited 2018 January]. Toward Optimized Practice. [Diagnosis and Management of Urinary Tract Infection in Long Term Care Facilities](#) [Internet]. 2015 Jan [cited 2018 January]. van Buul LW, et al. Antibiotic use and resistance in long term care facilities. *J Am Med Dir Assoc*. 2012 Jul;13(6):568.e1-13. PMID: [22575772](#).
- 2 Association of Medical Microbiology and Infectious Disease. [Five things physicians and patients should question](#) [Internet]. 2017 Jun [cited 2017 Oct 21]. Centers for Disease Control and Prevention. [Core Elements of Hospital Antibiotic Stewardship Programs](#) [Internet]. 2014 [cited 2017 Oct 21]. Dellit TH, et al. Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America guidelines for developing an institutional program to enhance antimicrobial stewardship. *Clin Infect Dis*. 2007 Jan 15;44(2):159-77. PMID: [17173212](#). The American Geriatrics Society 2015 Beers Criteria Update Expert Panel. American Geriatrics Society updated Beers Criteria for potentially inappropriate medication use in older adults. *J Am Geriatr Soc*. 2015 Nov;63(11):2227-46. PMID: [26446832](#). Toward Optimized Practice. [Diagnosis and Management of Nursing Home Acquired Pneumonia](#) [Internet]. 2015 Mar [cited 2018 January]. van Buul LW, et al. Antibiotic use and resistance in long term care facilities. *J Am Med Dir Assoc*. 2012 Jul;13(6):568.e1-13. PMID: [22575772](#).
- 3 Long Term Care Medical Directors Association of Canada. [Six things physicians and patients should question](#) [Internet]. 2017 Jan [cited 2017 Oct 21]. Ouslander JG, et al. The Interventions to Reduce Acute Care Transfers (INTERACT) quality improvement program: an overview for medical directors and primary care clinicians in long term care. *J Am Med Dir Assoc*. 2014 Mar;15(3):162-170. PMID: [24513226](#). Reimer-Kirkham S, et al. 'Close to' a palliative approach: nurses' and care aides' descriptions of caring for people with advancing chronic life-limiting conditions. *J Clin Nurs*. 2016 Aug;25(15-16):2189-99. PMID: [27312279](#). Sawatzky R, et al. Embedding a Palliative Approach in Nursing Care Delivery: An Integrated Knowledge Synthesis. *ANS Adv Nurs Sci*. 2017 Jul/Sep;40(3):261-277. PMID: [27930401](#). Walker JD, et al. Identifying potentially avoidable hospital admissions from Canadian long-term care facilities. *Med Care*. 2009 Feb;47(2):250-4. PMID: [19169127](#). Walsh EG, et al. Potentially avoidable hospitalizations of dually eligible Medicare and Medicaid beneficiaries from nursing facility and Home- and Community-Based Services waiver programs. *J Am Geriatr Soc*. 2012 May;60(5):821-9. PMID: [22458363](#).
- 4 American Academy of Nursing. [Twenty things nurses and patients should question](#) [Internet]. 2014 Oct [cited 2017 Oct 21]. Canadian Agency for Drugs and Technologies in Health. [Rapid Response: Mobilization of Adult Inpatients in Hospitals or Long-Term/Chronic Care](#) [Internet]. 2014 [cited 2018 January]. Coker RH, et al. Bed rest promotes reductions in walking speed, functional parameters, and aerobic fitness in older, healthy adults. *J Gerontol A Biol Sci Med Sci*. 2015 Jan;70(1):91-6. PMID: [25122628](#). English KL, et al. Protecting muscle mass and function in older adults during bed rest. *Curr Opin Clin Nutr Metab Care*. 2010 Jan;13(1):34-9. PMID: [19898232](#). Kortebein P, et al. Functional impact of 10 days of bed rest in healthy older adults. *J Gerontol A Biol Sci Med Sci*. 2008 Oct;63(10):1076-81. PMID: [18948558](#). Liu B, et al. Outcomes of Mobilisation of Vulnerable Elders in Ontario (MOVE ON): a multisite interrupted time series evaluation of an implementation intervention to increase patient mobilisation. *Age Ageing*. 2018 Jan 1;47(1):112-119. PMID: [28985310](#). Padula CA, et al. Impact of a nurse-driven mobility protocol on functional decline in hospitalized older adults. *J Nurs Care Qual*. 2009 Oct-Dec;24(4):325-31. PMID: [19395979](#). Pashikanti L, et al. Impact of early mobilization protocol on the medical-surgical inpatient population: an integrated review of literature. *Clin Nurse Spec*. 2012 Mar-Apr;26(2):87-94. PMID: [22336934](#).
- 5 Appropriate Use of Antipsychotics (AUA) [Toolkit Working Group, Alberta Health Services](#). AUA Toolkit for Care Teams [Internet]. 2016 [cited 2018 January]. Alberta Health Services. [Restraint as a Last Resort Toolkit](#) [Internet]. 2018 [cited 2018 January]. American Academy of Nursing. [Twenty things nurses and patients should question](#) [Internet]. 2014 Oct [cited 2017 Oct 21]. Bourbonniere M, et al. Organizational characteristics and restraint use for hospitalized nursing home residents. *J Am Geriatr Soc*. 2003 Aug;51(8):1079-84. PMID: [12890069](#). Canadian Agency for Drugs and Technologies in Health. [Rapid Response - Removal of Physical Restraints in Long Term Care Settings: Clinical Safety and Harm](#). 2013 Dec 11 [cited 2018 January]

Choosing Wisely Canada. [When Psychosis Isn't the Diagnosis: A Toolkit For Reducing Inappropriate Use Of Antipsychotics In Long Term Care](#) [Internet]. 2016 Jul [cited 2018 January].

Evans LK, et al. Avoiding restraints in patients with dementia: understanding, prevention, and management are the keys. *Am J Nurs*. 2008 Mar;108(3):40-9; quiz 50. PMID: 18316908.

Evans L, et al. Two decades of research on physical restraint: impact on practice and policy. In: Hinshaw A, Grady P, ed. *Shaping Health Policy Through Nursing Research*. 1st ed. New York, NY: Springer; 2018:167-184.

Minnick AF, et al. Prevalence and variation of physical restraint use in acute care settings in the US. *J Nurs Scholarsh*. 2007;39(1):30-7. PMID: 17393963.

Registered Nurses' Association of Ontario. [Promoting Safety: Alternative Approaches to the use of Restraints](#) [Internet]. 2012 Feb [cited 2017 October].

Registered Nurses' Association of Ontario. [Delirium, Dementia, And Depression In Older Adults: Assessment And Care](#), 3rd edition [Internet]. 2016 Jul [cited 2018 October].

- 6 Bergstrom N, et al. Turning for Ulcer Reduction: a multisite randomized clinical trial in nursing homes. *J Am Geriatr Soc*. 2013 Oct;61(10):1705-13. PMID: 24050454.
- Gillespie BM, et al. Repositioning for pressure ulcer prevention in adults. *Cochrane Database Syst Rev*. 2014 Apr 3;(4):CD009958. PMID: 24700291.
- Kamdar BB, et al. The effect of a quality improvement intervention on perceived sleep quality and cognition in a medical ICU. *Crit Care Med*. 2013 Mar;41(3):800-9. PMID: 23314584.
- Kamdar BB, et al. Sleep deprivation in critical illness: its role in physical and psychological recovery. *J Intensive Care Med*. 2012 Mar-Apr;27(2):97-111. PMID: 21220271.
- Norton L, et al. [Best Practice Recommendations for the Prevention and Management of Pressure Injuries](#) [Internet]. Last updated 2018 Jan 24 [cited 2018 January].
- Pilkington S, et al. Causes and consequences of sleep deprivation in hospitalised patients. *Nurs Stand*. 2013 Aug 7-13;27(49):35-42. PMID: 23924135.
- Registered Nurses' Association of Ontario. [Assessment and Management of Pressure Injuries for the Interprofessional Team](#) [Internet]. 2016 Jun 10 [cited 2017 October].

---

### About the Canadian Nurses Association

The Canadian Nurses Association is the national and global professional voice of Canadian nursing, representing over 139,000 registered nurses and nurse practitioners in Canada. CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded, not-for-profit health system.



### About the Canadian Gerontological Nursing Association

The Canadian Gerontological Nursing Association is an organization that represents gerontological nurses and promotes gerontological nursing practice across national and international boundaries. The vision of CGNA is to promote excellence in gerontological nursing through leadership, knowledge, and scholarship. CGNA's mission is to address the health concerns of older Canadians and the nurses who participate with them in health care.



---

### About Choosing Wisely Canada

Choosing Wisely Canada is a campaign to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and to help physicians and patients make smart and effective choices to ensure high-quality care.

🌐 [ChoosingWiselyCanada.org](http://ChoosingWiselyCanada.org) | ✉ [info@ChoosingWiselyCanada.org](mailto:info@ChoosingWiselyCanada.org) | 🐦 [@ChooseWiselyCA](https://twitter.com/ChooseWiselyCA) | 📌 [/ChoosingWiselyCanada](https://www.facebook.com/ChoosingWiselyCanada)