

The Threatening Elder

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Case

- 83-year-old demented female
 - Wheelchair-bound
 - Multiple medical problems
- Angry
 - Wants to leave the facility
 - Believes she can live independently
- Says the 5 words
 - "I want to kill myself!"
 - Never noted before today

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Medical Problems

- Osteoarthritis
- Total hip replacement on the right
- Glaucoma
- High blood pressure
- Heart disease
- Hypothyroidism
- Poor gait, now in wheelchair
- Dementia
- Depression
- Constipation
- GERD

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Medical Problems

- Problematic for self-harm
 - Increased pain and frustration
 - Worsening depression
 - Thyroid disease
 - Lessened ambulation
 - Loss of independence
 - Confusion causes:
 - Dementia
 - Depression
 - Constipation
 - Thyroid disease
 - Pain

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Medications

- Ultram
- Acetaminophen
- Timolol
- Furosemide
- Metoprolol
- L-thyroxine
- Sertraline
- Omeprazole
- MOM
- Senna
- Donepezil

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Medications

- Delirium could be an issue here
 - Ultram
 - Too much or too little levothyroxine
- Poorly treated depression
 - Sertraline too low
 - Or just not effective
 - Too low dose of thyroxine
 - Leads to worsened mood

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Laboratory

- Recently:
 - TSH
 - CBC
 - CMP
 - Vitamin D
 - Vitamin B12
 - UA
 - All came back normal

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Assess the Threat

- Risks
 - No previous attempts, ideations
 - But has depression
 - No family history
 - Not a white male
 - No new health or social stress
 - Desire to go home is longstanding
 - She is a bit less cognitively impaired than peers
 - But still moderately-severely demented

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Opportunity

- Minimal opportunities exist
 - Non-ambulatory
 - Could not leave the facility on her own
 - All potential methods removed
 - Finger foods, no utensils
 - Blind cords, shoestrings, belts taken
 - Cognition is poor enough a plan is unlikely
 - MMSE 11/30
 - Commonly confused enough to need help with ADL steps

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Information to Provider

- All medical conditions, medications
 - Rule out medical precipitant
- When did this ideation begin?
 - About 30 minutes ago
- What circumstances were present?
 - Shift change, staff exiting
- What did she actually say or do?
 - “ What’s the use...I might as well...”
- Context of these comments?
 - Being told she could not leave and go home
 - Angry with staff for refusing to take her home
- What is she doing now?
 - Back in her room, no further comments

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Plan

- One-to-one for one hour
 - Can she be redirected?
- Every 15 minute checks
 - For the remainder of the shift
- Removed all potential self-harm opportunity
 - Utensils, cords, watch pills be swallowed, e.g.
- Document all statements, actions
 - Reassess every hour and note in chart

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Plan

- Remember:
 - An assessment by a provider can be done over the phone
 - Does not require a transfer to another medical facility
 - If significant risks and opportunity exists a transfer to an ER may be appropriate
 - Make sure there is risk, however
 - Avoid the expensive round-trip ambulance ride
 - Costs everyone, especially a confused, frightened resident

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