

A Call on Geriatric Nursing

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THE discipline of Geriatric Nursing deals with Nursing of persons on the wrong side of sixty. Ageing is multifactorial and death is the inevitable finality of life. Growing members of elderly population living at advanced ages are predicted to increase the need for health care services. Ageing and diseases march parallel to each other. People of ripe age bring new challenges and demands. It is needless to say that the elderly have the greatest demand for Nursing services.

The WHO theme of 1993, 'Handle Life with Care: Prevent Violence and Negligence', was rightly applicable to Geriatric Nursing. Nursing world is marching towards quality service. Nursing of the aged includes: skilled, constant, vigilant observational assessment; meticulous and careful planning; efficient tender Nursing care. In the words of P.S. Timiras (1972), "Ageing is a decline in physiological competence which eventually increases the incidence and intensifies the effects of accidents, diseases and other forms of environmental stress".

Every system of human body and its cells undergo changes, the potential functional ability tends to decline, the age advances which exposes one to disease vulnerabil-

ity. The commonest changes are poor sensory perceptions like diminished vision, impaired hearing, skin alterations, gait changes, slowing activities and so on. These changes are aggravated during the disease process, and the effect of drugs in the body cells worsens these conditions.

The Objectives

Based on the trend towards healthy ageing, the objectives of Geriatric Nursing may be set as:

- Maintain individual's optimal health;
- Increase activity, maximise possible mobility;
- Improve nutritional status;
- Prevent disruption in existing health; and
- Identify potential problems which may threaten healthy living.

The common and general problems faced by the elderly are poverty, malnutrition, improper housing, loneliness, non-availability of health services, physical changes leading to functional impairment which in turn affects role changes and so on.

The life expectancy or life span is increased by advancement in medical management, diagnostic procedures and hi-tech measures. The chronicity of diseased persons is prolonged by the above factors which, in turn, demand intensive service by Nursing personnel.

Institutionalisation

The institutionalised Geriatric Nursing needs to stress protocols on physical layout and standard Nursing care based on total high risk assessment. In the elderly, a change in the behaviour indicates a disease or illness before any of the usual signs and symptoms appear. By constant observational and supervisory measures and the hangover effects of the drugs the elderly client may be prevented from serious complications. Ailments may be cured at an early stage. A carefully prepared discharge plan inclusive of drug regime, diet regime, activities regime, and follow-up regime will reduce the number of visits to hospitals and re-admissions.

Primary health care system has an important role to contribute to healthy ageing from periodical assessment of body functions to physical impairment.

Careful nutritional planning as part of their affordability and digestibility, contributes to optimum body functions and maintenance. Elders are the vulnerable groups for sustaining infection easily like small children and this may be due to poor resistance, malnutrition, systemic changes who all may be guarded by regular health education both at the institutional and at the community levels.

Majority of the elders' population is living in the community. They may be left to pursue a life style of their own. A realistic attitude may be developed in accep-

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tance of the physical limitations and psychological changes that ageing brings which can not be avoided. Inculcate the acceptance of self and present living conditions even if these fall below expectations and a feeling of present status satisfactions and respectable life pattern.

A calm life, healthy nutritious food, recreational facilities, companion to pass time, religious activities, indoor games, handicrafts can be provided to the aged so that they feel they are important. They should not be left to be nobodies.

Relevant epidemiological study, timely intervention, active involvement of community health care system with social service system can promote 'A Healthy Ageing'. A free medical campaign may be planned for all unaffordable elderly. The home-

less and destitute elderly may be diverted to institutionalised care. Younger generations should be motivated to take care of elders at home and out of home whose resources are scarce in terms of money, material and man. Successful ageing requires self-esteem which is the base for psycho-social health. Being valued by others and treated with respect keep the self-esteem active. At every step in caring elders either at an institution or in the community, a Nurse can play a vital role.

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