Geriatric Emergency Medicine

Principles and Practice
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CAMBRIDGE UNIVERSITY PRESS

University Printing House, Cambridge CB2 8BS, United Kingdom

Published in the United States of America by Cambridge University Press, New York

Cambridge University Press is part of the University of Cambridge.

It furthers the University's mission by disseminating knowledge in the pursuit of education, learning and research at the highest international levels of excellence.

www.cambridge.org

Information on this title: www.cambridge.org/9781107677647

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First published 2014

Printed in the United Kingdom by MPG Books Group

A catalogue record for this publication is available from the British Library

Library of Congress Cataloguing in Publication data

Geriatric emergency medicine (2014)


p. ; cm.

Includes bibliographical references and index.

ISBN 978-1-107-67764-7 (pbk.)

I. Kahn, Joseph H., 1953– editor of compilation. II. Magauran, Brendan G., Jr., editor of compilation. III. Olshaker, Jonathan S., editor of compilation. IV. Title.


RC952.5

618.97

025–dc23

2013028335


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Preface

Geriatric emergency medicine has emerged rapidly as a subspecialty within emergency medicine. The emergence of this new subspecialty fills a growing need, which is the provision of high-quality emergency care to the elderly population in the United States and elsewhere in the world. Today, people 65 years of age and older account for 13% of the US population and 20% of emergency department (ED) visits. By 2030, elders will comprise 20% of the US population.

Elderly patients, in addition to often having multiple comorbidities, have a unique physiology which may mask the presentation of acute illnesses and injuries. The first section of this textbook presents chapters outlining some of the fundamental physiologic differences between the elderly and the general population. It includes an overview of geriatric emergency medicine, and chapters on the geriatric emergency department, the general approach to the geriatric patient, principles of resuscitation, pharmacology, generalized weakness in the elderly, management of trauma, and pain management in the elderly.

The second section focuses on the expedited evaluation and management of common high-risk chief complaints of elderly patients. This section includes chapters on chest pain, dyspnea, abdominal pain, altered mental status, syncope, dizziness and dysequilibrium, headache, and back pain.

The third section reviews the various systems in order to provide the reader with a comprehensive review of geriatric emergency medicine. Chapters include ophthalmologic and ear, nose and throat emergencies, neurologic emergencies, pulmonary emergencies, cardiovascular emergencies, gastrointestinal emergencies, genitourinary and gynecologic emergencies, rheumatologic and orthopedic emergencies, infectious diseases, hematologic and oncologic emergencies, psychiatric emergencies, and metabolic and endocrine emergencies.

The fourth and final section is devoted to special topics unique to geriatric emergency medicine, including alternative geriatric care and quality metrics, functional assessment, palliative and end-of-life care, social services and case management, falls and fall prevention, financial issues in geriatric emergency medicine, and elder mistreatment.

We want to thank the authors, many of whom are nationally recognized leaders in geriatric emergency medicine, for their well-referenced, excellently written, informative chapters. We would like to thank Jonathan Howland for his extremely helpful contributions. We also want to thank the editors at Cambridge University Press, especially Nicholas Dunton, Joanna Chamberlin, and Katrina Hulme-Cross for their expert guidance and patience. Most of all, we would like to thank those of you who read this text or use it as a reference; we sincerely hope you find it useful in your practice and pursuit of geriatric emergency medicine.

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