

# Senior Health News

## Emergency Room Tips For Older Adults

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(NAPSA)—Older people, compared to younger ones, are more likely to arrive at the emergency room by ambulance, receive a more extensive workup, stay longer in the Emergency Room (ER), be admitted to the hospital or have repeat ER visits.

An older person receiving emergency medical services is often too sick, frightened and/or confused to be a reliable information giver about his or her own health status and medical care. To avoid a misdiagnosis or delayed diagnosis and treatment because of scanty or unreliable information, geriatric specialists recommend that older adults write down important information and leave it in prominent places where family or emergency medical personnel would see it. Here is the type of important written information to have:

At the top of the page, write “Vital Information” or “Medical History” of (your name). Put down your full name and preferred name or nickname, next of kin, designated decision maker, and Health Care Agent, with their contact information and address. Then include:

- Medicare/Medicaid/insurer’s identification number and phone number
- Physician(s): list all, with specialists and phone numbers
- Advance Directives: Living Will, Durable Power of Attorney for Health Care (Health Care Proxy), Do Not Resuscitate Order. Even if you do not have an advance directive, write down your treatment wishes and preference, especially about care at the end of life.
- Medications: name and dosage, including eyedrops and all over-the-counter (OTC) drugs.



**WRITE IT DOWN—Written material helps communication in the ER.**

- Pharmacies and phone numbers
- Allergies: food, medications, contact allergies such as skin rashes, itching and sensitivities
- Normal physical functions (dressing, personal hygiene, toileting, eating, walking, transferring, bathing) and whether the person needs assistance
- Dentures (type); hearing aid; eyeglasses
- Nutritional status, including special diet
- Pacemakers, other implants
- Medical/surgical/cognitive history

Keep this information (and Advance Directives) in a see-through plastic folder next to routine medications and/or hang on the inside of the house or apartment door. Make several copies of this information and place it wherever those who will accompany the older person to the ER may find it; perhaps on a bedroom dresser, in a purse or wallet.

For more information, you can find The Emergency Nurses Association at [www.ena.org](http://www.ena.org).

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