

## NR 601 Midterm

- 75 questions- one at a time/1 minute per question
- Assess, diagnose, treat, who is at risk, what are the risk factors
- Define, prioritize, diagnose, treat, or plan

- Principles of Primary Care of Older Adults

Rule of fourths- ¼-disease, ¼ disuse, ¼ Misuse, ¼ Physiological aging -knowing which one can help to decide how will treat.

- Developmental changes

No developmental norms for later ages- protocols less valuable, and care must be individualized.

- Age-related changes -

Decreased functional

reserve-

Eyesight decreases, average age needs reading glasses 50

Fertility peaks and declines.

The amount of sway with the eye closed increases the older one gets.

Reduced stamina and fatigue

Categories of aging

- **Incontinence-** Common chronic conditions, underrecognized and underreported.

- Symptoms- pain, bloating, and gas
- Definition of constipation- infrequent passage of stool. May have straining to defecate or feelings of incomplete stool,
  - Rome IV criteria- 2 or more- straining, hard lumpy stool, the sensation of incomplete stool, using digital maneuvers to remove stool, the sensation of blockage with 25% BM, decrease in stool frequency.
  - Types of constipation- Slow transit, dyssynergia constipation, IBS-C
- Definition of incontinence- involuntary loss of liquid or solid stool that is a social or hygienic problem.
  - Types of incontinence-
    - Urgency FI- strong urgency followed by inability to hold stool in.
    - Passive FI- Bowel blockage without sensation, cannot differential passing gas vs FI. May have seepage after BM
    - Overflow FI- More common in older adults with impaired mobility and functional impairments. Associated with constipation, treating constipation can help improve this.
- Treatment
  - Nonpharmacologic- diet modifications- including increasing fiber and fluids, exercise, Bowel habit training, probiotics
  - Pharmacologic- bulk-forming laxatives, stool softeners, osmotic