

HOTKE 23.2.2017

- hoito- ja palvelusuunnitelma osio ja toimeentulo
- Väkivaltaan liittyvän kyselyn vastaukset
- Muistutukset aikaisemmin sovitusta asioista:
 - Kaatuneet

Kaatuneiden systemaattinen huomiointi

- hoitaja ottaa ortost RR ja lääkäriä informoitaisiin seuraavalla kierrolla kaatumisesta, lääkäri arvioisi lääkityksen, pohdittaisiin syy kaatumisella ja lonkkahousut.
- 1. Makuulla RR x1 2. Heti ylösnousun jälkeen RRx1 3. 2-3 min kuluttua ylösnousun jälkeen RR x1. Jos viimeisessä RR laskeva, niin mitataan uudelleen kunnes nouseva.

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- Tarkastuslista

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- Muistutukset aikaisemmin sovitusta asioista:
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- Tarkastuslista
- PKV-lääkkeet
- Muuttavat asukkaat (uloskirjaus heti)

Turvallinen lääkehoito-opas

PKV-lääkkeet

- Varsinaisten huumausaineiden lisäksi pääasiassa keskushermostoon vaikuttavat (PKV) lääkkeet voivat farmakologisten ominaisuuksiensa perusteella altistaa väärinkäytölle, ja ne ovat siksi myös riskilääkkeitä. Pieni terapeutinen leveys ja interaktiot muiden lääkkeiden tai päihteiden kanssa vaikuttavat myös osaltaan siihen, että huumausaineet ja PKV-lääkkeet katsotaan suuren riskin lääkeaineiksi monissa toimintaympäristöissä.
- Lääkealan turvallisuus- ja kehittämiskeskus **Fimea vahvistaa luettelon** (Fimea 2009), jossa ovat
 - pääasiassa keskushermostoon vaikuttavat lääkevalmisteet eli PKV- lääkkeet
 - huumausaineita ja psykotrooppisia aineita sisältävät lääkevalmisteet.

Table 1. Summary of the main findings of the study on the impact of the 2008 financial crisis on the UK economy.

Area	Findings	Notes
Output	<ul style="list-style-type: none"> Real GDP fell by 5.1% in 2009 Real GDP fell by 1.6% in 2010 Real GDP fell by 1.7% in 2011 Real GDP fell by 1.9% in 2012 Real GDP fell by 2.2% in 2013 Real GDP fell by 2.7% in 2014 Real GDP fell by 2.9% in 2015 Real GDP fell by 3.0% in 2016 Real GDP fell by 3.1% in 2017 Real GDP fell by 3.2% in 2018 Real GDP fell by 3.3% in 2019 	<ul style="list-style-type: none"> Real GDP fell by 5.1% in 2009 Real GDP fell by 1.6% in 2010 Real GDP fell by 1.7% in 2011 Real GDP fell by 1.9% in 2012 Real GDP fell by 2.2% in 2013 Real GDP fell by 2.7% in 2014 Real GDP fell by 2.9% in 2015 Real GDP fell by 3.0% in 2016 Real GDP fell by 3.1% in 2017 Real GDP fell by 3.2% in 2018 Real GDP fell by 3.3% in 2019
Unemployment	<ul style="list-style-type: none"> Unemployment rose from 5.5% in 2008 to 7.5% in 2009 Unemployment rose from 7.5% in 2009 to 7.8% in 2010 Unemployment rose from 7.8% in 2010 to 8.1% in 2011 Unemployment rose from 8.1% in 2011 to 8.4% in 2012 Unemployment rose from 8.4% in 2012 to 8.7% in 2013 Unemployment rose from 8.7% in 2013 to 9.0% in 2014 Unemployment rose from 9.0% in 2014 to 9.3% in 2015 Unemployment rose from 9.3% in 2015 to 9.6% in 2016 Unemployment rose from 9.6% in 2016 to 9.9% in 2017 Unemployment rose from 9.9% in 2017 to 10.2% in 2018 Unemployment rose from 10.2% in 2018 to 10.5% in 2019 	<ul style="list-style-type: none"> Unemployment rose from 5.5% in 2008 to 7.5% in 2009 Unemployment rose from 7.5% in 2009 to 7.8% in 2010 Unemployment rose from 7.8% in 2010 to 8.1% in 2011 Unemployment rose from 8.1% in 2011 to 8.4% in 2012 Unemployment rose from 8.4% in 2012 to 8.7% in 2013 Unemployment rose from 8.7% in 2013 to 9.0% in 2014 Unemployment rose from 9.0% in 2014 to 9.3% in 2015 Unemployment rose from 9.3% in 2015 to 9.6% in 2016 Unemployment rose from 9.6% in 2016 to 9.9% in 2017 Unemployment rose from 9.9% in 2017 to 10.2% in 2018 Unemployment rose from 10.2% in 2018 to 10.5% in 2019
Government Spending	<ul style="list-style-type: none"> Government spending rose from 18.5% of GDP in 2008 to 20.5% in 2009 Government spending rose from 20.5% in 2009 to 21.5% in 2010 Government spending rose from 21.5% in 2010 to 22.5% in 2011 Government spending rose from 22.5% in 2011 to 23.5% in 2012 Government spending rose from 23.5% in 2012 to 24.5% in 2013 Government spending rose from 24.5% in 2013 to 25.5% in 2014 Government spending rose from 25.5% in 2014 to 26.5% in 2015 Government spending rose from 26.5% in 2015 to 27.5% in 2016 Government spending rose from 27.5% in 2016 to 28.5% in 2017 Government spending rose from 28.5% in 2017 to 29.5% in 2018 Government spending rose from 29.5% in 2018 to 30.5% in 2019 	<ul style="list-style-type: none"> Government spending rose from 18.5% of GDP in 2008 to 20.5% in 2009 Government spending rose from 20.5% in 2009 to 21.5% in 2010 Government spending rose from 21.5% in 2010 to 22.5% in 2011 Government spending rose from 22.5% in 2011 to 23.5% in 2012 Government spending rose from 23.5% in 2012 to 24.5% in 2013 Government spending rose from 24.5% in 2013 to 25.5% in 2014 Government spending rose from 25.5% in 2014 to 26.5% in 2015 Government spending rose from 26.5% in 2015 to 27.5% in 2016 Government spending rose from 27.5% in 2016 to 28.5% in 2017 Government spending rose from 28.5% in 2017 to 29.5% in 2018 Government spending rose from 29.5% in 2018 to 30.5% in 2019
Government Revenue	<ul style="list-style-type: none"> Government revenue fell from 18.5% of GDP in 2008 to 17.5% in 2009 Government revenue fell from 17.5% in 2009 to 16.5% in 2010 Government revenue fell from 16.5% in 2010 to 15.5% in 2011 Government revenue fell from 15.5% in 2011 to 14.5% in 2012 Government revenue fell from 14.5% in 2012 to 13.5% in 2013 Government revenue fell from 13.5% in 2013 to 12.5% in 2014 Government revenue fell from 12.5% in 2014 to 11.5% in 2015 Government revenue fell from 11.5% in 2015 to 10.5% in 2016 Government revenue fell from 10.5% in 2016 to 9.5% in 2017 Government revenue fell from 9.5% in 2017 to 8.5% in 2018 Government revenue fell from 8.5% in 2018 to 7.5% in 2019 	<ul style="list-style-type: none"> Government revenue fell from 18.5% of GDP in 2008 to 17.5% in 2009 Government revenue fell from 17.5% in 2009 to 16.5% in 2010 Government revenue fell from 16.5% in 2010 to 15.5% in 2011 Government revenue fell from 15.5% in 2011 to 14.5% in 2012 Government revenue fell from 14.5% in 2012 to 13.5% in 2013 Government revenue fell from 13.5% in 2013 to 12.5% in 2014 Government revenue fell from 12.5% in 2014 to 11.5% in 2015 Government revenue fell from 11.5% in 2015 to 10.5% in 2016 Government revenue fell from 10.5% in 2016 to 9.5% in 2017 Government revenue fell from 9.5% in 2017 to 8.5% in 2018 Government revenue fell from 8.5% in 2018 to 7.5% in 2019

Table 1

Category	Sub-category	Item	Value
A	B	C	D
		E	F
		G	H
		I	J
		K	L
		M	N
		O	P
		Q	R
		S	T
		U	V
W	X	Y	Z
		AA	AB
		AC	AD
		AE	AF
		AG	AH
		AI	AJ
		AK	AL
		AM	AN
		AO	AP
		AQ	AR

PKV lääkkeet

- Huumausaineita sisältävät lääkkeet varastoidaan tai muutoin säilytetään toimintayksikössä erillisessä, lukitussa paikassa siten, että tiloihin pääsevät vain näiden lääkkeiden käsittelemiseen oikeutetut henkilöt. Toimintayksikön lääkehoitosuunnitelmaan kirjataan, kenellä on oikeus käsitellä huumausaineita sisältäviä lääkkeitä.
- Huumausaineiksi luokiteltavia lääkkeitä ei jaeta valmiiksi lääkelaseihin tai dosetteihin, vaan ne annostellaan juuri ennen potilaalle antamista. Poikkeustapauksissa, jotta kaksoistarkistus voidaan tehdä ja lääkkeen voi jakaa laillistettu terveydenhuollon ammattihenkilö, voidaan nestemäiset, huumausaineita sisältävät lääkkeet annostella etukäteen.
- Avoapteekin toimittamien lääkkeiden mukana ei automaattisesti tule kulutuskorttia, mutta tilanteissa, joissa sosiaali- tai terveydenhuollon henkilökunta huolehtii asiakkaiden/potilaiden PKV-lääkkeiden annostelusta, on syytä käyttää lääkekulutuskorttia lääkkeen väärinkäytön ehkäisemiseksi ja seurannan mahdollistamiseksi.
- Sosiaalihuollon yksiköissä, asumispalveluyksiköissä ja vastaavissa yksiköissä, joissa potilaat käyttävät itse maksamiaan lääkkeitä, on myös suositeltavaa kirjata huumausaineiksi luokiteltavien lääkkeiden kulutus. Näin varmistetaan, että potilaan lääkehoito toteutuu oikein, ja ehkäistään väärinkäyttö.

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- Tepatampereen uusi salasana:

www.tepatampere.fi

tepata2017

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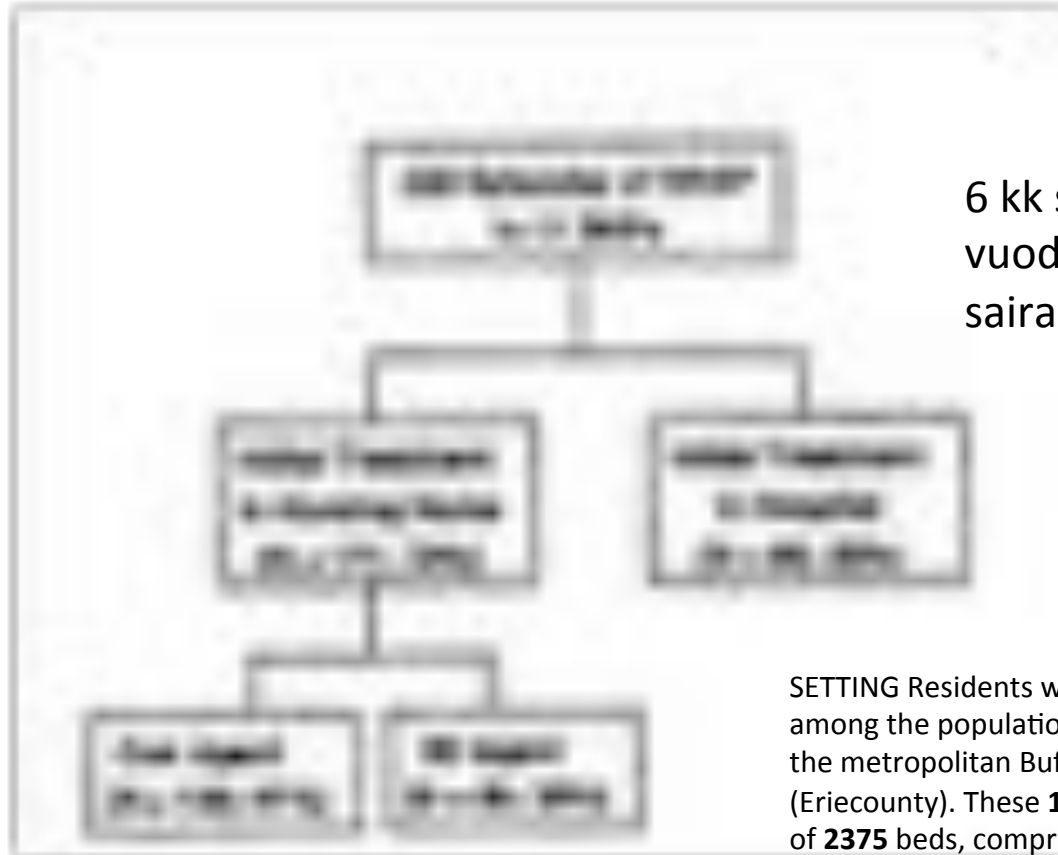
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- Tepatampereen uusi salasana:
- Ikäihmisten akuuttihoitoketju:
- http://www.terveysportti.fi/dtk/ltk/koti?p_artikkeli=shp01225

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Treatment Guideline for Nursing Home-Acquired Pneumonia Based on Community Practice

Bruce J. Naughton, MD and Joseph M. Mylotte, MD, CIC

JAGS 48:82-88,2000



6 kk seuranta eli vuodessa joka 5. sairasti pneumonian

SETTING Residents with NHAP were identified among the populations of **11** nursing homes in the metropolitan Buffalo, New York area (Eriecounty). These **11** nursing homes had a total of **2375** beds, comprising nearly one-third of all nursing home beds in the county.

Treatment Guideline for Nursing Home-Acquired Pneumonia Based on Community Practice

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There was no significant difference in 30-day mortality rates between those initially treated in nursing homes (**22%**) and those initially treated in hospitals (**31%; P=.15**)

There was no significant difference in 30-day mortality rates between those initially treated with an oral regimen in nursing homes (**21%**) and those initially treated with an intramuscular antibiotic in nursing homes (**25%; P = .56**).

Treatment Guideline for Nursing Home-Acquired Pneumonia Based on Community Practice

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- DISCUSSION
- There is increasing evidence *that most nursing home residents with pneumonia can be treated successfully with an oral agent in nursing home. A recent study has demonstrated that even the most severely ill residents with pneumonia can be treated with intravenous antibiotics in nursing homes with no significant difference in 30-day mortality rates compared with those with the same severity of NHAP treated in hospital. In addition, short-term outcomes of treatment of NHAP are significantly better among those treated in nursing homes compared with those hospitalized. Nevertheless, variations in management of NHAP occur, and there has been little attempt to standardize the treatment of this infection.

 19. Degelau J, Guay D, Straub K, Luxenberg MG. Effectiveness of oral antibiotic treatment in nursing home-acquired pneumonia. *J Am Geriatr Soc* 1995;43: 245-25 1.

20. Fried TR, Gillick MR, Lipsitz LA. Whether to transfer? Factors associated with hospitalization and outcome of elderly long-term care patients with pneumonia. *J Gen Intern Med* 1995;10:246-250.

21. Thompson RS, Hall NK, Szpiech M, Reisenberg LA. Treatment and out- comes of nursing home-acquired pneumonia. *J Am Board Fam Pract* 1997; 10:82-87.

22. Medina-Walpole AM, McCormick WC. Provider practice patterns in nurs- ing home-acquired pneumonia. *J Am Geriatr Soc*1998;46:187-192.

23. Mylone JM, Naughton B, Saludades C, Maszarovics 2.Validation and ap- plication of the pneumonia prognosis index to nursing home residents with pneumonia. *J Am Geriatr Soc*1998;46:1538-1544.

24. Fried TR, Gillick MR, Lipsia LA, Short-term functional outcomes of long- term care residents with pneumonia treated with and without hospital trans- fer. *J Am Geriatr Soc* 1997;45:302-306.

25. Zimmer JG, Hall WJ. Nursing home-acquired pneumonia: Avoiding the hos- pital. *J Am Geriatr Soc*1997;45:380-381,

ELVYTYYS JA LTC

- <http://www.compassionandsupport.org/files/plenary-3-myths-and-truths-of-cpr-and-lst-2009.pps>



Myths and Truths of CPR and Other Life-Sustaining Treatment: Conversations Based on Evidence

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Chair, MOLST Statewide Implementation Team

Leader, Community-wide End-of-life/Palliative Care Initiative

Chair, National Healthcare Decisions Day New York State Coalition



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CompassionAndSupport.org



A nonprofit independent licensee of the BlueCross BlueShield Association

Cardiopulmonary Resuscitation



- The purpose of cardiopulmonary resuscitation is the prevention of sudden, unexpected death.
- Cardiopulmonary resuscitation is not indicated in . . .cases of terminal irreversible illness where death is expected or where prolonged cardiac arrest dictates the futility of resuscitation efforts.



Compassion and Support
at the End of Life

JAMA1974; 227(7) Standards for CPR and ECC

Cardiopulmonary Resuscitation

- For many people the last beat of their heart should be the last beat of their heart.
- These people simply have reached the end of their life. A disease process reaches the end of its clinical course and a human life stops.
- In these circumstances resuscitation is unwanted, unneeded and impossible. If started, resuscitative efforts for those people are inappropriate, futile and undignified.
- They are demeaning to both the patient and rescuers.
- Good ACLS requires careful thought about when to stop resuscitative efforts and- even more important- when not to start.



CPR: In-hospital Arrests

- Physicians overestimate the likelihood of survival to hospital discharge
- Literature
 - survival 6.5%-32% - average 15%
- At least 44% of survivors have significant decline in functional status

CPR Poor Outcomes: All sites

- Unwitnessed Arrest
- Asystole
- Electrical-Mechanical Dissociation
- >15 minutes resuscitation
- Metastatic Cancer
- Multiple Chronic Diseases
- Sepsis



CPR and Elderly

- 22% may survive initial resuscitation
- 10-17% may survive to discharge, most with impaired function
- Chronic illness, more than age, determines prognosis (<5% survival)



Annals Int Med 1989; 111:199-205
JAMA 1990; 264:2109-2110
EPEC Project RWJ Foundation, 1999

CPR Outcomes: LTC

- 2,348 arrests: 182 at NH; 2,166 at home
- NH patients
 - more likely to receive CPR on collapse
 - older (73.1 vs. 67.5 years $p < 0.001$)
 - less likely AED use (9.9% vs 30.0%, $p < 0.001$)
 - more likely bradycystolic (74.7% vs 51.5%)
 - less likely to survive to hospital admission (10.4% vs 18.5%, $p < 0.006$)
 - less likely to survive to discharge (0.0% vs 5.6%, $p < 0.001$)



CPR Outcomes

1. Average rate of success (overall) 15%
2. Ventricular fibrillation after myocardial infarction 26-46%
3. Drug reaction or overdose 22-28%
4. Acute stroke 0-3%
5. Bedfast patients with metastatic cancer who are spending fifty percent of their time in bed 0-3%
6. End stage liver disease 0-3%

CPR Outcomes

- | | |
|--|---------|
| 7. Dementia requiring long-term care | 0-3% |
| 8. Coma (traumatic or non-traumatic) | 0-3% |
| 9. Multiple (2 or more) organ system failure with no improvement after 3 consecutive days in the ICU | 0-3% |
| 10. Unsuccessful out-of-hospital CPR | 0-3% |
| 11. Acute and chronic renal failure | 0-10% |
| 12. Elderly patients | Same as |
| general population | |
| 13. Chronically ill elderly | 0-5% |

Patient Treatment Preferences Based on Public Perceptions



- 67% of resuscitations are successful on TV
- Educating patients
 - 371 patients, age >60yrs
 - 41% wanted CPR
 - after learning the probability of survival only 22% wanted CPR



NEJM 1996; 334:1578-1582
NEJM 1994; 330:545-549
Acad Emer Med 2000; 7(1):48-53



Physician determination: CPR would not be clinically advisable ii

- Poor chance CPR will be successful (no medical benefit) i
- Poor outcome expected following CPR i
- Poor quality of life currently, according to the patient/surrogate i
- “CPR would be unsuccessful in restoring cardiac and respiratory function; or the patient/resident would experience repeated arrests in a short time period before death occurs.” ii





**End-of-Life Care for People with Dementia in
Residential Care Settings**

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EXECUTIVE SUMMARY

The National Institute on Mental Health (NIMH) sponsors an annual effort to identify topics relevant to current research in the area of mental health care for Quality Enhancement. One concern is given by evidence that indicates the following:

- 67% of research-related deaths occur in nursing homes
- 71% of residents with alcohol dependence died within 4 months of admission, yet only 17% were referred to hospital
- Non-pharmaceutical care is quite common in residents with dementia. This includes activities, lifestyle, music, relaxation, and behavioral therapy.

The review is to provide the evidence base for practice and policy recommendations to improve the care, as well as to stimulate additional research on the topic.

Methods: The author initially reviewed 100 articles in the literature from 1990 to 2000, and then searched the literature for 100 articles that contain new information derived by experimental or quasi-experimental methods. Many studies were observational. The review identified relatively few evaluations of new interventions or behavioral clinical trials. There was almost no research on management of alcohol dependence in mental health facilities.

Results: Half of the care for residents with alcohol dependence involves a number of key issues: appropriate management of symptoms including pain and delirium, treatment of problems with a therapist, and evidence about medical interventions. The body of evidence presented indicates the following:

1. Aggressive medical treatment for residents with advanced dementia is often inappropriate for medical reasons, has a low rate of success, and can have negative outcomes that hasten functional decline and death.

- Cardiopulmonary resuscitation (CPR) is three times less likely to be successful in a person with dementia than in one who is cognitively intact. Those who initially survive are taken to an intensive care unit where most die within 24 hours.
- Individuals with advanced dementia are more often hospitalized than those who are cognitively intact or have milder dementia. Transfer from nursing home to hospital results in functional decline that does not improve significantly at discharge. Patients often develop confusion, anorexia, incontinence and falls. These symptoms are often managed by aggressive medical interventions.
- The most common cause of hospitalization is infection, most often pneumonia, even though hospitalization is not necessary for optimal treatment. Immediate survival and mortality rates are similar whether treatment is provided in a long term care facility or a hospital: long-term outcomes are better in residents treated in a nursing home.
- Intercurrent infections are a common and almost inevitable consequence of advanced dementia for several reasons: reduced immune response, incontinence, swallowing difficulties, immobility, and inability to report symptoms. Antibiotic therapy does not seem to prolong survival and is not necessary for symptom control. When antibiotics are used, they may cause significant adverse effects, and the diagnostic procedures associated with use of antibiotics add to the resident's confusion and discomfort.
- Tube feeding in residents with advanced dementia does not increase survival. It does not prevent aspiration pneumonia, malnutrition or pressure ulcers. It does not reduce the risk of infections or improve functional status or comfort of the patient.

2. Quality palliative care is an effective alternative to aggressive treatment and is closely related to staffing and training in nursing homes.

- Nursing homes with dementia special care units, greater physician-to-patient ratios, and physician extenders, and those that provide intravenous therapy and nurse aide training programs are far less likely to hospitalize their residents.
- Simple strategies involving hands-on care by well-trained staff – such as massage, oral hygiene, changes in diet, and hand-feeding -- can prevent infection and manage feeding problems without resort to tube-feeding.
- Model programs that provide on-site treatment of medical complications show fewer preventable hospitalizations and lower hazard rates of mortality.
- A palliative care unit for hospitalized residents with advanced dementia decreased hospital and intensive care unit length of stay and use of other non- beneficial resources.
- Hospice is a valuable service for persons with advanced dementia, particularly in management of pain, continuous involvement of the primary physician, and avoidance of hospitalization. Social support provided to caregivers is also important given their high levels of depressive symptoms and anxiety.
- • Guidelines for palliative care in dementia are available for clinicians and family members and, when applied, have been shown to improve end-of-life care.