SSTEP

Superior Surgical and Trauma Care for Elders Pathway

FRAIL Scale	Use for all pts ≥ 65 yo
Fatigue	"Are you fatigued throughout the day?"
Resistance	"Can you walk up a flight of stairs“
Ambulation	"Can you walk a block?“
Illness	Does pt have 5 or more of the following: HTN, DM, cancer (other than minor skin cancer), chronic lung disease, h/o MI/CAD/stent, CHF, angina, asthma, arthritis, h/o stroke/TIA, CKD?
Loss of weight	"Have you lost weight unexpectedly in the past 6 months?" or if weights in EPIC, have they lost more than 5% body weight?

0 criteria positive = robust, do not admit to SSTEP
1 or 2 criteria = pre-frail, admit to SSTEP
3+ criteria positive = frail, admit to SSTEP
If patient has dementia, admit to SSTEP regardless of score

HCP Identification and Goals of Care

❑ **HCP must be identified within 24 hours of admission**.
❑ Every pt should have established code status w/in 72h of admission; they MUST have an established code status before d/c. **NOTE: full code (presumed) may be placed for **72h ONLY** to allow time for further discussion.
❑ Place all MOLST/advanced directives in green chart
❑ If pt admitted >5d, family meeting must be scheduled with geriatrics and primary team.

Admission Order Panel Use SSTEP (Frailty) Order Panel

Labs
❑ BMP, Mg, Phos, CBC, Prealbumin, Albumin, CRP, 25 (OH) Vit D

General Care
❑Place sign on pts' door stating "Patient is on SSTEP pathway"
❑Orthostatic vital signs: "please page HO with results"
❑CAM q8h (see reverse page)
❑Consults: Nutrition, Gerontology, Physical Therapy
❑Aspiration precautions: Head of bed >30 degrees at all times and sitting upright for all meals (hold if on logroll or spinal precautions)
❑Hydrogen peroxide mouthwash AC and HS

Geriatric Pain Regimen
If NPO:
❑IV Tylenol 1000mg TID
❑IV hydromorphone 0.2mg q4h prn moderate pain
If can take PO meds:
❑PO Tylenol 650mg 4x daily
❑PO oxycodone 2.5-5mg q4h prn moderate pain

Bowel Regimen (stimulant laxatives preferred, no Colace)
If NPO:
❑Dulcolax 10 mg PR prn constipation (Bristol stool scale #1 or 2)
If can take PO meds:
❑Senna 8.6mg BID - give daily if Bristol Stool #1-4. Hold if #5-7
❑Miralax 17gm qd - give daily if Bristol Stool #1-4. Hold if #5-7

General: Discontinue overnight vitals once your attending approves.

Confusion Assessment Method (CAM)

(Nursing to do every EIGHT hours)

1) Acute onset and fluctuation course
   - Acute change in mental status from patient's baseline
   - Abnormal behavior increase and decrease in severity
2) Inattention
   - Days of the week backwards starting with Saturday
3) Disorganized thinking
   - Place
   - Year
   - Day of the week
4) Altered level of consciousness
   - Alert (normal)
   - Vigilant (hyperalert)
   - Lethargic (drowsy, easily aroused)
   - Stupor (difficult to arouse)
   - Coma (unarousable)

CAM is POSITIVE when: #1 AND #2 are present AND #3 OR #4 are present. Nursing will report to resident when patient is positive.

If your patient has agitated delirium: (RASS 1+ or greater)

- ❑Continue non-pharmacological measures
- ❑**Melatonin** 6mg qhs
- ❑Do NOT use Haloperidol as a first line antipsychotic
- ❑**Olanzapine** SL or IM 2.5 mg x1, may repeat the dose in 2 hrs if still agitated and not redirectable

OR

- ❑**Seroquel** 12.5-25mg PO x1, may repeat x1

Note - If you started Olanzapine or Seroquel, monitor daily QTc and keep K>4 and Mg>2

Delirium Prevention

- ❑Minimize overnight interruptions to preserve sleep wake cycle.
- ❑Once patient is deemed stable by an attending then cancel midnight and 4 am vital signs.
- ❑Out of bed TID and stimulate during the daytime.
- ❑D/c all lines and catheters ASAP, esp Foley
- ❑D/c any urinary anticholinergics (Oxybutinin, Solifenacin, Darifenacin, Tolterodine, Trospium)
- ❑Encourage family/familiar items to be at bedside
- ❑Reorient frequently
- ❑Provide glasses, dentures, hearing aids
- ❑If patient becomes restless or agitated **first attempt** to identify and correct any potential triggering factors such as pain, constipation, urinary retention or any other discomfort. Attempt reorientation and redirection.

Medications

- ❑Melatonin 6mg qhs if patient is ≥ 80 years old

Delirium DO NOTs

- NO benzos (unless the pt is on chronic benzos or you suspect alcohol withdrawal)
- NO benadryl for sleep
- Haldol is last resort. Don't give Haldol if QTc is >500
- Don't continue to re-dose Haldol until have obtained repeat EKGs for QTc monitoring