

You are a PCP First Response Unit (FRU) who has been dispatched for an elderly patient who initiated their Life Alert due to a fall. Upon your arrival, you find a 78 year old male patient lying supine on the floor of his apartment. He is complaining of left hip and wrist pain. He tells you that he had tripped on the carpet and fell landing on his side. You note that his left leg is shortened and externally rotated and that his left wrist is very swollen with no obvious deformity. He states the pain is 6/10 at rest, increasing to a 10/10 with movement or palpation. There is no other noted trauma and the patient does not complain of any other pain or nausea. He tells you that he has high blood pressure and arthritis for which he takes bisoprolol, ASA, acetaminophen, rosuvastatin. He states that he has no allergies. You complete a set of vitals which are as follows: HR – 64bpm, regular, full, normal sinus rhythm in Lead II, RR – 18/min, regular, unlaboured, BP – 168/82, GCS 15. You update dispatch as to the patient condition and are informed that your transporting crew will be another 10 minutes. With a set of vitals and the noted discomfort that your patient is in, you immobilize the hip and wrist and consider analgesia for this patient.

What would be your treatment plan with respect to analgesia administration in the geriatric population and given that you have confirmed that your patient has no contraindications for the administration of acetaminophen, ibuprofen and ketorolac? If you said that you would co-administer acetaminophen and ibuprofen, you are correct! This patient meets the indications for analgesia given that he has injuries isolated to one or more extremities (excludes clavicles). As per the clinical considerations for the Adult Analgesia Medical Directive on page 80, whenever possible, consider co-administration of acetaminophen and ibuprofen and in patients with isolated hip or extremity trauma, ibuprofen and acetaminophen is preferred to ketorolac except where the patient is unable to tolerate oral medications.

Five minutes later, your transporting crew arrives and is an ACP/PCP crew. You update the crew as to the patient's history, status and your treatment interventions. Your patient is comfortable at rest, but complains of severe pain after the extrication. Your patient's vitals remain unchanged from above.

With respect to ACP, what would be your treatment plan? If you said that you would consider morphine administration, you are correct, multi-modal analgesia is ideal! You recognize that given the patient's age, medical history and weight (70kg) you want to be cautious with the amount of morphine that you administer. Consider asking the patient about their previous exposure to opiates because an opiate naïve patient may be more likely to experience CNS, CVS or respiratory depression. Specific to morphine administration in the geriatric population, paramedics should consider lower initial dosing and longer intervals between doses. Avoid administration of dimenhydrinate to all geriatric patients (except in intractable vomiting) given the association with delirium. In fact, dimenhydrinate has been specifically identified as a negative quality measure for hospital medical management of elderly patients.

You initiate an intravenous (IV) and administer 2 mg of morphine with the plan to titrate additional small doses in 10-20 minutes if needed and avoid dimenhydrinate.

\*\*\*This messaging was provided at the 2015-2016 Annual Practice Review (APR) and the 2016 ACP Spring CME as part of the focused education on geriatric populations and specific precautions for medication administration.\*\*\*