

## Signs of deterioration

### Dehydration:

- Dry skin with poor turgor – tenting
- Sunken eyes
- Dry coated tongue with cracks
- Dry peeling lips
- Lethargy and drowsiness
- Decreasing ability to swallow
- Decreased appetite
- Decreased oral intake of food and fluids
- Generalised weakness
- Low or no urine output
- Constipation
- Increased heart rate (tachycardia) and hypotension

**Respiratory conditions:** may be associated with chest pain, heart failure, infection and COPD.

- Noisy breathing - audible wheeze, stridor, rattling chest
- Choking
- Moist or dry cough
- Tachypnea
- Decreased breath sounds in 1 + areas of the lungs
- Cyanosis of lips, tongue, finger tips, ear lobes
- Tracheal tug
- Intercostal recession / shoulder shrugging
- Increased SOB on exertion
- Speaks in 1-2 word sentences
- Increased sputum production (white/brown/blood stained)
- Frothy sputum (could be sign of heart failure)
- Fever
- Tachycardia
- Hypo or hypertension
- Dehydration
- Increased lethargy and / or drowsiness
- Decreased appetite and oral intake
- Difficulty swallowing
- Decreased oxygen saturation
- Delirium
- Increased confusion



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**Dysphagia (difficult swallowing), aspiration and choking are serious problems in the elderly.**

- Coughing or gagging while eating or drinking
- Gurgling sound after eating and/or drinking
- Gasping for air
- Noisy breathing

**Chest pain- may be associated with** Cardiac pain, Referred pain from respiratory symptoms, Pain in central chest - heavy or crushing

- Shortness of breath
- Pain radiating to L ar, R arm, back, neck or jaw
- Dizziness
- Changes in heart rate and rhythm
- Hyper or hypotension
- Delirium
- Altered level of consciousness
- Nausea/vomiting
- Anxiety

**Delirium- has 3 presentations:**

1. **Hyperactive** - consists of hallucinations, agitation and irritability
  2. **Hypoactive** - presents as drowsiness, lethargy and excessive sleeping
  3. **Mixed** - symptoms vary between hypoactive and hyperactive
- Intermittent episodes of confusion with or without underlying dementia
  - Hallucinations - visual and/or auditory (seeing or hearing things that are not there)
  - Associated mood swings e.g. laughing then crying, violence
  - Repetitive movements e.g. trying to pick up something that is not there
  - Inappropriate and unusual behaviours
  - Excessive sleeping, non-communicative, drowsy
  - Variations between over activity and sleepiness

**Falls prevention**

- Talk to the resident and family about fall risks and prevention
- Orientate to environment
- Remove obstacles
- Ensure proper lighting
- Make sure footwear fits properly and is slip resistant
- Place belongings within reach
- Keep bed low with brakes on
- Minimise use of bed rails
- Use correct mobility aid based on mobility assessment
- Refer to allied health, as required

- Identify medications that increase falls risk
- Supervise high-risk residents at all times

## **End of life: common signs at the end of life and how to respond:**

<b>Decreased Appetite</b>	<ul style="list-style-type: none"><li>• Don't force feed; follow the person's cues even though you may be distressed by a loss of interest in eating</li><li>• Offer ice chips or sips of water</li><li>• Use a moistened warm cloth around the mouth</li><li>• Apply balm to the lips to keep them moist and comfortable</li></ul>
<b>Excessive fatigue and sleep</b>	<ul style="list-style-type: none"><li>• Allow them to sleep</li><li>• Assume that everything you say can be heard</li></ul>
<b>Increased physical weakness</b>	<ul style="list-style-type: none"><li>• Keep the resident comfortable</li></ul>
<b>Mental confusion or disorientation</b>	<ul style="list-style-type: none"><li>• Remain calm and reassuring</li><li>• Speak to the person softly and identify yourself when you approach</li></ul>
<b>Laboured breathing</b>	<ul style="list-style-type: none"><li>• Maintain overall comfort, try position changes with the head slightly elevated with a pillow, sitting up well supported, or the head or body laying tilted to the side slightly</li><li>• If phlegm allow it to drain naturally from the mouth - avoid suctioning</li><li>• Remain calm</li></ul>
<b>Social withdrawal</b>	<ul style="list-style-type: none"><li>• Remember this is a natural part of the dying process and not a reflection of your relationship</li><li>• Maintain a physical presence by touching the dying person and continuing to talk, if it feels appropriate, without demanding anything back</li><li>• Treasure an alert interlude if and when it occurs, because it's almost always fleeting</li></ul>
<b>Changes in urination</b>	<ul style="list-style-type: none"><li>• Maintain comfort</li><li>• Keep skin clean and dry</li></ul>
<b>Swelling in feet and ankles</b>	<ul style="list-style-type: none"><li>• Swelling is a result of the natural death process, not the cause</li><li>• No special treatment is required other than maintaining comfort</li></ul>



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**Coolness in tips  
of fingers and  
toes**

- Use a warm blanket to keep the person comfortable
- Weight of the coverings may cause agitation so keep them light and loose
- Resident will most likely be oblivious to the change

**Mottled veins**

- No special steps required

**STOP and WATCH early signs of deterioration tool:**

S: Seems different than usual

T Talks or communicates less

O: Overall needs more help

P: Pain – new or worsening;

A: Ate less

N: No bowel movement in 3 days; or diarrhea

D: Drank less

W: Weight change; swollen legs or feet

A: Agitated or nervous more than usual

T: Tired, weak, confused, or drowsy

C: Change in skin color or condition

H: Help with walking, transferring, toileting more than usual

