



## Elderly Care

Among the following drugs, which does not cause falls in an elderly?

1/1

Diuretics

NSAIDs

Beta blockers

Hypnotics

Which of the following is a behavioural risk factor when assessing the potential risks of falling in an older person?

0/1

Poor nutrition/fluid intake

Poor heating

Foot problems

Fear of falling

Correct answer

Poor nutrition/fluid intake

You are looking after a 76-year-old woman who has had a number of recent falls at home. What would you do to try and ensure her safety whilst she is in hospital?



0/1

- Refer her to the physiotherapist and provide her with lots of reassurance as she has lost a lot of confidence recently.
- Make sure that the bed area is free of clutter. Place the patient in a bed near the nurses' station so that you can keep an eye on her. Put her on an hourly toileting chart. Obtain lying and standing blood pressures as postural hypotension may be contributing to her falls.
- Make sure that the bed area is free of clutter and that the patient can reach everything she needs, including the call bell. Check regularly to see if the patient needs assistance mobilizing to the toilet. Ensure that she has properly fitting slippers and appropriate walking aids.
- Refer her to the community falls team who will assess her when she gets home.

Correct answer

Make sure that the bed area is free of clutter and that the patient can reach everything she needs, including the call bell. Check regularly to see if the patient needs assistance mobilizing to the toilet. Ensure that she has properly fitting slippers and appropriate walking aids.



## Why should healthcare professionals take extra care when washing and drying an elderly patient's skin?

0/1

- As the older generation deserve more respect and tender loving care (TLC).
- As the skin of an elder person has reduced blood supply, is thinner, less elastic and has less natural oil. This means the skin is less resistant to shearing forces and wound healing can be delayed.
- All elderly people lose dexterity and struggle to wash effectively so they need support with personal hygiene.
- As elderly people cannot reach all areas of their body, it is essential to ensure all body areas are washed well so that the colonization of Gram positive and negative micro organisms on the skin is avoided.

Correct answer

As the skin of an elder person has reduced blood supply, is thinner, less elastic and has less natural oil. This means the skin is less resistant to shearing forces and wound healing can be delayed.



If an elderly immobile patient had a grade 3 pressure sore, what would your management be?

0/1

- Hydrocolloid dressing, pressure relieving mattress, nutritional support.
- Dry dressing, pressure relieving mattress, mobilization.
- Foam dressing, pressure relieving mattress, nutritional support.
- Film dressing, mobilization, positioning, nutritional support.

Correct answer

Foam dressing, pressure relieving mattress, nutritional support.

You notice an area of redness on the buttock of an elderly patient and suspect they may be at risk of developing a pressure ulcer. Which of the following would be the most appropriate to apply?

1/1

Negative pressure dressing

Rapid capillary dressing

Alginate dressing

**Skin barrier product**



You are looking after an emaciated 80-year-old man who has been admitted to your ward with acute exacerbation of chronic obstructive airways disease (COPD). He is currently so short of breath that it is difficult for him to mobilise. What are some of the actions you take to prevent him developing a pressure ulcer?

0/1

- He will be at high risk of developing a pressure ulcer so place him on a pressure relieving mattress.
- Assess his risk of developing a pressure ulcer with a risk assessment tool. If indicated, procure an appropriate pressure-relieving mattress for his bed and cushion for his chair. Reassess the patient's pressure areas at least twice a day and keep them clean and dry. Review his fluid and nutritional intake and support him to make changes as indicated.
- Assess his risk of developing a pressure ulcer with a risk assessment tool and reassess every week. Reduce his fluid intake to avoid him becoming incontinent and the pressure areas becoming damp with urine.
- He is at high risk of developing a pressure ulcer because of his recent acute illness, poor nutritional intake and reduced mobility. By giving him his prescribed antibiotic therapy, referring him to the dietician and physiotherapist, the risk will be reduced.



## Correct answer

Assess his risk of developing a pressure ulcer with a risk assessment tool. If indicated, procure an appropriate pressure-relieving mattress for his bed and cushion for his chair. Reassess the patient's pressure areas at least twice a day and keep them clean and dry. Review his fluid and nutritional intake and support him to make changes as indicated.

Today, most people will live into older age and may often have complex health needs that may impact expenditures for more advanced health care services. Why is person-centred care valued in the National Health Service?

0/1

- Research has found that person-centred care can help to improve people's health and reduce the burden on health services.
- Research has found that if government policy is emphasising on strengthening the NHS and move away from a paternalistic model where professionals 'do things to people' then people's health will improve.
- Research has found that offering care in a more person-centred way usually improves health outcome as patients and families are more involved in decisions about their care so they only get services and support that are appropriate for their needs when they are confident and satisfied with the professionals rendering care.



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- Research has found that person-centred care can have a big impact on the quality of care because it can increase how often people use services and help them lead a more healthy lifestyle, such as exercising or eating healthy.

Correct answer

Research has found that person-centred care can help to improve people's health and reduce the burden on health services.

An elderly patient was admitted in the Acute Assessment Unit (AAU), he was noted to be disoriented, in distress and have impaired consciousness and attention. What does these findings indicate to the nurse?

0/1

Dementia

Infection

Delirium

Senility

Correct answer

**Delirium**

Why are elderly prone to postural hypotension? Select which does not apply:



0/1

The baroreflex mechanisms which control heart rate and vascular resistance decline with age.

Because of medications and conditions that cause hypovolaemia.

Because of less exercise or activities.

Because of a number of underlying problems with BP control.

Correct answer

Because of less exercise or activities.

What is the most common cause of hypotension in elderly?

1/1

Decrease response in adrenaline & noradrenaline

Hyperglycaemia

Atheroma changes in vessel walls

Age

Where is the common aneurysm location for an elderly?

1/1

Abdominal

Hepatic

Renal

Loop of Willis





## Why is pyrexia not evident in the elderly?

0/1

Due to lesser body fat

Due to immature T cells

Due to aged hypothalamus

Due to biologic changes

Correct answer

Due to immature T cells

## Why is pyrexia not always evident in the elderly?

0/1

Due to immature T cells

Due to mature T cells

Due to immature D cells

Due to mature D cells

Correct answer

Due to immature T cells

## Which of the following is a sign of dehydration in the elderly?

1/1

Diminished skin turgor

Hypertension

Anxiety attacks



Pyrexia

A normal sign of aging in the renal system is:

0/1

Intermittent incontinence

Concentrated urine

Microscopic hematuria

A decreased glomerular filtration rate

Correct answer

A decreased glomerular filtration rate

Which of the major theories of aging suggests that older adults may decelerate the aging process?

0/1

Disengagement theory

Activity theory

Immunology theory

Genetic theory

Correct answer

Activity theory

Barbara, an elderly patient with dementia, wishes to go out of the hospital. What will be your appropriate action?

0/1



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Call the police, make sure she does not leave

Encourage the patient to stay for her well being

Inform the police to arrest the patient

Allow her to leave, she is stable and not at risk of anything

Correct answer

Encourage the patient to stay for her well being

A 76-year-old man who is a resident in an extended care facility is in the late stages of Alzheimer's disease . He tells his nurse that he has sore back muscles from all the construction work he has been doing all day. Which response by the nurse is most appropriate?

0/1

“You know you don't work in construction anymore”

“What type of motion did you do to precipitate this soreness?”

“You're 76 years old & you've been here all day. You don't work in construction anymore.”

“Would you like me to rub your back for you?”

Correct answer

“Would you like me to rub your back for you?”

Knowing the difference between normal age-related changes and pathologic findings, which finding should the nurse identify as pathologic in a 74-year-old patient?



0/1

Increase in residual lung volume

Decrease in sphincter control of the bladder

Increase in diastolic BP

Decreased response to touch , heat and pain

Correct answer

Increase in diastolic BP

Why constipation occurs in old age?

0/1

Anorexia and weight loss

Decreased muscle tone and peristalsis

Increased mobility

Increased absorption in colon

Correct answer

Decreased muscle tone and peristalsis

Fiona a 70-year-old has recently been diagnosed with type 2 diabetes. You have EC devised a care plan to meet her nutritional needs. However, you have noted that she has poor fitting dentures. Which of the following is the least likely risk to the service user?

0/1

Malnutrition

Hyperglycemia



Dehydration

Hypoglycaemia

Correct answer

**Hyperglycemia**

The nurse cares for an elderly patient with moderate hearing loss. The nurse should teach the patient's family to use which of the following approaches when speaking to the patient?

0/1

- Raise your voice until the patient is able to hear you.
- Face the patient and speak quickly using a high voice.
- Face the patient and speak slowly using a slightly lowered voice.
- Use facial expressions and speak as you would formally

Correct answer

**Face the patient and speak slowly using a slightly lowered voice.**

An elderly patient in your care was assessed to be "moderate risk" in MUST scoring. What would be your next step as a nurse?

0/1

Provide supplementary nutrition

Continue weekly risk assessment

Inform dietician immediately

Have a 3-day diet recall



Correct answer

Have a 3-day diet recall

A nurse performs a physical assessment of an older adult. Which observation does the nurse conclude is unrelated to the aging process?

0/1

Dry, thin skin

Thick toenails

Fine, silky hair

Sparse pubic hair

Correct answer

Fine, silky hair

A nurse identifies that an older adult has long, torturous, yellow toenails. What should the nurse do?

0/1

- File the patient's toenails with an emery board
- Cut the toenails straight across with a nail clipper
- Soak the patient's feet in hot water to soften the toenails
- Have the primary health-care provider write a referral to a podiatrist to trim the toenails

Correct answer



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Have the primary health-care provider write a referral to a podiatrist to trim the toenails

A newly-hired nurse is caring for several patients in the geriatric ward. Which is at greatest risk for skin breakdown?

1/1

A patient who is dehydrated

A patient who has diaphoresis

A patient who is incontinent of faeces

A patient who has difficulty moving up in bed