

Communicating with Elderly Patients #3233



How you approach elderly patients and their family can make the difference between a positive experience and one that is not pleasant for anyone. Older adult patients frequently have communication deficits healthcare workers must be aware of, such as hearing loss, poor eyesight, or cognitive dysfunction. They expect a certain level of formal approach and communication. The way you speak to an elderly person is completely different than speaking with a child or teen. They may not fully understand "the modern world." They come from an era in which people dressed and behaved differently, and always spoke respectfully to others, especially their elders.

When communicating with older adults, refer to him/her as Mr., Miss, or Mrs. Address them by their first name only after they have given you permission to do so. For example, if Mrs. Smith wants you to address her by her first name, she will probably say "you can just call me Sallie." Do not refer to them as sweetie, honey, mama, pops, or "young lady." While those names may sound like terms of endearment to you, it may sound disrespectful to some patients and their family. A more formal greeting always shows respect. Let them take the lead by telling you how they wish to be addressed.

When communicating with hearing-impaired patients, it is more important than ever to face them when you speak. This will help increase his/her ability to hear you more clearly, shows you are interested in them, and provides him/her with visual clues as to why you are there or what you want them to do. Get close to them when speaking but do not shout. Shouting has an aggressive, impatient tone, and could breach HIPAA regulations if others can hear personal information. Be prepared to ask visitors to step out for a minute. Hearing-impaired seniors can sometimes seem to be confused because they answer questions inappropriately. Make sure they heard the question correctly by repeating the question and confirm their answer. You might also try asking the question another way. In example, suppose you need to obtain a fasting blood specimen from Mr. Smith. When asked if he had eaten breakfast yet, Mr. Smith may hear the question incorrectly and answer, "no, I'm not hungry." A different question might provide the information you need: "Mr. Smith, when was the last time you ate anything?" Using a note pad to jot down questions or instructions is also useful in confirming the patient understands.



Many elderly patients have poor eyesight. Be sure to make your arrival known early in the interaction so they know who is there. Don't assume they can see you or recognize your role on the healthcare team. Patients with severely decreased visual acuity may feel vulnerable, so don't approach them without announcing who you are. Verbal cueing is important for visually impaired patients. Take the time to explain who you are, why you are there, and what you need them to do.

Patients with dementia can be difficult to care for. They may no longer be able to read, and verbal directions may not be correctly understood. Instructions should be spoken slowly, using simple words, and provided close to the time of the procedure. Providing cognitively impaired patients with a demonstration of what you want them to do may assist with their understanding.



Not only do healthcare workers need to know how to communicate with patients in this age group, they must also know how to approach their family members. When families are present, do not forget who your patient is. Speaking to the family and not the patient sends a strong negative message to both patient and family; it's as if you considered the patient not even there. Never assume the patient doesn't hear or understand you. Ask the family if there is anything they think would help you communicate with the elderly family member when they are not present. It will put the patient and family at ease knowing you want to provide good care.

Elderly patients need to feel they have some control in decisions related to their care. Help to fulfill that need by making sure your communication with them is understood. Slow down, and give that extra bit of time our elderly population needs.



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Test Your Knowledge

1. How might a phlebotomist communicate with a hard-of-hearing elderly patient?
 - a. shout close to their ear
 - b. stand close to the patient, facing them
 - c. write on a tablet
 - d) b and c

2. What is the best way to initially address a senior adult?
 - a. honey or sweetie
 - b. young man or young lady
 - c. mom or pops
 - d. Mr., Miss., or Mrs.

3. You arrive to draw a blood specimen on a 90 year old woman who seems confused. Her daughter and son-in-law are visiting. How do you communicate why you are there?
 - a. explain to the daughter and son-in-law that you are there to obtain a blood specimen, then proceed with the collection on the patient
 - b. introduce yourself to the patient along with the family, and state why you are there, giving the patient the opportunity to confirm understanding
 - c. both a and b
 - d. none of the above

4. An elderly patient from a nursing home has lost his glasses and cannot see without them. What is the best way to approach this patient?
 - a. knock on his door, state your name and why you are there before approaching him
 - b. provide him with verbal cues as to what you are going to do and how he can cooperate
 - c. write him a note on a tablet
 - d. both a and b

5. A blood culture has been ordered on an 83 year old patient, but he does not seem to understand your explanation. How might you gain his understanding and cooperation?
 - a. write him a note or explain in a different way
 - b. shout very loudly close to his ear
 - c. go ahead with the procedure and hope he understands
 - d. none of the above

Name: _____

Date: _____

Facility/Supervisor _____

Dept: _____