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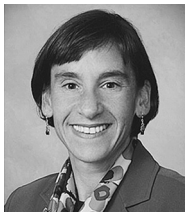
From the Editor



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Choosing Wisely revisited: Finally the support we have been waiting for in geriatrics

I know I shared with you in an editorial in 2013 information about the Choosing Wisely campaign and the fact that nurses were not part of the initial development of the Choosing Wisely campaign or any of the lists. I encouraged nurses, however, to participate in dissemination of this information.[1] Well… since that time we have come a long way in terms of our involvement in this campaign. The American Academy of Nursing (AAN) recently submitted a list of 5 Choosing Wisely items to consider as did our non-physician colleagues in physical therapy, the American Physical Therapy Association (APTA). If you have not reviewed these Choosing Wisely lists, and the other lists (totaling 40 now), I strongly encourage you to do so. Many of the lists are very relevant to older adults. To make it easy for you though I have provided the lists from AAN and APTA as well as the two lists from the American Geriatrics Society (Table 1) as these are what I believe in geriatric nursing we have been waiting for! The support to do what is best for older patients or residents and their families. I strongly encourage you all to review these lists and utilize these recommendations in your care of older adults, in your teaching and in your research endeavors. I personally am not seeing them consistently carried over into real world settings.

The Work of the American Academy of Nursing

First kudos to the American Academy of Nursing (AAN) for developing and submitting this list and for having it accepted into the Choosing Wisely Campaign. In addition, kudos to the group for focusing four out of their five wishes on issues and care related to older adults. Wow! The one other item on the list for the AAN was focused on neonates. I was particularly struck by the encouragement to get older adults up and walking when hospitalized. We know it, we know it, we know it yet … it simply is not happening in the way and at the rate it should. Fear that harm may befall a patient during the transfer, let alone during ambulation, fear of untethering an individual from an intravenous line, pulse oximetry or continuous cardiac monitoring or resistance on the part of the patient to get up is stopping this critically important intervention from happening. Say NO to the fear and do what is best and right for the patient. Work with your physical therapy colleagues to safely perform a transfer. You may only see these patients for a day in the acute care setting but show you care by considering their long-term recovery and get them up, walk them to the bathroom … even when it seems hard for you both.

The other nursing recommendations seem so obvious and logical and yet again these are not done. Specifically, the additional recommendations encourage nurses to: … not use physical restraints with an older hospitalized patient; not wake the patient for routine care unless the patient's condition or care specifically requires it; and not place or maintain a urinary catheter in a patient unless there is a specific indication to do so. Unfortunately, acute care particularly continues to focus on the convenience of the caregivers versus being person centered. Quick fixes such as rehydrating individuals with intravenous fluids versus oral rehydration (in individuals who with time, love and patience can drink!) still occurs even if it means restraining arms in the process.

I encourage you all to fight back and recommend alternative options. Engage families in rehydration, every nurse, physician, administrator, therapist or transportation staff to help out. Each of these individuals can be taught how to safely help an older adult drink. Likewise, fight back when the surgical team wants to do rounds on the patients at 7 am, especially in the winter months when it is barely getting light out! Block the doors of those patients who are asleep and need to remain so! I would add to this list, let them EAT and drink when under your care. Given what we know about sarcopenia in aging it is particularly critical that these individuals eat approximately 30 g of protein with each meal to avoid excessive muscle loss.[2] To meet the recommendation associated with use of urinary catheters, I encourage you to review the recently developed and released Streamlined Evidence-Based RN

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Table 1
Choosing Wisely recommendations from American Academy of Nursing; American Physical Therapist Association; and the American Geriatrics Association.

Nursing: American Academy of Nursing	
Don't let older adults lay in bed or only get up to a chair during their hospital stay.	Up to 65% of older adults who are independent in their ability to walk will lose their ability to walk during a hospital stay. Walking during the hospital stay is critical for maintaining functional ability in older adults. Loss of walking independence increases the length of hospital stay, the need for rehabilitation services, new nursing home placement, risk for falls both during and after discharge from the hospital, places higher demands on caregivers and increases the risk of death for older adults. Bed rest or limited walking (only sitting up in a chair) during a hospital stay causes deconditioning and is one of the primary factors for loss of walking independence in hospitalized older adults. Older adults who walk during their hospital stay are able to walk farther by discharge, are discharged from the hospital sooner, have improvement in their ability to independently perform basic activities of daily living, and have a faster recovery rate after surgery
Don't use physical restraints with an older hospitalized patient	Restraints cause more problems than they solve, including serious complications and even death. Physical restraints are most often applied when behavioral expressions of distress and/or a change in medical status occur. These situations require immediate assessment and attention, not restraint. Safe, quality care without restraints can be achieved when multidisciplinary teams and/or geriatric nurse experts help staff anticipate, identify and address problems; family members or other caregivers are consulted about the patient's usual routine, behavior and care; systematic observation and assessment measures and early discontinuation of invasive treatment devices are implemented; staff are educated about restraints and the organizational culture and structure support restraint-free care
Don't wake the patient for routine care unless the patient's condition or care specifically requires it	Studies show sleep deprivation negatively affects breathing, circulation, immune status, hormonal function and metabolism. Sleep deprivation also impacts the ability to perform physical activities and can lead to delirium, depression and other psychiatric impairments. Multiple environmental factors affect a hospitalized person's ability for normal sleep. Factors include noise, patient care activities and patient-related factors such as pain, medication and co-existing health conditions
Don't place or maintain a urinary catheter in a patient unless there is a specific indication to do so	Catheter-associated urinary tract infections (CAUTIs) are among the most common health care-associated infections in the United States. Most CAUTIs are related to urinary catheters so the infections can largely be prevented by reduced use of indwelling urinary catheters and catheter removal as soon as possible. CAUTIs are responsible for an increase in U.S. health care costs and can lead to more serious complications in hospitalized patients
American Physical Therapy Association	
Don't recommend bed rest following diagnosis of acute deep vein thrombosis (DVT) after the initiation of anti-coagulation therapy, unless significant medical concerns are present	Given the clinical benefits and lack of evidence indicating harmful effects of ambulation and activity both are recommended following achievement of anti-coagulation goals unless there are overriding medical indications. Patients can be harmed by prolonged bed rest that is not medically necessary
Don't use continuous passive motion machines for the post-operative management of patients following uncomplicated total knee replacement	Continuous passive motion (CPM) treatment does not lead to clinically important effects on short- or long-term knee extension, long-term knee flexion, long-term function, pain and quality of life in patients undergoing total knee arthroplasty (TKA). With rehabilitation protocols now supporting early mobilization, the use of CPM following uncomplicated total knee arthroplasty should be questioned unless medical and/or surgical complication exist that limit or contraindicate rehabilitation protocols that foster early mobilization. The cost, inconvenience and risk of prolonged bed rest with CPM should be weighed carefully against its limited benefit. As members of interprofessional teams involved in post-operative rehabilitation of patient following total knee replacement, physical therapists have a responsibility to advocate for effective alternatives to CPM for most patients
Don't use whirlpools for wound management	Whirlpools are a non-selective form of mechanical debridement. Utilizing whirlpools to treat wounds predisposes the patient to risks of bacterial cross-contamination, damage to fragile tissue from high turbine forces and complications in extremity edema when arms and legs are treated in a dependent position in warm water. Other more selective forms of hydrotherapy should be utilized, such as directed wound irrigation or a pulsed lavage with suction
American Geriatrics Society	
Don't recommend percutaneous feeding tubes in patients with advanced dementia; instead offer oral assisted feeding	Careful hand-feeding for patients with severe dementia is at least as good as tube-feeding for the outcomes of death, aspiration pneumonia, functional status and patient comfort. Food is the preferred nutrient. Tube-feeding is associated with agitation, increased use of physical and chemical restraints and worsening pressure ulcers
Don't use antipsychotics as first choice to treat behavioral and psychological symptoms of dementia	People with dementia often exhibit aggression, resistance to care and other challenging or disruptive behaviors. In such instances, antipsychotic medicines are often prescribed, but they provide limited benefit and can cause serious harm, including stroke and premature death. Use of these drugs should be limited to cases where non-pharmacologic measures have failed and patients pose an imminent threat to themselves or others. Identifying and addressing causes of behavior change can make drug treatment unnecessary

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