



Geriatrics

*Specialty Courses
for Phlebotomists*



National Center for
Competency Testing

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Geriatrics Specialty Certificate Course For Phlebotomists

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Overland Park, KS

NCCT is continually refining and creating professional development products for all certified allied health professionals. We are committed to your success. This mini course was designed to help healthcare professionals understand the special needs of the geriatric phlebotomy patient.

The course is divided into chapters. There is an open-book quiz at the end of every chapter to help you assess your understanding of that chapter's material. Upon completing all the chapters, you can access this mini course's final examination on-line at NCCT's website, www.ncctinc.com. Proceed to the *Testing* section, and choose the *CE Test Login* option, and log in. Choose the *Geriatrics for Phlebotomy Final Exam*.

Seventy per cent or better is considered a passing grade for this course. Upon passing the course's final exam you will receive a Specialty Certificate and a sticker from NCCT signifying that you have successfully completed this course. This sticker should be placed in your NCCT *Professional Development Log Book*. You will also receive five clock hours of continuing education credit and the course title will be placed on your *NCCT Continuing Education Transcript*.

Acquiring new skills and pursuing additional knowledge in your career field has always been the hallmark of a true professional. Read, learn, and most importantly, enjoy your profession more. Your new knowledge will not only increase your competence and importance to your team, but will also increase your own self-assurance in your ability and work.

Learning Outcomes

Upon completion of the Competence Certificate Course, the professional will be able to:

1. Define geriatrics
2. Differentiate an age range and specific factors used to define the geriatric population.
3. Outline and describe appropriate blood collection devices for use in geriatric settings
4. Describe appropriate collection containers for use in geriatric settings
5. Apply appropriate collection methods to specific test methods appropriate within the geriatric population.
6. List specimen collection problems associated with geriatric patients
7. Discuss pre-analytical variables associated with specimen collection in a geriatric population
8. Describe issues associated with specimen quality in the geriatric patient
9. Discuss the emotional impacts of blood collection on geriatric patients
10. Discuss the impact of dementia on blood collection in geriatric patients
11. Describe pain assessment and management during the phlebotomy process
12. Outline tools and methods for alleviating stress of the pediatric patient during phlebotomy
13. List phlebotomy-related injuries
14. Discuss prevention of phlebotomy-related injuries

Disclaimer

The writers for NCCT Competence Certificate Courses attempt to provide factual information based on literature review and current professional practice. However, NCCT does not guarantee that the information contained in these educational courses is free from all errors and omissions.

Chapter 1 Definition of the Geriatric Population

The delineation of an age specific population is important in health care. The designation of age-specific treatment modalities helps to provide appropriate health care. Geriatrics is a specialty in which provision of treatment and timely accomplishment of care-related goals is imperative. Physical limitations play a role in successful phlebotomy outcomes in geriatric patients. In addition, the effects of aging impact memory and emotional reactions. These changes must be considered when providing health care to the elderly. Professionals that constitute the healthcare team must understand the factors and potential limitations placed on them by the physical and emotional condition of each patient. The provision of rapid age-appropriate care for patients of all ages is a primary goal of all healthcare institutions.

The development of age-related criteria for treating a specific population must address not only the chronological age, but also the emotional state and physical condition of the individual at the time of medical treatment. Assessment of the specific needs of elders is performed on a case-by-case basis. This assessment must be made each time the individual is treated. Rapid physical and/or mental deterioration may be occurring and could significantly impact on an individual's ability to comprehend and tolerate the treatment process. Some degenerative mental conditions may impart a variety of emotions and memory loss that manifests itself in different ways each time the patient is treated. It is important for the health care practitioner to do a rapid assessment and match the treatment to the developmental level of the patient.

Physical limitations often increase as an individual ages. The phlebotomist must be alert to these limitations and provide appropriate physical treatment areas and be adaptable to the needs of each patient. Emergent situations also present challenges since the proper equipment may not be available or accessible.

This unit will address the major points of geriatric phlebotomy. Special consideration will be given to treating the "whole patient." A variety of blood collection equipment should be readily available to meet the needs of wide range of physical limitations and medical conditions encountered in the geriatric population. The assistance of ancillary caregivers or family members may be required at times. Incorporation of assistance with the phlebotomy process will be discussed as necessary within the unit.

Chapter 1 Definition of the Geriatric Population

Unit a. Definition of Adulthood

An adult may be defined as an individual that is "a human male or female after a specific age (as 18 or 21)." ⁽¹²⁾ This is a chronological definition. Chronologic age is that which is determined "by the calendar." Chronological age is a very broad definition of where the beginning of adulthood may be delineated. Boundaries of chronological age ranges are variable when comparing sources. Adulthood has a lower boundary while the upper range continues to death. Most chronological age ranges establish eighteen years of age as either the end of the late adolescent stage or the beginning of adulthood. An eighteen year old may be physically an adult and socially and emotionally an adolescent or the reverse, i.e. not completely physically mature while socially and/or emotionally the individual has reached adult status. Progression to late adulthood (65+) passes through a few very loosely defined "stages of life."

Additional definitions of adulthood include one that addresses the legality of adulthood such as "a person who has attained the age of maturity as specified by law." ⁽³⁾ Alternately, a physical description is "one that has arrived at full development or maturity especially in size, strength, or intellectual capacity" ⁽¹²⁾.

Chapter 1 Definition of the Geriatric Population

Unit b. Definition of Geriatrics

Geriatrics is defined as a branch of medicine that "deals with the problems and diseases of old age and aging people." ⁽¹³⁾ Geriatrics is further defined as a "subspecialty of medicine concerned with the physiological and pathological aspects of the aged, including, but not limited to, the clinical problems of senescence and senility." ⁽¹⁸⁾ The practice of geriatrics evolves from internal medicine and provides focus for the issues of the elderly. As with any age group, one cannot categorize an individual as "geriatric" based on a set of criteria or checklist. In many cases the adages "you're only as old as you feel" or an individual is "young at heart" are applicable. Many elderly persons are functioning at the same level as individuals many years younger than themselves. Alternately, individuals who by definition would not be elderly are functioning at a much lower level than their peers and hence appear to be at a more advanced age.

Age delineations for elderly have been developed and published in a variety of publications. As with defining the stages of childhood, these delineations have gray areas with regard to passing from one stage to another with the exception of "chronological age." Governmental agencies have subdivided elderly into more "precise" age categories. In 1984, the House of Representatives defined individuals age "sixty-five and older as elderly and those age eighty-five and older as very old." ⁽¹⁷⁾ The Senate for purposes of policy-making further subdivided these categories. The Senate definitions created age categories and labels as "elderly (65-74), the aged (75-84) and the very old (85+)" ⁽¹⁷⁾ Categorizations that are less rigid have been cited in literature. For example, "Young old is 64 to 75 years of age, aged are 75 to 84 years of age, oldest old are older than 85 years of age, while frail elderly are those older than 65 years of age with significant physical and cognitive health problems." ⁽⁹⁾ Regardless of the subdivision and labeling of the group defined as "elderly," this group of health care consumers continues to grow. As the elderly experience greater longevity, the health care needs of this group continue to grow astronomically. With this in mind, the healthcare community has taken an active role in providing age-centered health care and focus on the proper diagnosis and treatment of the elderly population.

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Unit c. Psychosocial Considerations in Geriatrics

With regard to establishing the definition of a geriatric or elderly population of healthcare consumers, one must understand the psychosocial considerations of aging. Applications of the psychosocial aspects of aging can assist the healthcare worker in providing compassionate, appropriate medical care for the aging individual. There are three major psychosocial theories of aging: disengagement, activity and continuity. ⁽²⁾ These three theories focus on how elders deal with the "golden years." All three theories describe changes in the way that individuals deal with



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