



The Nurse Practitioner in Long-Term Care

Guidelines for Clinical Practice

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~ *Dedication* ~

To my husband, Dick, who shows me daily the wisdom, strength, generosity, and spirit of successful aging.

Barbara White

To my parents, Ed and Gloria Hamwi; thank you for all your love, guidance, and support throughout my life. And to my husband, Steve; you're the best husband I could ask for.

Deborah Truax

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Preface

As the population of the United States increases, so will the need for nursing home care. Approximately one-fifth of the United States population will be 65 or older by the year 2030. Even now, the fastest growing segment of the population is 85 years of age and older. Despite our efforts at health promotion and disease prevention, it is estimated that the nursing home population will more than double by the year 2030.

There is a growing trend in health care to use advanced practice nurses (APNs) to manage patients in nursing homes. Currently, advanced practice nurses provide patient care in about 20% of the nation's more than 16,000 nursing homes (Mezey et al., 2005). It is hoped that this trend will grow as the population ages. APNs serve as integral members of the healthcare team. APNs are ideal providers in this setting, as we bring expertise in direct patient care and patient advocacy. APNs also possess additional knowledge and skills, through master's education, in the diagnosis and management of acute and chronic illness within our scope of practice.

Several models of practice have developed to help the advanced practice nurse provide services in long-term care settings: (a) the private practice model, in which the nurse practitioner sees the patients in a nursing home for subacute care, rehabilitation, or as long-term residents; (b) the health maintenance organization model, in which nurse practitioners are assigned to nursing homes to manage subscribers' care on a daily basis with a collaborating physician; (c) nurse practitioners and other APNs employed by a facility to provide care to residents; (d) nurse practitioners working with organizations that contract to manage the nursing home patients for a practice; and (e) nurse practitioner-owned businesses that provide care for patients in a variety of residential settings. In each case, the nurse practitioner assumes responsibilities for the medical management of older adults with multi-system disease as part of an interdisciplinary team.

The goal of long-term care is to provide health related services in an efficient and cost effective manner, without compromising quality of care while preserving quality of life. Using advanced practice nurses as care providers in nursing homes has clearly demonstrated positive patient outcomes.

The types of services and care delivered in long-term care facilities have dramatically changed over the past two decades. The nursing home population is becoming more medically complex. Patients admitted directly from the acute care hospital require skilled care, such as administration of intravenous antibiotics,

wound care, tube feeding, and rehabilitation. They present management challenges to the nurse practitioner because of their complex medical needs and psychosocial issues.

While many gerontological nurse practitioner programs include theoretical content and clinical experiences in long-term care settings, many nurse practitioners who elect to practice in these settings may not have had in-depth preparation in medical management of patients with multiple chronic and sub-acute diseases, in rehabilitation medicine, in coordination of care with several disciplines and agencies, in the multitude of government regulations that must be taken into account to maintain a legal practice in nursing homes, and in the interpersonal and end-of-life issues and decision making required of a care provider in these settings. Additionally, many nurse practitioners working in long-term care settings may have been educated as family or adult nurse practitioners and have had limited education in medical management of the geriatric patient or in the special needs of such clients in long-term care settings.

As the population ages, most APNs will have a caseload that includes a large number of older adults. Because the burden of illness continues to increase with advancing age, all nurse practitioners will face the management of patients with comorbidities and increasing frailty. It will be important for all APNs to have an understanding of the unique presentations of disease in the elderly and their unique responses to illnesses and medications.

The purpose of this book is to provide APNs, particularly nurse practitioners, with a collection of guidelines specific to the needs of frail elderly patients in nursing homes. It is also intended for use by nurse practitioners and other APN students to guide their clinical experiences in the nursing home setting. The guidelines will also be useful for any APN working with older adults in primary, sub-acute, or acute care settings. To date, few books in the field have focused specifically on the nursing home patient. This book is intended to fill this gap by addressing many of the issues unique to this setting.

The book is not intended to be a substitute for but rather an adjunct to the protocols required for legal practice as a nurse practitioner. The guidelines in this book are not tailored to any specific nurse practice act. The nurse practitioner using these guidelines must be familiar with the scope of practice where he or she resides. The American Nurses Association *Scope and Standard of Advanced Practice Registered Nurses* (ANA, 1996) concludes:

The individual advanced practice registered nurse is responsible for identifying the scope of practice permitted by state and federal laws and regulations, the professional code of ethics, and professional practice standards. Furthermore, the nurse's competence is circumscribed by his or her experience, education, knowledge, and abilities.

The book is written in three sections. The first section deals with general principles of patient management in the nursing home, including specifics of the environment, general principles of patient management, and legal and ethical issues of care. Section II deals with selected diseases and conditions commonly encountered

in nursing homes, arranged alphabetically by system. The third section discusses special considerations and situations encountered in the nursing home, including wound care, nutrition, podiatry, pain management, and end-of-life issues.

Discussions of specific diseases and conditions address epidemiology, assessment, diagnosis, and nonpharmacologic as well as pharmacologic management. Patient, family, and staff education as well as recommendations for consultation are also included. The authors have made every attempt to present material that is age-specific and that agrees with current clinical evidence. We recognize that the field of geriatrics is constantly evolving as new information regarding the treatment and management of our patients emerges. Available Internet resources and references or bibliographies are included to allow the reader to investigate topics in greater depth and to remain current in clinical practice issues.

Though the authors acknowledge that younger, disabled individuals currently reside in long-term care facilities, we have not addressed their care in this current edition.

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SECTION I

**General
Principles**

