FISHER COUNTY HOSPITAL DISTRICT

Administration: Nursing/Emergency Dept	Policy # ED-GR01
Subject: **Geriatric Resuscitation**	Reviewed/Revised: 10/14/2026
Written: 10/14/2026 Last Revised:	Approved by Medical Staff: Date: 10/21/26
	Approved by Governing Board: Date: 10/16/26

PURPOSE

To provide timely assessment, stabilization, and appropriate management of geriatric patients experiencing medical emergencies or traumatic injuries.

POLICY

Fisher County Hospital District will provide prompt resuscitation and stabilization of geriatric patients, generally defined as adults 65 years of age and older, according to current emergency care standards, provider orders, and facility capabilities.

PROCEDURE

Initial Assessment

- Assess airway, breathing, and circulation (ABCs).
- Obtain vital signs, oxygen saturation, temperature, and pain assessment.
- Assess mental status and identify changes from baseline.
- Initiate cardiac monitoring and IV access as indicated.

Resuscitation and Stabilization

- Initiate BLS/ACLS protocols when indicated.
- Administer oxygen, IV fluids, blood products, and medications as ordered.
- Consider age-related physiological changes and underlying conditions.
- Monitor for hypotension, hypoxia, and altered mental status.
- Use caution with fluids when there is risk of fluid overload.

Geriatric Trauma Considerations

- Maintain a high suspicion for serious injury, even after low-mechanism trauma.
- Assess anticoagulant and antiplatelet medication use.
- Recognize that significant injury or shock may be present despite relatively normal vital signs. A systolic blood pressure below 110 mmHg may indicate shock and warrants prompt provider evaluation.
- Consider early transfer for suspected intracranial injury, major trauma, or conditions exceeding facility capabilities.

Transfer

- Notify the treating provider promptly of deterioration.
- Initiate transfer to a higher level of care when indicated.
- Continue stabilization and monitoring while awaiting transport.
- Follow facility transfer and EMTALA policies.

Documentation

- Initial assessment and vital signs.
- Interventions and patient response.
- Provider notifications, orders, and reassessments.
- Disposition and transfer communications, when applicable.

Quality Improvement

Geriatric trauma resuscitations may be reviewed through the Trauma Performance Improvement (PI) program.

References

American College of Surgeons. Best Practices Guidelines in Geriatric Trauma Management (2023).
World Society of Emergency Surgery. Guidelines on Trauma in Elderly and Frail Patients (2023).