Questions:
Atypical Presentations/Functional Assessment
(E020)

1. **Which of the following symptoms is the least common for the clinical presentation of AMI in patients 85 years and older?**

    a) Confusion
    b) Falls
    c) Chest pain
    d) Dyspnea
    e) Weakness

2. **WB is an 85-year-old community dwelling woman brought in by ambulance from her home. EMS reports that home health personnel called them to transport her to the ED because she is "weak" and "not herself today" and couldn't get out of bed. She is awake and alert, but requires repeated questioning to elicit a response to some questions and answers are evasive and vague. Neither she nor EMS knows her medications or PMH.**

    Her examination is remarkable for orientation to person. VS are HR- 62, RR-16, BP 125/60, T 36.6, 98%RA, weight 55 kg. EKG shows A fib 64 with IVCD.

    A quick review of the EMR reveals that she was in the ED 4 days ago for a Chief Complaint of "weakness". She was discharged home with a diagnosis of UTI and a prescription for full dose Trimethoprim/Sulfamethoxazole.

Which statement is false about this case?

a) She has two positive criteria for delirium
b) Further collateral history is mandatory for this complex case.
c) Decrease functional reserve will affect the patient's acute presentation
d) She has normal vital signs, but likely has a significant medical condition
e) A medication reconciliation may provide further information on this case

3. **Mr. Zaloba , 94 years old, called EMS and is in the ED because of shortness of breath and an inability to get around in his small apartment. He has long-standing mild heart failure, chronic lung disease, and anxiety. He is accompanied by his very frail wife who is recovering from pneumonia. Their 66-year-old son died three months ago, suddenly of a PE associated with his lung cancer. It is Mr. X's fourth ED visit in three weeks. His second-to-last ED visit, two weeks ago, resulted in a three-day admission with a diagnosis of CHF.**

All of the following could be a possible explanation of his frequent ED visits EXCEPT for one?

a) His social support system may have changed and is no longer appropriate for them
b) Mr. Zaloba may think that because he feels SOB, he has something serious and will die like his son
c) Mr. Zaloba might be anxious or depressed
d) The emergency department is addressing his needs
e) Their actual caregiver may not be skilled or may be burned out or no longer able to manage the frail couple

4. **Mrs. Functia Laesa is a 76-year-old brought to the ED by EMS. It's not clear who called. She was found on the floor of her porch but eventually was able to get up with coaching from the paramedics. She has no explanation for the situation, doesn't know where she is, and just wants to be left alone.**
   She refuses to walk, though x-rays of her hips and pelvis show only arthritis. The thorough EM resident found nothing remarkable on physical exam except a temperature of 38.2 (100.5). Her CBC, liver tests, renal function are normal and her urine shows trace leukocytes.

Which of the following statement is true about this case?

a) This patient is obviously delirious
b) The fact that she wants to be left alone could be a sign of delirium
c) Low grade fever in older adults is a frequent presentation and should not warrant a full infectious work up
d) Plain X-rays are sensitive for pelvic fracture in older adults
e) This patient is obviously demented

5. **TJ is an 84 year-old with moderate dementia. He presents with his son Bob from their home for evaluation of two falls over the last three days. Also, per his son, "he's getting weaker". Bob reports that he called the family doctor today to report that "It's gotten to the point where I can't take care of him" and was directed to the ED so "He could be admitted for the three days, or whatever, before going to rehab to get stronger". Bob relates that his father is usually "OK overnight" while he works, walks without assistance, and, aside from needing prompting to dress and bath, is "not too much trouble" to care for. Bob reports that TJ "usually just doesn't say much". Over the last "about a week", Bob reports that TJ has been walking less, talking less, has required more assistance with dressing, bathing, and toileting, and "seemed more out of it this morning". TJ denies complaint.**

   PMH- Constipation, Dementia, CHF, Peptic Ulcer Disease, Hypothyroid
   Medications – Donepezil, Levothyroxine, Metoprolol, Lisinopril, Magnesium Citrate
   TJ is interactive and oriented to self.

   His exam is remarkable for scattered rhonchi, 2+ bilateral lower extremity edema, and mild diffuse abdominal tenderness.
   VS : BP- 108/58, HR 94, T 37,1 RR-20, sat 98% RA
   Labs: WBC 8.8, Hgb 11.2, PT 320, UA: + nitrites, 3-5 RBC, 5-10 WBC, normal LFTs
   CXR : RLL infiltrate vs. atelectasis

Which statement is true about this case?

a) His decline has been too significant to consider recovery and a palliative care approach is suggested
b) For a fall to be considered pathologic, it must have happened 3 times in the last 3 consecutive weeks
c) The diagnosis is unlikely to be a pneumonia since he is not experiencing any respiratory symptoms
d) This one-week functional decline might be a symptom of a serious disease
e) His labs suggest a UTI as the most likely diagnosis in this 84-year-old man

6. **Mrs. Finito is an 82-year-old woman with advanced dementia living at home supported by her family. She was spending most of her time in bed even before increasing pain behaviour led to a diagnosis of breast cancer metastatic to bone about five months ago. She has received some radiation for the pain.**
   She receives long-acting and breakthrough hydromorphone administered by her

family; Ramipril, hydrochlorothiazide, and metoprolol for hypertension; donepezil; and "something that we buy for nausea" (dimenhydrinate).
Her BP is 102/63 HR 66 afebrile, sat 98% RA; moaning
She is in the ED with her family because she has fallen while trying to get out of bed while confused and has an unstable fracture of her left elbow.

Which of the following management would NOT be appropriate?

a) Ask the orthopedic team to schedule surgery
b) Review the medication and decide to stop all three anti-hypertensive medication and change dimenhydrinate for ondansetron
c) Involve the patient and her family in a goals of care discussion regarding the fracture management
d) Do a brief screen for possible elder abuse
e) Ensure that you address the pain issue with appropriate dose of opioid