GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

Care of RACF residents

GPs are key providers of medical care to people living in residential aged care facilities (RACF), with the type of care differing significantly from that provided in the consultation room. It is well recognised that specific education and training is required to work effectively in the RACF setting, including knowledge and skill development in managing common clinical syndromes, multimorbidity and deprescribing, multidisciplinary care, palliative care and medicolegal issues. Managing patients in RACFs is likely to be both unfamiliar to, and challenging for, the majority of GP registrars.

TEACHING AND LEARNING AREAS

- Approach to communication with RACF residents and their families
- Common clinical presentations – dementia, behavioural problems, UTI, leg ulcers, chest infections, analgesia, falls
- Approach to investigation of common presentations – bloods, imaging etc.
- Management of the behavioural and psychological symptoms of dementia (BPSD), including non-pharmacological and medications
- Anticholinergic burden
- Deprescribing and RMMRs
- Palliative care
- Administrative issues – documentation, billing
- Medicolegal issues of care
- Advance care directives

PRE- SESSION ACTIVITIES

- Conduct a joint nursing home visit with your registrar
- Read 2015 AFP article General practice encounters with patients living in residential aged care facilities

TEACHING TIPS AND TRAPS

- Environmental and behavioural interventions should be considered first in patients with BPSD
- Psychotropic medications lead to an increased risk of falls, over-sedation and increased mortality
- Do not use antibiotics in asymptomatic bacteriuria (Choosing Wisely)
- Do not take a swab or use antibiotics for the management of a leg ulcer without clinical infection (Choosing Wisely)
- Stop medicines when no further benefit will be achieved or the potential harms outweigh the potential benefits for the individual patient (RACP Evolve)

RESOURCES

Read

- RACGP aged care clinical guide (Silver Book)
- 2017 Aust Prescriber article Medication charts in residential aged-care facilities
- Dept of Health fact sheet Prescribing psychotropic medications to people in aged care – information and resources
- BPAC NZ 2020 Managing the psychological and behavioural symptoms of dementia

Watch

- MJA podcasts Psychotropics and dementia

FOLLOW UP & EXTENSION ACTIVITIES

- Registrar to undertake a medication review of 5-10 nursing home patients for anticholinergic burden and opportunities for deprescribing
- Undertake online modules Victorian Geriatric Medicine Training Program

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Clinical Reasoning Challenge

Leo, aged 89, is a long-term resident of a nursing home and under the care of your practice. One Monday morning, the nursing home staff ring the surgery concerned about Leo. He has had a 'bad weekend' with multiple episodes of dyspnoea. The after-hours GP ordered stat frusemide with some effect and suggested GP review within 24 hours.

Leo has a long history of CCF and was recently discharged from hospital after treatment of an exacerbation. Since discharge he had been bed bound due to severe peripheral oedema and breathless on minimal exertion. Leo is hypoxic with O2 saturations of 89%, RR 24 and marked distress. Leo has multiple other medical problems but has no cognitive decline. The RN is wanting an urgent review or approval to send to hospital - this was how he was prior to the last hospital and 'bounced back' with treatment in hospital.

QUESTION 1. What are the most important aspects of your initial care for Leo? List AS MANY AS APPROPRIATE.

QUESTION 2. Leo recovers from his exacerbation and a couple of weeks later you undertake a review of his medications for anticholinergic burden. Which of the following medications is likely to be contributing most to his anticholinergic burden?

- ❑ Pantoprazole
- ❑ Atenolol
- ❑ Promethazine
- ❑ Venlafaxine
- ❑ Frusemide

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ANSWERS

QUESTION 1.

What are the most important aspects of your initial care for Leo? List AS MANY AS APPROPRIATE.

- Speak to him about his wishes for care
- Discuss with his family with his consent
- Review his advanced care directive if one exists
- Symptomatic management of his breathlessness

QUESTION 2.

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GPSA is supported by funding from the Australian Government under the Australian General Practice Training Program 12/06/23