Geriatric Service: Medicine A
Nurse Practitioner: Role and Responsibilities

1. In general, the Nurse Practitioner should serve as an important mechanism of continuity for the service.

2. Quality of Care Promotion and Protocol Design
   a. Decubitus Ulcer
      i. Wound care
      ii. Risk assessment and prevention
      iii. Nursing and Resident education
      iv. Tracking as measure of nursing care quality indicator
   b. Falls risk management
   c. Restraint issues and removal
   d. Foley catheter
      i. Prevention and removal
      ii. Nurse driven protocol for removal of unwarranted catheters
   e. Cognitive assessment and prevention of delirium
      i. Cognitive assessment on at risk elders
      ii. Confusion Assessment Method or other instruments to screen for delirium in at risk patients
      iii. Care of delirious patients
         1. avoidance of antipsychotics if at all possible
         2. nursing and resident education
         3. interdisciplinary team care
         4. family education
         5. discharge planning issues

3. Checking ED daily for appropriate patients (including off call days, patients that may be appropriate for day floats to Med A)

4. Nursing Education
   a. Serve as consultant to nurses re geriatric issues, specifically dementia, prevention and management of delirium with a focus on avoidance of antipsychotics and restraints, foley catheters, wound care and prevention, falls reduction, and comprehensive geriatric assessment
   b. Incorporate NICHE model for nursing education into geriatric care services
   c. Strengthen ties to School of Nursing to develop future protocols, research plans and educational directives

5. Perform a complete geriatric assessment on older patients, document findings in the format of a progress note within WebCIS
6. Discharge planning: work with the team and social work and the case manager to ensure that patients are discharged with the appropriate amount of care and assistance needed, equipment needed, medication review, education and other discharge needs

7. Family communication and education

8. Liaison to health care facilities
   a. Contact facilities at admission to gather data re illness, time course, medications and events leading up to hospitalization
   b. Discharge planning: contact facilities and providers with discharge plans, concerns and needs for follow up

9. Assistance with forms, medication review for reconciliation issues at time of discharge, review with facilities and families

10. Future role with consults, especially patients who are considered appropriate for transfer to the geriatric service