

Geriatric Respiratory Care

BEDSIDE RESOURCE & PATIENT TEACHING GUIDE

Respiratory Associates | respiratoryassociates.com

Five questions that guide the assessment

- **What changed?** Compare alertness, breathing, oxygen use, appetite, walking, and daily activities with the patient's usual baseline.
- **Is ventilation adequate?** Assess respiratory rate, depth, effort, and mental status. An acceptable SpO₂ does not exclude hypoventilation.
- **Can the patient clear and protect the airway?** Check cough strength, secretions, swallowing concerns, and alertness.
- **Can the patient use the treatment?** Observe device use. Check cognition, vision, hearing, dexterity, inspiratory effort, cost, and caregiver support.
- **What matters to the patient?** Clarify desired function, acceptable treatments, and the help available at home.

Inhaler selection: observe before changing therapy

Device	Practical check
pMDI	Can the patient prepare and actuate it, then coordinate inhalation? Consider a valved holding chamber when appropriate.
DPI	Can the patient load the dose and generate adequate inspiratory flow for this specific device?
Soft-mist inhaler	Can the patient prepare, turn, and actuate it correctly?
Nebulizer	Can the patient or caregiver assemble, administer, and clean it correctly? Is the interface suitable?

Teach-back prompt: "Show me how you will take this medicine at home." Recheck after a device change or hospitalization.

Changes that need prompt reassessment

New confusion or unusual sleepiness; slow or shallow breathing; increasing respiratory effort; new or increasing oxygen need; inability to clear secretions; chest pain, instability, or disproportionate distress with activity. Escalate according to severity and local response procedures.

Medication check: Ask about newly added or increased opioids, benzodiazepines, sleep aids, and other sedating medicines. Communicate possible additive effects on breathing.

Safety, discharge & useful resources

Swallowing and aspiration prompts

Ask about coughing or throat clearing with meals, wet voice, prolonged meals, recurrent chest infections, or weight loss. Absence of coughing does not exclude aspiration. Communicate concerns to the team and request appropriate swallowing assessment. Follow the individualized positioning, feeding, and texture plan. [4]

Before the patient leaves

- **Oxygen:** Confirm prescribed settings and target, equipment operation, portable needs, and reassessment plan. Address tubing and fall hazards. Keep smoking and open flames away.
- **Medicines:** Observe technique, reconcile the actual regimen, check affordability, and give a readable written plan.
- **Function:** Confirm safe transfers and walking, appropriate recovery support, and who will help with treatment.
- **Understanding:** Use hearing aids or glasses as needed. Teach one step at a time. Ask the patient and caregiver to demonstrate the plan.
- **Follow-up:** Identify whom to call for worsening symptoms, equipment problems, or questions about the care plan.

Clinical and patient education resources

1. AARC - Clinical Practice Guidelines

Oxygen therapy, airway clearance, suctioning, and ventilatory care.

<https://www.aarc.org/resource/clinical-practice-guidelines/>

2. American Thoracic Society - Patient Resources

Printable education on lung disease, oxygen, inhalers, and other respiratory topics.

<https://site.thoracic.org/advocacy-patients/patient-resources>

3. CDC - Adult Vaccines

Current adult vaccine information and links to age- and risk-based recommendations.

<https://www.cdc.gov/vaccines-adults/>

4. ASHA - Adult Dysphagia

Signs, assessment, and management considerations for swallowing disorders.

<https://www.asha.org/practice-portal/clinical-topics/adult-dysphagia/>

Prepared October 2026. Bedside prompts adapted from the supplied course. Resource links support continued learning and patient teaching. Apply current guidance, patient-specific orders, and local protocols.