3. Why should catheter use be minimized?
   a. Infection risk
      - Cause of 40% of nosocomial infections
   b. Morbidity
      - Internal catheters
        - Associated with delirium
        - Urethral & meatal injury
        - Bladder & renal stones
        - Fever
        - Polymicrobial bacteriuria
      - External (condom) catheters
        - Penile cellulitis/necrosis
        - Urinary retention
        - Bacteriuria & infection
   c. Foleys are uncomfortable/painful
   d. Foleys are restrictive ⇒ falls & delirium
   e. Cost

---

**GAIT:** “HAVE YOU FALLEN IN THE PAST YEAR?”

**TIMED “GET UP AND GO” TEST** (Normal ≤10 sec)

To test the subject, give the following instructions:

- Rise from the chair without hands
- Walk 10 feet across the floor
- Turn
- Return to the chair
- Sit down again

**MINI-COG (SCORE 0–5)**

Consists of 2 parts: 3-item recall plus clock draw test (CDT).

1. Instruct the patient to listen carefully as you name 3 unrelated objects (apple, penny, table) and then ask them to repeat the object names.
2. Instruct the patient to draw the face of a clock, either on a blank sheet of paper or on a circle already drawn on the page. After the patient puts the numbers on the clock face, ask him/her to draw the hands of the clock to read a specific time, such as 8:20 or 11:10. These instructions can be repeated, but no additional instructions should be given. Give the patient as much time as needed to complete the task. Score 2 if numbers are sequenced and placed correctly, and hands are in correct place; score 0 if either is incorrect.
3. Ask the patient to repeat the 3 previously presented object names (score 0–3).

Likelihood of cognitive impairment is high with scores of 0–2 (76% sensitivity; 89% specificity for dementia).

METABOLIC EQUIVALENTS (METs) IN THE ELDERLY
A tool to estimate perioperative risk based on functional status

1 MET = the basal O\(_2\) consumption for a 40-year-old, 70-kg person at rest
= 3.5 cc/kg/min
METs are then expressed as multiples of the basal O\(_2\) consumption for various activities

1 — Sitting
2 — Walking slow pace, light housework, ADLs
3 — Walking average pace, carrying light objects
4 — Walking brisk pace, climbing a flight of stairs
5 — Walking very brisk pace, slow swimming
6–10 — Strenuous sports

*Inability to meet a 4-MET demand places the patient at increased perioperative cardiac and long-term risk.*

**TOOLS FOR CLINICAL CARE**

**DELIRIUM IN SENIORS**
Don Scott, MD, University of Chicago

**Risk Assessment at Admission**

\[\downarrow\] Vision (<20/70)
Severe illness
\[\downarrow\] Cognition (score ≤24 on MMSE)
Dehydration (BUN/Cr > 18)

- Score of 1–2 = Intermediate risk, odds ratio 2.5
- Score of 3–4 = High risk, odds ratio 9.2

**Precipitating Risk Factors**
Physical restraints
Malnutrition
≥3 medication classes added
Bladder catheter
Iatrogenic event

- Score of 1–2 = Intermediate risk, odds ratio 7.1
- Score of 3–5 = High risk, odds ratio 17.51

**Diagnosis of Delirium: Confusion Assessment Method (CAM)**
Diagnosis requires: \(1 + 2 + (3 \text{ or } 4)\)
1 — Acute onset & fluctuating course
2 — Inattention
3 — Disorganized thinking
4 — Altered level of consciousness
   (Most Common = HYPOACTIVE Form)

**Delirium versus Dementia**

<table>
<thead>
<tr>
<th>Feature</th>
<th>Delirium</th>
<th>Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onset</td>
<td>Acute</td>
<td>Insidious</td>
</tr>
<tr>
<td>Course</td>
<td>Fluctuating</td>
<td>Constant</td>
</tr>
<tr>
<td>Attention</td>
<td>Disordered</td>
<td>Generally Preserved *</td>
</tr>
<tr>
<td>Consciousness</td>
<td>Disordered</td>
<td>Generally Preserved *</td>
</tr>
<tr>
<td>Hallucinations</td>
<td>Often Present</td>
<td>Generally Absent *</td>
</tr>
<tr>
<td>Involuntary Movement</td>
<td>Often Present</td>
<td>Generally Absent *</td>
</tr>
</tbody>
</table>

* = Variable in advanced dementia

**FOLEY CATHETERS**
Catherine DuBeau, MD, Geriatrics, University of Chicago

1. **Does this patient have a catheter?**
Incorporate regular catheter checks on rounds as a practice-based learning and improvement exercise.

2. **Does this patient need a catheter?**
There are only 4 indications:
   - a. Inability to void
   - b. Urinary incontinence and:
     - Open sacral or perineal wound
     - Palliative care
   - c. Urine output monitoring
     - Critical illness—frequent/urgent monitoring needed
     - Patient unable/unwilling to collect urine
   - d. After general or spinal anesthesia

(Continues on back panel)