

Educating and vaccinating: vaccinations for older adults

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Vaccines are a very important part of life. They have streamlined the evolution of preventative healthcare and continue to have a leading role in hindering preventable illnesses in our community today. Vaccinations are considered to be the safest and most effective way to protect ourselves from preventable diseases. Being inoculated with a vaccine triggers an immune response in the body that will protect you and your community against future exposures. Sarah Wiley, RN (2016) explains, “ Besides offering a person active immunity against a disease, vaccination interrupts the chain of infection by helping to prevent a pathogen from encountering a susceptible host. This, in turn, lowers the incidence of that disease in a given population”. Getting vaccinated benefits you and everyone around you.

Although most are administered in early childhood, it is important to continue vaccinations even through older adulthood. Older adults are especially susceptible to diseases and infections because of their depleted immune systems. As we age our immune system slows and fewer cells are available to initiate the healing process. Physiological changes like these put aging adults at a higher risk for becoming ill and at greater risk of dying from a preventable illness. However, the elderly population is still not getting the necessary vaccinations. Pharmacy Times (2017) states that there were 14. 1 million vaccine-preventable diseases reported in 2015 due to unvaccinated adults. Additionally, Alliance of Aging Research (2018) says 50, 000 to 90, 000 adults die every year from vaccine preventable diseases. These two facts alone indicate an immediate need for more education in our older adult population about vaccines that are important for them.

Demographics

The target population for this topic are older Americans, men and women, aged 65 and over. It is essential to educate this group, however, some may be difficult to teach because of physical and cognitive deficits that are associated with aging. With those individuals, it is necessary to involve family and/or care providers in the teaching process. The immunocompromised older adults are not included in this group because it is not recommended for them to be vaccinated. They should talk to their healthcare provider before considering any vaccinations. Senior citizens living in assisted living and nursing homes are still at risk as much as those living in the community and are still included in this target group. All races, religions, cultures, backgrounds, and developmental stages in this age group are included as well. Pathogens do not discriminate.

Incidence in the Target Population

The three preventable illnesses that are most prevalent in older adults are the flu, pneumonia, and shingles. Flu and pneumonia are potentially fatal to this population and the shingles can cause many other complications. The Centers for Disease Control and Prevention estimate between 70 and 85 percent of flu related deaths were older adults. Furthermore, older adults are three to five more times likely to have a heart attack and two to three times more likely to have a stroke if they become infected with the influenza virus. The flu is such a dangerous threat for the geriatric population that a special flu vaccine was created specifically for them. The high dose flu shot is indicated for patients 65 years and older and has four times as many antigens in it as the standard flu vaccine. This is done with the intention of

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activating more antibodies to initiate a stronger immune response for the elderly.

A common complication associated with the flu is pneumonia, which is also a vaccine preventable disease. Influenza and pneumonia are number seven on the top ten leading causes of death in older Americans. A staggering 90% of deaths from pneumonia are adults over 65. Alarmingly, the death rates from pneumonia have not improved with the use of antibiotics and antibiotic resistance continues to cause challenges in the treatment of patients with pneumonia. This illness is a huge threat to geriatric patients, causing mortality and morbidity in many cases. Another threatening, but preventable illness is herpes zoster, also known as the shingles virus. Lisa Lohr, PharmD (2018) describes shingles as “ an exquisitely painful eruption of a skin rash that progresses to vesicles caused by the reactivation of latent varicella zoster virus (chickenpox)”. The CDC estimates that one million shingles cases are seen every year and aging adults are at the highest risk of getting this painful disease. About half of the population over 85 has had shingles at least once. Although not many deaths are caused by shingles, it has been known to cause other long term complications like post-herpetic neuralgia or NHP. This is when recovered patients still feel the nerve pain from their shingles rash in the same location. The older you are, the more likely you are to suffer from post-herpetic neuralgia after a shingles infection. All older adults are at risk for these threatening diseases, and the key to prevention is getting vaccinated.

Role of the Nurse Assessment

The nurse is largely responsible for aiding in the prevention of these illnesses. Education is always the most important aspect in preventative care for the teacher and the learner. This being said, the nurse needs to be knowledgeable about vaccines and their administration schedule for older adults. First and foremost the nurse must assess the patient's current vaccine status. Have they already been inoculated and when? Secondly the nurse should assess the patient's current knowledge on the vaccines. Do they know about the preventative illness and their risks of becoming infected with it? Are they aware of the long term effects and the prevalence of the illness? Third, the nurse needs to assess the patient's readiness to learn before teaching. Does the senior need glasses or hearing aids before teaching occurs? Is the older adult cognitive and able to comprehend the information? Lastly, the nurse should use her own clinical knowledge and observation to assess and determine if the individual is a good candidate to receive the vaccine safely. If the patient is immunocompromised, has an allergy to any vaccine ingredients, or is feeling ill, it is best to speak to the provider before considering any vaccinations at all. If the patient is not a good candidate for vaccination, other preventative steps should be taught instead such as hand washing and healthy lifestyle changes. It is also important to consider any religious or cultural beliefs. Some patients may not believe in vaccinating and that must be respected. Alternative preventative methods can be taught in this case as well.

Planning

Planning goals for the patient will be unique and specific to them and their needs. After a proper assessment of the patient is done, the nurse can then discuss realistic and measurable short term and long term goals for them to achieve. For any of these vaccines a great short term goal is: patient will speak with their doctor about vaccine preventable diseases and be able to state at least one fact about one after the appointment. An example of a short term goal for a patient needing a shingles vaccine would be: patient will be able to identify 2 personal risk factors of shingles after the learning session. Both of these short term goals encourage the patient to be proactive in their own learning about their health and immunizations. A long term goal, of course, would be receiving the vaccine and continuing preventative measures within 1 month of the learning session. It is important that the patient understands why they should be vaccinated and how it will benefit them and others before they do so. Implementation Implementation will also be unique to the patient. It is important to remember the developmental level of the patient and to take that largely into consideration. Be sure that any needed devices or equipment such as glasses and hearing aids, are on and working before beginning. Plan the session at the right time. Be sure the patient has had enough rest and is not experiencing any pain or discomfort. Also, try to eliminate any distractions.

Is the patient ready to learn? Speak slowly, clearly, and free of a condescending tone. Be careful not to overwhelm the patient with too much information. Allow them an adequate amount of time to learn only a few new topics at a time and allow frequent breaks if needed. The Center for Disease

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Control and Prevention website has a wide range of resourceful information and learning activities on vaccinations. However, many older adults do not feel comfortable with technology like the internet. Consider printing off the websites colorful posters, brochures, or fact sheets. The elderly will be more receptive to an eye catching piece of paper than an intimidating computer or tablet. When using printouts, try to avoid confusing prints or patterns, use bold, large fonts (18 pt.), and avoid colors like green, blue and lavender; these three colors are not easy for older adults to clearly process. Pictures can also be helpful with learning. Many local pharmacies have brochures available for the shingles, pneumonia, and high dose flu vaccinations specifically tailored for the older adult. If a printer is unavailable, ask your local pharmacy for some brochures.

Evaluation

The last step is to assess your teaching methods. Did they work? Test the patients understanding of the content. Encourage them to ask questions, and clarify any confusion. Discussion is a great way to evaluate the learning in an older adult. Ask them for feedback. Consider the teach back method. Ask them to tell you about the content and assess if they have retained and learned the desired information. If they have not, you must retrace your steps. Where did you go wrong? Re-evaluate the steps of your learning plan including assessment, planning, and implementation. Go back and revise your plan where you find deficits and start over. There are many physical, emotional, and cognitive barriers for older adult learners. Be proactive in identifying these barriers and re-evaluate your learning plan and outcome with them in mind.

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Summary

Older adults have a very fragile immune system. The flu and pneumonia are potentially fatal for them and the shingles can cause many other issues that can threaten their mental and physical well-being for years ahead. It is concerning knowing there are still elderly patients not being vaccinated for these preventable illnesses. Especially after seeing how prevalent and threatening these illnesses can be. The best way to protect them is to vaccinate. It is up to us, as healthcare personnel to protect, and promote health and wellness for our patients through education and care. This writing assignment made me more aware of the roles of the nurse in promoting health. It's easy to just follow through with physician orders. But to help your patient learn and understand the reasoning behind the orders takes time, diligence, dedication, and caring. The level of critical thinking needed is more than I ever realized. We will be presented with so many different patients, with vastly different needs, and equally different learning abilities and styles. That being said, every different patient requires different approaches to care according to their specific needs. We have learned in lectures and reading that the patients must be ready to learn, but the nurses must also be ready to teach. There is so much preparation and knowledge involved to be able to properly care for, teach, and promote healthy living for a patient. Nurses must also anticipate every curve ball that will be thrown, and they will be thrown. This paper opened my eyes to see that nurses are not just nurses, they are care givers, health promoters, advocates, teachers, and so much more. Nursing is such an exciting career with no day ever being the same.