Achievable

NCLEX-RN DUMP SHEET

Aging, geriatric syndromes, and cultural care

Adult and older adult changes

- **Peak physical performance in the 20s—early 30s;** menopause averages 51
- **Fluid intelligence** (processing speed) declines slowly; **crystallized intelligence** (knowledge) grows through midlife. **Cognitive decline is not normal before 65 — or after**
- **Aging changes** — orthostatic hypotension from baroreceptor insensitivity, ↓lung elasticity and cough reflex, sarcopenia and ↓bone density, ↓GFR (drug accumulation), slowed peristalsis, presbyopia and presbycusis, ↓temperature sensitivity

Cultural and spiritual care

- **Assess, never assume.** No two clients from the same culture are identical
- Culture shapes eye contact, personal space, touch, silence, pain expression, gender roles in decision-making, dietary restrictions, and beliefs about the cause of illness
- **Cultural humility** — self-reflection, awareness of bias, willingness to learn from the client, honoring values that differ from your own
- **Ask openly** — "What gives you strength during difficult times?" • "Are there beliefs we should honor in your care?" • "Who would you like involved in decisions?"
- Practices that change care: fasting (Ramadan, Yom Kippur, Lent), refusal of blood products, caregiver gender preference, modesty and cleansing rituals, end-of-life body preparation
- **Respect a refusal even when you disagree** — but mandatory safety reporting still overrides autonomy

Geriatric syndromes

- **Falls** — the leading cause of injury-related death in older adults. Risk: polypharmacy (sedatives, antihypertensives), previous falls, poor vision, lower-extremity weakness, environmental hazards
- **Delirium = sudden, reversible, fluctuating**, attention most affected. Causes: infection, medications, dehydration, pain, hypoxia. **Dementia = gradual, irreversible, progressive**
- **Sudden confusion in an older adult is delirium until proven otherwise.** Never write it off as aging, and never restrain instead of finding the cause
- **Polypharmacy is ≥5 medications** — reconcile at every visit, simplify the regimen, avoid sedatives that raise fall risk
- **Urinary incontinence is never normal aging** — stress (pressure: cough, sneeze), urge (sudden overactive bladder), overflow (no filling sensation, bladder overfills and dribbles). All need assessment for reversible causes
- **Functional decline — IADLs fail before ADLs. ADLs:** bathing, dressing, toileting, transferring, continence, eating. **IADLs:** medications, finances, transportation, shopping, cooking, housekeeping
- **Home safety** — remove loose rugs and clutter, grab bars, lighting, well-fitting shoes, PT for balance. **Screen for caregiver burnout and elder abuse** (bruising, poor hygiene, fear of the caregiver, delayed care)
- **Frailty** — reduced physiologic reserve: weight loss, weakness, slow gait, exhaustion. Needs gentle transitions and early discharge planning