SENATOR Trial Id:

Gender:
Date of Birth:

Age:

If Available Please Affix Local Patient Identifier here

The recommendations below are based on medications prescribed at the time of assessment and do NOT include those on hold.

SENATOR provides generic recommendations but cannot account for all the individual characteristics for any given patient, this remains the sole responsibility of the prescribing clinician in deciding to use or not use the recommendations below.

Routine Daily Drugs prior to Senator Assessment as of:

(Please consider stopping the drugs in orange, see explanation in STOPP recommendations that follow)

#	Generic Name	Route
1	ibuprofen	PO
2	diclofenac	PO
3	nebivolol	PO
4	clonidine hydrochloride	PO
5	perindopril arginine	PO
6	spironolactone	PO
7	isosorbide mononitrate	PO
8	piperacillin,tazobactam	IV
9	amiodarone	PO

PRN Drugs:

#	Generic Name	Route
1	sildenafil	PO

STOPP Recommendations (The following prescription is potentially inappropriate for the following reason)	
amiodarone	Amiodarone as first-line antiarrhythmic therapy in supraventricular tachyarrhythmias (higher risk of side-effects than beta-blockers, digoxin, verapamil or diltiazem).
clonidine hydrochloride	Centrally-acting antihypertensives (e.g. methyldopa, clonidine, moxonidine, rilmenidine, guanfacine), unless clear intolerance of, or lack of efficacy with, other classes of antihypertensives (centrally-active antihypertensives are generally less well tolerated by older people than younger people).
nebivolol	Beta blocker with bradycardia (< 50/min), type II heart block or complete heart block (risk of complete heart block, asystole).
perindopril arginine	ACE inhibitors or Angiotensin Receptor Blockers in patients with hyperkalaemia.
sildenafil	Phosphodiesterase type-5 inhibitors (e.g. sildenafil, tadalafil, vardenafil) in severe heart failure characterised by hypotension i.e. systolic BP < 90 mmHg, or concurrent nitrate therapy for angina (risk of cardiovascular

	collapse).
spironolactone	Aldosterone antagonists (e.g. spironolactone, eplerenone) with concurrent potassium-conserving drugs (e.g. ACEI's, ARB's, amiloride, triamterene) without monitoring of serum potassium (risk of dangerous hyperkalaemia i.e. > 6.0 mmol/l – serum K should be monitored regularly, i.e. at least every 6 months).

START Recommendations (Unless an older patient's clinical status is end-of-life and therefore requiring a more palliative focus of pharmacotherapy, the following drug therapies should be considered where omitted for no valid clinical reason(s). It is assumed that the prescriber observes all the specific contraindications to these drug therapies prior to recommending them to older patients. The following prescription is appropriate for the following reason)
Vitamin K antagonists or direct thrombin inhibitors or factor Xa inhibitors in the presence of chronic atrial fibrillation. OR Aspirin (75 mg – 160 mg once daily) in the presence of chronic atrial fibrillation, where Vitamin K antagonists or direct thrombin inhibitors or factor Xa inhibitors are contraindicated
Antihypertensive therapy where systolic blood pressure consistently > 160 mmHg and/or diastolic blood pressure consistently >90 mmHg; if systolic blood pressure > 140 mmHg and /or diastolic blood pressure > 90 mmHg, if diabetic.
Statin therapy with a documented history of coronary, cerebral or peripheral vascular disease, unless the patient's status is end-of-life or age is > 85 years.
Topical vaginal oestrogen or vaginal oestrogen pessary for symptomatic atrophic vaginitis.
Seasonal trivalent influenza vaccine annually.
Pneumococcal vaccine at least once after age 65 according to national guidelines.

Potentially Adverse Medication Interactions
Likely interaction of nebivolol increasing the ARRHYTHMOGENIC effect of amiodarone. Potential risk. May need to avoid combination
Likely interaction of spironolactone increasing the HYPERKALAEMIC effect of perindopril arginine. Potential risk. Monitor
Likely interaction of isosorbide mononitrate increasing the HYPOTENSIVE effect of sildenafil. High risk. May need to avoid combination
Likely interaction of sildenafil increasing the HYPOTENSIVE effect of isosorbide mononitrate. Potential risk. Avoid
Theoretical potential for ibuprofen reducing the ACE INHIBITOR effect of perindopril arginine. Potential risk. Monitor

Potentially Important Drug-Disease Interactions
amiodarone interacts with Congestive heart failure
spironolactone interacts with Hyperkalaemia
amiodarone interacts with Congestive heart failure

spironolactone interacts with Hyperkalaemia
perindopril arginine interacts with Hyperkalaemia
sildenafil interacts with Essential (primary) hypertension
ibuprofen interacts with Essential (primary) hypertension

Non pharmacological therapies that may help your patient
(ONTOP)

SURGICAL PATIENTS: In patients aged 65 years hospitalized with acute surgical illness, there is a significant risk of developing delirium.
The following interventions are evidence-based and have been shown to prevent delirium in this at-risk population when implemented together, as a multi-component intervention.

Ambulate early
a) Get the patient out of bed on postoperative day 1 and for several hours each day
b) Administer physical therapy daily; administer occupational therapy, as needed

Hydrate and feed
a) Restore serum sodium, potassium and glucose to normal levels (glucose < 16.67 mmol/L (300 mg/dl) for diabetics)
b) Treat dehydration or fluid overload
c) Ask the patient to use dentures and position him/her properly for meals
d) If the patient is unable to eat, consider other means of feeding

Oxygenate
a) Supplement oxygen to maintain blood oxygen saturation >90%, preferably >95% (with caution in patients with COPD)
b) Correct systolic blood pressure to a level of >2/3 of baseline or >90 mmHg

Control pain
a) Follow national, local or hospital guidelines for the treatment of pain
d) Assess the underlying causes of the pain

Regulate bladder and bowel function
a) Check for bowel movement by postoperative day 2 and every 48 hours afterwards
b) Actively prevent and treat constipation
c) Remove urinary catheter by postoperative day 2 and screen for retention or incontinence afterwards
d) Employ a skin care program for patients with established incontinence

Prevent, detect early, and treat major postoperative complications
a) For suspected myocardial infarction/ischemia, perform an electrocardiogram and analyze cardiac enzymes
b) For supraventricular arrhythmias/atrial fibrillation, ensure appropriate ventricular rate control, balanced electrolytes, and administer anticoagulants in cases of persistent atrial fibrillation.
c) Prevent pulmonary embolus with appropriate doses of prophylactic anticoagulants
d) For pneumonia/chronic obstructive pulmonary disease, screen and treat as needed
e) Screen for and treat urinary tract infection
f) Transfuse blood if hemoglobin levels are <8 g/dl.

Contraindications
There are no established contraindications to the use of non-pharmacological interventions for the prevention of delirium