

RECOMMENDATIONS

The following recommendations are suggested:

1. Most of elderly injuries are amenable to be prevented. Falls (one of the geriatric giants) can be prevented through community based programs involving first identification of elderly patients who are at risk of falls, reduction of household hazards, improving gait and balance, regular health care screening for chronic illness, monitoring medications and visual changes.
2. Burns and electrical injuries are important and also preventable home injuries in elderly, especially for patients with dementia. The use of alarms, smoke detectors and automatic shut off features in domestic appliances can help to prevent such injuries.
3. Complications of elderly trauma should be the scope of forthcoming studies based on the fact that elderly is a highly vulnerable group.
4. TRISS is a valuable trauma scoring system and should be effectively applied in the ED in order to predict the outcome of injuries in elderly.
5. Elder abuse and neglect is still a hidden and underreported problem and must be taken into consideration as an underlying cause of injuries in the elderly.
6. It is mandatory to increase the awareness of emergency care physicians and health care professionals about suspecting and management of physical elder abuse.
7. Elderly nursing homes can be considered a very rich and valuable field for conducting many researches about elder abuse and neglect.

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