Elderly Nursing Care: 12 Challenges and Practical Solutions

Prepared by: Faizan, BS Nursing

Quick answer: The most common elderly nursing care challenges include multiple chronic illnesses, polypharmacy, falls, cognitive changes, communication barriers, inadequate nutrition, pressure injuries, incontinence, pain, social isolation, reduced independence, and fragmented care. Effective solutions combine person-centered assessment, medication safety, mobility support, clear communication, interdisciplinary coordination, and regular evaluation. The goal is not merely to control symptoms, but to preserve safety, function, dignity, and quality of life.

Caring for an older adult is rarely a matter of following one diagnosis. A patient receiving treatment for heart failure might also experience arthritis, hearing loss, a complicated medication schedule, and difficulty getting to the bathroom safely. Each concern influences the others.

This guide explains elderly nursing care challenges and solutions from a practical nursing perspective. It focuses on what nurses should notice, how they can respond within their scope of practice, and when they need to involve other professionals. Although the term elderly care is common in online searches, older adult nursing care and geriatric nursing are often more precise clinical terms.

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What are the most common challenges in elderly nursing care?

The following overview connects common geriatric nursing problems with their first-line nursing priorities. Interventions must always be individualized to clinical findings, organizational policy, and professional scope.

Nursing challenge	Why it matters	Nursing priority
Multiple chronic conditions	Symptoms and treatments can interact	Coordinate a whole-person assessment
Polypharmacy	Medication discrepancies and adverse effects may occur	Reconcile medicines and report concerns
Falls and mobility loss	Injuries can reduce confidence and independence	Screen risk and support safe movement
Dementia, delirium, depression	Cognitive or mood changes alter care needs	Compare with baseline and escalate acute changes
Hearing and communication barriers	Misunderstandings affect consent and safety	Adapt communication and confirm understanding
Nutrition and swallowing problems	Intake difficulties affect recovery and strength	Screen, observe, and refer appropriately

Nursing challenge	Why it matters	Nursing priority
Pressure injuries	Immobility and moisture increase skin risks	Assess skin and plan prevention
Continence difficulties	Toileting problems affect dignity and skin care	Investigate causes and plan support
Pain and atypical symptoms	Important changes may go unrecognized	Assess, reassess, and communicate findings
Loneliness and emotional distress	Social needs affect engagement in care	Assess support and offer appropriate referrals
Threats to independence	Excessive assistance can reduce function	Support achievable daily activities
Fragmented care and transitions	Handover gaps can cause preventable harm	Communicate a clear, shared care plan

1. Managing multiple chronic conditions

The challenge: Many older adults live with more than one long-term condition, such as diabetes, heart disease, arthritis, or chronic lung disease. The nursing difficulty is not simply the number of diagnoses; it is the way symptoms, treatments, and care priorities interact. A patient with heart failure may need symptom monitoring while also requiring mobility assistance for painful knees.

Practical nursing solutions: Start with the person's current concerns and usual level of function, rather than assessing each disease in isolation. Check observations, symptoms, medications, ability to perform daily activities, and the patient's own priorities. Record changes from baseline and clarify who is responsible for outstanding clinical decisions. Discuss conflicting instructions with the prescribing team instead of improvising a solution.

What to evaluate: Whether the patient understands the agreed care plan, whether important symptoms are monitored, and whether treatments are realistic in the person's home or care setting.

2. Polypharmacy and medication safety

The challenge: Polypharmacy generally describes the use of multiple medicines, although the exact threshold varies. Problems arise when a medication list is incomplete, a new prescription interacts with an existing treatment, or a person has difficulty following a complex regimen.

Practical nursing solutions: Obtain the best available medication history, including prescribed drugs, over-the-counter products, supplements, allergies, and what the patient actually takes. Compare it with current orders at admission, transfer, and discharge.

Observe and report new dizziness, sleepiness, confusion, bleeding, or other possible adverse effects. Ask pharmacists and prescribers to assess suspected drug interactions, unnecessary duplication, or medicines that may be inappropriate for the individual.

The AHRQ medication reconciliation guidance explains why transitions are vulnerable points for medication discrepancies. The American Geriatrics Society Beers Criteria patient resource helps explain medication risk in older adults.

What to evaluate: An accurate medication list, clarified discrepancies, patient understanding, and timely action on suspected harm.

3. Falls, frailty, and reduced mobility

The challenge: Falls can result from several contributing factors, including balance problems, muscle weakness, medicines, poor vision, environmental hazards, or acute illness.

Practical nursing solutions: Ask about previous falls and fear of falling. Assess mobility and relevant contributing factors using an appropriate local protocol. Check whether the patient's usual walking aid, footwear, and glasses are accessible. Keep essential items within reach and provide assistance appropriate to assessed risk. Collaborate with physical or occupational therapists on safe activity and rehabilitation.

The CDC's STEADI initiative organizes fall prevention around screening, assessment, and intervention. For a worked nursing example, see our risk for falls nursing care plan.

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What to evaluate: Safe transfers, access to assistance, documented risk-factor changes, and participation in suitable daily movement.

4. Dementia, delirium, and depression

The challenge: Cognitive and mental health concerns can appear similar but require different responses. Dementia often involves a persistent decline in cognitive function. Delirium is typically an acute, fluctuating disturbance in attention and awareness that may signal illness or another urgent problem. Depression can affect motivation, sleep, appetite, and concentration.

Practical nursing solutions: Find out how the person normally communicates, remembers information, and performs daily activities. Ask whether a change began suddenly or has developed gradually. Observe attention, alertness, behavior, comfort, and potential triggers such as illness or medication effects. Follow the local assessment pathway and promptly escalate new or rapidly worsening confusion for clinical evaluation.

When supporting a person living with dementia, introduce yourself, use familiar cues, explain one step at a time, and allow time for responses. The National Institute on Aging emphasizes assessing cognitive concerns rather than assuming a particular cause.

What to evaluate: Changes from baseline, safety, communication, distress, and whether the appropriate clinical review occurred.

5. Communication barriers and health literacy

The challenge: Hearing loss, impaired vision, unfamiliar terminology, language differences, and cognitive difficulties can make routine nursing instructions hard to understand.

Practical nursing solutions: Address the older adult directly, at eye level, and reduce background noise. Check hearing aids and glasses when used. Speak clearly at a natural volume, avoid shouting, and give the person sufficient processing time. Explain unfamiliar terms in plain language, then use teach-back to confirm that the explanation was understandable. Arrange a qualified interpreter where needed rather than relying automatically on relatives for sensitive communication.

Information should be available in an accessible format: large print, short written instructions, or suitable visual and audio alternatives. The NIA communication guidance offers practical methods for adapting conversations with older patients.

What to evaluate: Whether the patient can explain the plan in their own words, express preferences, and ask questions without pressure.

6. Malnutrition, dehydration, and swallowing difficulties

The challenge: Changes in appetite, dental problems, fatigue, physical limitations, medication effects, and social circumstances can reduce food or fluid intake. Some patients may have dysphagia, or swallowing difficulty, which requires careful assessment.

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Practical nursing solutions: Observe intake, weight trends when clinically appropriate, oral comfort, and any reported difficulty eating or drinking. Use approved nutrition screening processes and discuss concerning findings with the clinical team and dietitian. If coughing, choking, a wet voice, or other swallowing concerns occur, follow the local safety pathway and request specialist swallowing assessment. Do not assume thickened drinks or a changed diet are suitable without an individualized recommendation.

Ask what foods the person enjoys, whether cultural or financial factors limit choices, and whether they need assistance opening containers or positioning for meals.

What to evaluate: Documented intake concerns, appropriate referrals, an agreed nutrition plan, and response to support.

7. Pressure injuries and skin integrity

The challenge: Reduced movement, moisture exposure, poor nutritional status, and medical devices can contribute to skin damage.

Practical nursing solutions: Assess skin condition and risk according to facility policy, paying attention to vulnerable pressure points and areas beneath devices. Use appropriate support surfaces, moisture management, nutritional support, and an individualized repositioning or mobility plan. Report new discoloration, localized pain, breakdown, or deterioration promptly.

AHRQ’s nursing-home pressure injury prevention materials emphasize risk screening, communication, and prevention planning. Our detailed pressure injury prevention guide covers the procedural topic separately.

What to evaluate: Skin findings, implementation of prevention measures, patient comfort, and timely escalation of new injury.

8. Urinary incontinence and toileting needs

The challenge: Urinary urgency, incontinence, difficulty transferring, and unfamiliar toilets can disrupt sleep and increase distress.

Practical nursing solutions: Ask respectfully about the person’s usual continence pattern, mobility, fluid intake, and any new symptoms. Identify practical obstacles such as distance to the bathroom, inaccessible clothing, or insufficient assistance. Use an individualized toileting plan and maintain privacy, skin care, and easy access to appropriate aids. Report new urinary symptoms or acute changes for assessment; incontinence alone does not establish a urinary tract infection.

Avoid unnecessary use of urinary catheters. Where a catheter is clinically indicated, follow the relevant infection-prevention policy and assess ongoing need.

What to evaluate: Comfort, safe access to toileting, skin condition, and whether the plan supports dignity and participation.

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9. Pain assessment and unexpected symptoms

The challenge: Pain may be underrecognized when a patient has difficulty describing it or cannot use a standard rating scale. A change in sleep, facial expression, movement, or willingness to participate in care may require assessment. Older adults can also have illness presentations that differ from a familiar textbook pattern.

Practical nursing solutions: Ask the patient directly about pain when possible, consider both verbal and behavioral observations, and use an appropriate validated assessment tool. Record location, intensity, timing, function, and response to interventions. Reassess after agreed measures and alert the clinical team to uncontrolled pain or significant new symptoms. Consider medication-related effects and nonpharmacological comfort measures within the individual care plan.

Pain should never be assumed to be an unavoidable part of growing older. Equally, one behavior or facial expression alone cannot identify its cause.

What to evaluate: Patient-reported comfort where available, ability to participate in activities, reassessment findings, and follow-up on concerns.

10. Social isolation, loneliness, and emotional well-being

The challenge: A hospital stay, bereavement, reduced mobility, or difficulty using

transport can weaken social connections. Loneliness is a person's subjective experience; social isolation describes limited social contact.

Practical nursing solutions: Ask about meaningful relationships, preferred activities, emotional concerns, and available support without making assumptions about family circumstances. Offer practical communication opportunities, involve social work or community resources when appropriate, and respect the person's choices about contact and privacy. If mood symptoms, distress, or safety concerns emerge, follow the relevant assessment and referral pathway.

The aim is not to prescribe social activities to every patient. It is to learn what connection, belonging, or quiet means to that individual and remove avoidable barriers.

What to evaluate: Expressed preferences, access to appropriate support, and any concerns requiring further follow-up.

11. Independence, dignity, and decision-making

The challenge: Busy care environments can unintentionally replace abilities an older adult still has. Completing every task for someone may be quicker in the moment but can undermine confidence and opportunities to maintain function.

Practical nursing solutions: Assess activities of daily living (ADLs), such as dressing, eating, bathing, and toileting, alongside the person's usual abilities. Offer graded assistance: provide the support necessary for safety while encouraging manageable participation. Ask what matters most to the person before setting goals. Explain options, obtain valid consent, safeguard privacy, and use appropriate decision-making support when capacity is in question.

Independence does not require doing everything without help. For one person it may mean choosing when to wash; for another it may mean walking safely to a chair with assistance. Person-centered elderly patient care protects both autonomy and safety.

What to evaluate: Participation in chosen daily tasks, patient preferences, and whether assistance remains proportionate to need.

12. Care transitions, caregiver coordination, and staffing pressure

The challenge: Older adults may move among hospital units, rehabilitation, nursing homes, and home care. Each transition creates opportunities for medication discrepancies, unclear follow-up instructions, missing equipment, or overlooked social needs. Time pressure and fragmented records can make these issues harder to resolve.

Practical nursing solutions: Start discharge planning early. Confirm the next care setting, updated medication list, essential equipment, follow-up appointments, warning signs, and who will provide necessary help. Give instructions in plain language and verify understanding with teach-back. Send clear, timely handovers that describe functional baseline, current needs, pending results, and unresolved concerns.

Caregivers can provide valuable information, but their availability, willingness, training, and limits should be assessed rather than assumed. The AHRQ IDEAL discharge planning approach emphasizes patient engagement, medication review, warning signs, results, and follow-up.

What to evaluate: A coherent discharge plan, completed handover, clarified responsibilities, and access to necessary support.

How should nurses assess and prioritize the needs of older adults?

A useful geriatric nursing assessment begins with baseline function: What could this person do, understand, and manage before the current illness or admission? A change matters more when it is compared with the person's usual pattern. Assessment then considers physical findings, cognition and mood, medication use, mobility, nutrition, continence, skin, pain, home circumstances, and personal goals.

Clinical priorities depend on urgency, not the order of a checklist. New severe symptoms, a rapid change in consciousness, or other signs of deterioration require prompt action according to local escalation protocols. Once immediate risks are addressed, nurses can work with the patient to identify problems affecting safety and independence.

The 4Ms framework for age-friendly nursing care

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The Institute for Healthcare Improvement describes four connected priorities for older-adult care:

- What Matters: Identify the person's goals, preferences, and acceptable trade-offs.
- Medication: Review whether medicines support rather than undermine those goals, mobility, or thinking.
- Mentation: Prevent, recognize, and appropriately address delirium, dementia, and depression.
- Mobility: Support safe daily movement and preservation of function.

Consider a patient who wants to return home and prepare breakfast independently. That goal guides mobility support, medication review, cognition assessment, and discharge planning. The 4Ms therefore offer a practical structure for coordinating care rather than four unrelated tasks. The WHO ICOPE approach likewise emphasizes individualized pathways, capacity, and social needs in primary and community care.

A practical nursing workflow: from challenge to solution

When several elderly nursing care problems occur together, a repeatable workflow helps avoid fragmented decisions:

- Recognize: Identify urgent changes and establish what differs from baseline.
- Assess: Collect focused observations, patient concerns, and relevant risk information.

- Prioritize: Address immediate threats, then problems affecting function and daily life.
- Plan together: Agree on realistic actions, responsibilities, and measurable goals with the patient and team.
- Implement safely: Follow organizational standards, professional scope, and individualized clinical instructions.
- Reassess and communicate: Check outcomes, record changes, and revise the plan when needed.

For example, "patient remains safe" is a vague goal. "Patient uses the agreed transfer assistance for each bathroom visit during this shift" is observable and can be reassessed.

Do geriatric nursing challenges change across care settings?

In hospitals, acute illness, unfamiliar routines, medication changes, and discharge planning often demand attention. Nurses may need to distinguish a recent functional decline from pre-existing limitations and coordinate rapid interdisciplinary input.

In nursing homes and long-term care, continuity, comfort, daily function, meaningful activities, skin protection, and the resident's preferences can be central. Team communication matters because subtle changes may become visible over several shifts.

At home, access to transport, medications, food, mobility aids, caregiver support, and safe housing can determine whether a care plan is workable. Community nurses should ask what is feasible, not simply whether instructions were provided.

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Clinical example: several challenges in one patient

Fictional learning case; not a substitute for an individualized clinical protocol.

A 79-year-old adult is admitted with a respiratory illness. Before admission, she managed personal care independently and used a walking stick outdoors. During the hospital stay, she becomes less attentive, asks repeatedly where she is, eats very little, and attempts to walk to the bathroom without assistance. Her medication list includes several long-term prescriptions.

Assessment: The nurse compares her present attention and mobility with the family's description of baseline, gathers observations, checks immediate safety needs, and reviews the medication information available. Sudden changes in attention are promptly communicated for clinical evaluation; they are not simply labelled dementia.

Plan: The team addresses the acute change, checks medication discrepancies, agrees on safe toileting assistance, assesses nutritional concerns, and considers rehabilitation and discharge needs. Staff explain each intervention directly to the patient and include supporters appropriately.

Evaluation: The nurse documents changes in attention, oral intake, transfers, and the patient's ability to participate in care.

Frequently asked questions about elderly nursing care

What is the biggest challenge in elderly nursing care?

There is no single biggest challenge for every patient. Coordinating several interacting needs is often difficult because chronic conditions, medicines, cognition, mobility, and social support can affect each other. Nurses should identify the individual's highest-priority concern rather than applying one standard assumption to all older adults.

What are five common nursing problems in older adults?

Five frequently encountered concerns are falls risk, medication-related problems, impaired mobility, cognitive changes, and inadequate nutrition. Other important issues include pressure injuries, incontinence, pain, and social isolation.

How can nurses prevent falls in elderly patients?

Nurses can help prevent falls by screening for risk, assessing contributing factors, providing appropriate mobility assistance, and coordinating interventions such as therapy referral or environmental adjustments. CDC STEADI describes a screen-assess-intervene approach. A comprehensive fall-risk nursing care plan belongs on the dedicated falls care plan page.

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What are practical nursing interventions for elderly patients with dementia?

Person-centered interventions include identifying the person's normal communication abilities, using simple and respectful explanations, allowing response time, reducing unnecessary distress, and supporting familiar routines. A new or sudden change in attention or awareness must be assessed promptly because it may indicate delirium or another acute problem.

Why is polypharmacy a concern in older adults?

Taking multiple medicines may increase the complexity of care and create opportunities for adverse effects, interactions, or medication discrepancies. Medication reconciliation, clear education, monitoring, and pharmacist or prescriber review help identify and address preventable risks.

How can nurses help older patients maintain independence?

Nurses can assess what patients can already do, identify goals that matter to them, and provide assistance that supports rather than replaces remaining abilities. Safe mobility, accessible communication, realistic rehabilitation goals, and participation in everyday choices can preserve dignity and confidence.

What is the difference between geriatric nursing and general adult nursing?

Geriatric nursing focuses on the complex interaction of health conditions, function, medicines, cognition, social needs, and personal goals in later life. General adult nursing also addresses these domains, but geriatric practice places particular emphasis on changes from functional baseline, age-friendly care, and coordinated support across settings.

What should a nurse do when an older patient's condition changes suddenly?

Respond according to the urgency of the change and the setting's escalation protocol. Assess immediate safety, obtain appropriate observations, compare findings with baseline, and communicate clearly to the responsible clinical team. Sudden confusion, significant deterioration, or other acute warning signs should not be explained away as normal aging.

Key takeaways

The strongest solutions to elderly nursing care challenges are individualized, coordinated, and measurable. Nurses protect safety while supporting mobility, communication, nutrition, medication management, and emotional well-being. An older person's age should never replace an assessment of their actual abilities. When nurses establish baseline function, listen to what matters, and communicate across care transitions, they can address multiple risks without losing sight of the person receiving care.

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Clinical references and further reading

- CDC: STEADI Older Adult Fall Prevention
- Institute for Healthcare Improvement: Age-Friendly Health Systems and the 4Ms
- WHO: Integrated Care for Older People (ICOPE), second edition (2025)
- National Institute on Aging: Talking With Your Older Patients
- AHRQ PSNet: Medication Reconciliation
- AHRQ: IDEAL Discharge Planning
- American Geriatrics Society: Medicines to Avoid or Use with Caution

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