Supplementary material, Table S1. An overview of evidence-based guidelines criteria for nursing care interventions for older patients admitted at medical unit.

Indicator for nursing care interventions	Recommended intervention	Level of evidence*	Recommending EBG
Sputum mobilisation	Airway clearance techniques by Positive Expiratory Pressure when patients have difficulty with expectoration or in the event of a pre-existing lung condition.	D	[53,54]
Oral care	Tooth brushing minimum twice a day (minimum 2 minutes) with toothpaste containing 1000-1500ppm fluoride.	B	[55]
Fluid therapy	Assess volume depletion and fluid status daily. Develop target fluid therapy plan when discrepancy between fluids intake and output, electrolyte disturbances, abnormal pulse and blood pressure and in presence of: confusion, diarrhoea, vomiting. Advise to drink plenty of fluids.	C	[53,54,56,57]
Nutritional support	Screen nutrition status within ≤24 hours of admission and develop targeted nutrition support plan for patients at risk of malnutrition (assessed by: BMI (<20,5), weight loss ≤3 months, reduced dietary intake ≤1week, age (>70 years) and health condition (chronic illness, bedridden, in intensive care).	C	[53,54,56,57]
Mobilisation	Assess functional ability and develop targeted mobilisation plan for patients with loss of functional ability (in conjunction with hospitalisation), who need mobilisation support (for activities of daily living) or rehabilitation. Mobilize patients (walk or sit out of bed) within ≤24 hours of hospitalisation, for 20 minutes, and increase mobilisation each subsequent day.	A	[53,54,58]
Oxygen therapy	Oxygen therapy must be guided by the level of arterial oxygen tension (PaO_2) and oxygen saturation (SpO_2). For acutely ill patients (not at risk of hypercapnic respiratory failure) PaO_2 is >8 kPa and SpO_2 94–98%. For patients with COPD or who are at risk of hypercapnic respiratory failure, SpO_2 is 88-92%.	D	[53,54,59]

***** The level of evidence is assessed by referred evidence-based guidelines.

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