

CASE STUDY A

An Elderly Lady with Multiple Medial Problems

Madam PW is a 95-year-old Chinese lady who is being cared for by her only daughter. She was referred to a home health care service by Hospital A.

Medical history

Her medical history is as follows:

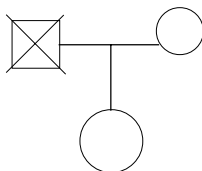
1) Advanced Dementia; 2) Bilateral cataracts, 3) Multiple pressure sores over the hip and sacrum; 4) Immobility; 5) Constipation.

Current medications are:

1) Syrup lactulose 10ml nocte; 2) Senna 2 tablets nocte; 3) Fleet enema if bowels are not opened for 2 days.

Social History

Family Tree



Madam PW is a widow for many years. She lives with her 75-year-old daughter in a 2-room HDB flat. Currently the daughter has not been working for the past few years and they are now receiving public assistance.

Activities of daily living

She is totally dependent on her daughter for all her activities of daily living. Her daughter would have to feed and bathe her daily. In order to bathe her, the daughter will need to transfer her onto a commode with castors and push her to the toilet. The patient is doubly incontinent and needs to be on diapers.

Cognitive function

A mental assessment is done for her and she scored 0 out of 10 on the Abbreviated Mental Test.

Questions

- 1) Is Madam PW a suitable candidate for home care? Give reasons
- 2) How would evaluating Madam PW in your clinic be different from that of making a visit to her home?
- 4) During your visit to her home, her daughter complained Madam PW has been passing out small amounts of watery stools for the past 3 days. On the day of your visit, she appears to be running a fever. A few weeks ago she was started on nifedipine 5 mg tid, ferrous fumarate 200mg bid and multivitamins 2 tabs daily by another doctor. How would you approach the problem?
- 5) What considerations would you make in formulating a long-term care plan for Madam PW?

CASE STUDY B

An Elderly Man on Home Oxygen Therapy

Medical history

Mr MP is a 78-year-old Chinese man. He used to be a heavy cigarette smoker and has a history of chronic obstructive pulmonary disease diagnosed 8 years ago. He has been on long term oxygen therapy at 1.5 litres of oxygen per minute for the last 18 months. He had a cough productive of yellow sputum for one week and fever for 2 days. He became drowsy and confused and subsequently sustained a fall. He was hospitalised for seven days and was discharged to home care. One week into the home care programme, he became increasingly drowsy. Four weeks into the programme, he fell and sustained a laceration on his left forehead.

Social history

Mr MP lives with his 75-year-old wife who looks after him during his illness. His wife has had hypertension for many years and was recently started on oral medication for diabetes by the polyclinic doctor. She still manages to do the house work and is able to walk to the market about 3 blocks away. The couple's only child died in a road traffic accident 25 years ago. The couple has a small amount of savings but this is fast becoming depleted with Mr MP's recurrent hospital admissions.

Activities of daily living

Just prior to the most recent hospitalisation, Mr MP was able to ambulate within the house and had managed to perform all the basic activities of self care independently. However, he requires the use of intranasal oxygen for the more strenuous activities such as toileting and showering.

Questions

- 1) Describe the steps you would take in planning a home visit for Mr MP.
- 2) What areas of assessment would you pay particular attention to during the initial assessment visit?
- 3) At a subsequent review visit to Mr MP's home, you found that he appears to be confused. He is able to recognise his wife but forgets who you are. He is disorientated with regard to time and place. He seems quite restless and his wife complains that he has been vocally disruptive for the past few days. He has been more breathless recently and is rather 'chesty'. Work out a problem list for Mr MP.
- 4) How would you prioritise the problems for management?

CASE STUDY C

The Elderly with Recurrent Falls

You are asked to see Mr Tan at home. He has been recently discharged from the hospital because of a fall at home resulting in a scald on his chest. The hospital case manager identified a lack of caregiver during the day and also decided to refer him for home health care.

Mr Tan is 74 years old, widowed and an ex-clerk. He stays with his single son in a rented 2-room flat not on a lift-landing. His son is a technician. He has 2 other married children who visit occasionally.

He has a past history of hypertension, ischaemic heart disease with previous admissions for congestive cardiac failure. He also had a stroke 5 years ago with residual mild left hemiparesis. After the stroke, he is mostly homebound, ambulating with quad-stick and able to manage ADL.

His son noticed a gradual functional decline likely due to early dementia from stroke disease over past few months. He was forgetful, with poor short-term memory and attention-seeking. He started missing his medications and had recurrent admissions for heart failure this year. There were recurrent minor falls at home, the last leading to admission after he scalded himself while carrying boiling water and fell. There was no giddiness and increased weakness, but he did complain of decreased effort tolerance few days before admission.

Examination showed AMT 7/10. Able to walk with quad stick.

His current medication is Norvasc 10 mg OM, Captopril 6.25 mg tds, Frusemide 40 mg OM, Potassium chloride 1 OM, Vastarel 20 mg tds, Aspirin 100 mg OM, S/L GTN 1 prn.

Questions

- 1) What are the medical, social and functional problems in this patient?
- 2) What are the risk factors for his recurrent falls?
- 3) How would you manage this patient at home and what are the community resources available?

Editor's Note:

These case studies will be discussed during the Basic Home Care Course Workshop.

Please see page 8 for more information.