

Case Study: Inpatient / Overnight admitted

- The following case study is to be used as an education resource in services who have not commenced the PCOC assessments.
- For services who have PCOC assessments in place a real case study should be used as an education resource.

MRS BROWN

History

72 year old female with a long history of chronic cardiac failure and chronic renal failure. She was 'for no further dialysis' and referred to the palliative care service.

1. Chronic Renal Failure
2. Ischaemic Heart Disease
3. Iron deficiency; Anaemia
4. Chronic Airways limitations
5. Osteoporosis
6. Hypertension
7. Nephrectomy for TCC 1993
8. Total knee replacement 2003

On Admission

Admitted from home via ambulance for management of symptoms. She is short of breath, on oxygen via nasal prongs, and is weak. She was able to stand from chair with the assistance of 1 person and mobilised a short distance with the assistance of 1 person. Mrs Brown is worried that she may not be able to return home. Her daughter is present and is concerned about her mother's pain and her increased difficulty in managing at home as she now requires more support. Commenced on four hourly hydromorphone, regular haloperidol. If nausea continues is to have subcutaneous fluids. She is scheduled for an ECG and bloods the following day.

Physical Assessment

- Orientated and talking appropriately with staff with no evidence of anxiety.
- Mobilising with the assistance of one person and requiring assistance in and out of bed. She is able to feed herself and tends to her own personal hygiene.
- Due to nausea, Mrs Brown is eating small meals frequently and having nourishing drinks between meals. Her oral mucosa is dry, lips normal and tongue dry and slight coating. She is continent with bowels and bladder.
- Skin integrity is dry and fragile.
- Exacerbation of COPD
- Poor pain control

Social Assessment

- Lives alone in own villa.
- Daughter lives in nearby suburb and visits daily. Daughter calls daily, shops and attends to her mother's laundry. Has home-care 2-3 times a fortnight.
- Son lives in Vietnam.
- Experiencing difficulty coping at home

Medications:

Metoprolol 12.5mg bd Aspirin 100mg daily
Haliperidol 0.5mg bd Losec 20mg daily

Maxalon 10mg TDS PRN
4/24 Hydromorphone
PRN Hydromorphone

Day Three (3)

Tolerating hydromorphone 0.5mg
No complaints of nausea or pain.
Resting in bed and occasionally mobilising with the assistance of one person.
ECG attended (sinus rhythm) and bloods taken.
Remains very tired
Vague and not clear in her thoughts
Continue 4/24 Hydromorphone
Shortness of Breath, Oxygen sats 79% on 3 litres of O2
Eating and drinking a little
Visited by Priest at her request
Continue medication regime. Add lorazepam PRN for breathlessness
Daughter visited- asks to speak with someone regarding ongoing care. Feels she cannot care for her mother at home.

Day Five (5)

Complaining of right sided pain. Breakthrough hydromorphone given and increased 4/24 to 0.75mg.
Remains vague and tired, periods of confusion
Has not expressed anxiety regarding condition, when asked if she is worried about managing at home it is not clear that she has understood.
Discussion with daughter regarding mother's condition and future. Explained that there could be options for assistance but will depend on how she is over next few days/weeks.
Blood pressure 85/70 sitting and 112/60 lying Oxygen sats 80%.
Nausea now improved and eating a little more
Renal function deteriorating.
Requiring assistance of 1 with transferring from bed to chair and now using a mobility aid. Requires assistance of 1 plus mobility aid for personal hygiene/toileting.
Requires assistance for meal set up.

Day Nine (9)

Shortness of breath with minimal exertion continues and feeling anxious – given Lorazepam 0.25mg with required effect.
Daughter visiting and not feeling as stressed about her mother's admission
Tolerating diet and fluids well
Regular medications continue and voicing no complaints of pain or distress

Day Sixteen (16)

Very unsettled/restless. Confused at times.
Denies pain or discomfort.
Tearful and emotional stating she feels she has not long to live. Unsure whether to call her son in Vietnam, visited by Priest at her request.
Short of breath, commence regular lorazepam.
All personal care attended by 2 nurses.
Condition deteriorating, increasing lethargy.
Inability to mobilise.
Daughter visiting and teary, upset about the periods of confusion and asking what is causing this.

Tolerating only small amounts of food, fluids and needing assistance of 1.

Day Twenty (20)

Very drowsy and lethargic, generally weak, sleeping for longer periods.

Tolerating only small amounts of soft diet with full assistance

Requires assistance of 2 mobilise/personal hygiene.

Pain present bilateral ribs – Hydromorphone some effect

No nausea and vomiting

Shortness of breath improved

Seen by pastoral care, patient distressed, questioned her own deep emotion and spoke about the dying process.

Daughter seen by pastoral care. Feels that her mother is dying and that she anticipated this. Has contacted her brother to inform him of their mother's condition but not sure if he will come to see her.

Day Twenty Four (24)

Severe back pain and right flank pain- commenced on syringe driver with increased hydromorphone

Became very distressed with breathing- midazolam added to syringe driver

Fearful of what happens after death

Requesting communion, aware of deterioration and has apprehension about dying – addressed same in communion and friends received communion also

Visited by pastoral care, daughter present stating she "is doing okay".

Later that evening unable to take any oral food/ fluids/ medications- all medications subcutaneous

All care given

Became restless and agitated- Midazolam increased in syringe driver

Semi responsive

Daughter notified and present, assisting with care.

Patient died in presence of daughter and staff.