

Setting: acute inpatient

Team leader: Nurse, physician, or case manager

Pharmacy Implications:

Health Condition – acute infection with other concomitant illnesses

Personal Factors: living with son and daughter in law, recent widower

Environmental Factors: new environment, new caregiver

Body function/structure: dementia, confusion, dental infection

Activities: television

Participation: impacted by illness, dementia and language barrier

Intervention:

-Dental consult to treat possible underlying abscess

-Pain assessment – is it from tooth or OA?

-Address APAP overdose by daughter in law, consider more potent pain relief if persists after tooth extraction

-Re-assess home, possible home health nurse or equipment

Dentistry Implications:

Health Condition- infection, possibly dental, confusion

Personal Factors:

Environmental Factors:

Body function/structure: jaw pain, elevated wbcs

Activities:

Participation:

Intervention:

-Evaluate patient for cervical lymphadenopathy since that may be a component of symptoms and fever which could be attributed to an obvious oral infection of dental origin pain especially given her high white cell count.

-Once the patient is stabilized with fever, confusion and other symptoms addressed, she needs to be taken in for a panoramic and periapical radiographs to evaluate for dental cause of pain.

-If dental etiology is identified, an appointment for possible extraction, filling or root canal can be made. The patient may need an initial temporary filling until she is ambulatory and stable enough for a longer final restoration appointment.

-A dental history could be obtained inclusive of any prior dental radiographs and/or dental health records.

-Any history of facial or head and neck trauma could be important given patient's confused state.

-If no obvious dental etiology is identified, further imaging such as cone beam CT may be ordered to determine any pathology of the mandibular bone.

-Importantly all dental examinations should be restricted to palliative care in the first few hours and final restorative attempts made only after patient has been stabilized and/or discharged from the hospital.

OT Implications

Health Condition – dementia, infection

Personal Factors: wife, living with daughter-in-law and son, cultural influence

Environmental Factors: home situation, family support – caregiver does not share language

Body function/structure: brain dysfunction (dementia), OA, HTN, depression, anxiety, acute infection

Activities: television watching, ADLs, medication management, homemaker, caregiver

Participation: former caregiver, impacted by language barrier

Intervention:

- Depression screen
- Check mental status
- Evaluate home
- ADL retraining
- Compensation for dementia
- Cognitive engagement to preserve cognitive reserve
- Explore equipment options, support group, adult day care
- Caregiver training

PT Implications:

Health Condition - bilateral knee osteoarthritis, depression, hypertension, hyperlipidemia, anxiety, urinary tract infection, possible infected tooth

Personal Factors: loss of husband as social and family support, culture, potential questions to ask include does she enjoy physical activity including walking or swimming, what does she do for recreational enjoyment? What current family/social supports exist and if none exist would she be open to recommendations to social, church, recreational supports?

Environmental Factors: if she has any stairs in her home, these will be difficult for her to navigate due to use of walker and potential balance issues as well as decreased cognition. Has she fallen at home or in the community, if so, what caused the fall

Body function/structure: limited knee and possibly other lower extremity range of motion and strength due to O/A, knee pain due to O/A, potential balance deficits due to age and risk of falls, potential decreased endurance and overall deconditioning due to hospital stay and previous decline in physical mobility.

Activities: limited ambulation in home and community, limited ability to climb stairs, limited ability to transfer out of bed or chair.

Participation: decreased ability to attend church, socialize with friends and family

Intervention:

- In the in-patient acute hospital setting the physical therapist would primarily focus on addressing the patient's mobility including bed mobility, transfers, and gait while also assessing balance and risk for falls to determine if she is safe to return to living with her son and daughter-in-law. Specifically, strengthening, range of motion, balance training, and functional exercise to improve her movement ability would be appropriate.
- In addition, a patient-directed wellness and prevention focus that includes socialization to maximize her mobility and physical activity level would be beneficial. This would help to improve her depression, pain levels, hypertension, and hyperlipidemia.
- An assessment of the appropriateness of her current assistive device to determine safety and maximum mobility would be important as well.
- Finally a recommendation of social activities that were identified by the patient as important combined with a physical activity program

Medicine Implications:

Health Condition - poor

Personal Factors:

Environmental Factors: death of husband, new living situation

Body function/structure: dementia/delirium worsening

Activities:

Participation:

Intervention:

- Evaluation of mental status
- Dental evaluation with probably tooth extraction (consider sedation, which may be difficult)
- Assessment all teeth in relationship to diet
- Reassessment of home for safety
- Equipment assessment
- Depression is questionable, DC Prozac and Lipitor – take as few drugs as possible
- Frequent visits and follow-up for resolution of UTI

Nursing Implications:

Health Condition

Personal Factors: isolation related to language barrier and dementia: need to assess communication level and effectiveness among caregiver and family members

Environmental Factors: safety assessment of home and equipment: has caretaker so she is somewhat dependent upon others: evaluate home environment for feasibility of other activities besides watching TV: if increased activity level is possible need to discuss with caregiver as to willingness to assist and monitor patient status

Body function/structure: use of rolling walker- why? Osteoarthritis?

Activities: limited-need to investigate potential increase in passive/active exercises

Participation: dementia should be assessed for appropriate level of activity and participation in self care: assess for needed “cueing” related to ADL needs:

Intervention:

- Explore dose of fluoxetine-geriatric dose is 10 mg
- Assess etiology of jaw pain-dental consult
- Possible TIA or mini-stroke?

Chaplaincy Implications:

Health Condition – depression, dementia, infection, possible delirium

Personal Factors: Bereavement; recently widowed; also loss of home, familiar routines, neighborhood; and possibly church community and socializing that occurred with husband; speaks only Spanish.

Environmental Factors: recent move to son's home has ended previous church activities and pastoral visits by church ministers due to distance; daughter in law primary care giver now who does not speak Spanish

Body function/structure: dementia, confusion

Activities: television

Participation: limited due to move to son's home, illness, dementia, confusion, and language barrier

Intervention:

- Spanish-speaking chaplain to assess impact of these losses as well as assess meaningfulness of religion and religious ritual for spiritual support.
- Discuss above with family if pt unable

- Talk with pt/family about feasibility of adult day care in Spanish speaking environment for reminiscence, socializing, validation, activity to assist with grief resolution and relieve boredom and loneliness.
- Explore options and assess patient's response to continued pastoral care through former or present church
- Assess patient's response to use of electronic means e.g. audio or video for music and/or worship; televised worship, etc.

Team Priorities:

- Dental consult to treat underlying jaw pain and elevated wbcs
 - Evaluate patient for cervical lymphadenopathy
 - Once the patient is stabilized, panoramic and periapical radiographs
 - If dental etiology is identified, an appointment for possible extraction, filling or root canal can be made.
 - A dental history could be obtained inclusive of any prior dental radiographs and/or dental health records. Any history of facial or head and neck trauma could be important given patient's confused state.
 - If no obvious dental etiology is identified, further imaging such as cone beam CT may be ordered to determine any pathology of the mandibular bone.
 - Importantly all dental examinations should be restricted to palliative care in the first few hours and final restorative attempts made only after patient has been stabilized and/or discharged from the hospital.

- Re-assess home as suitable living environment (after depression screen, OT and PT consults obtained)
 - Possible home health nurse or equipment
 - Educate daughter in law on care
 - Medications (APAP overdose)
 - Equipment – reassess current device
 - PT work with patient on strengthening, range of motion, balance training, and functional exercise to improve her movement ability
 - Patient-directed wellness and prevention focus that includes socialization to maximize her mobility and physical activity level would be beneficial – Spanish speaking?
 - Social activities that were identified by the patient as important combined with a physical activity program

- Diet consult, as it relates to home environment and dental issues

- Depression screen
 - Reassess Prozac, consider DC

- OT consult
 - ADL retraining
 - Compensation for dementia
 - Cognitive engagement to preserve cognitive reserve

- PT consult
 - Address patient's mobility including bed mobility, transfers, and gait
 - Assess balance and risk for falls to determine if she is safe to return to living with her son and daughter-in law.

- Follow up appointment for UTI
- Spanish-speaking chaplain consult
 - Explore options and assess patient's response to continued pastoral care through former or present church
 - Assess patient's response to use of electronic means e.g. audio or video for music and/or worship; televised worship, etc.

Final Provider Interventions and Members Responsible for Patient Outcomes:

- Dental consult to treat underlying jaw pain and elevated wbcs - dentist
- Re-assess home as suitable living environment and assess patient (ADL retraining, dementia, cognitive engagement, mobility, balance) – OT, PT
- Caregiver education – OT, PT, Pharmacy
- Depression screen and adjust meds – OT, MD
- DC Lipitor and FU appt for UTI - MD
- Dietary consult and caregiver education, as it relates to home environment and dental issues - Dietician
- Spanish-speaking chaplain consult - Chaplain