GEDC THE GERIATRIC EMERGENCY DEPARTMENT COLLABORATIVE
EDUCATE IMPLEMENT EVALUATE

Dartmouth Hitchcock Bootcamp
April 20, 2021

Case Study

GOALS

1. To increase familiarity with the GED Guidelines.
2. To elicit different perspectives on the same clinical problem.
3. To identify some opportunities for Quality Improvement.

WORKSHEET

1. How would this patient be managed in your ED?
2. What specific problems would you identify with managing him in your ED?
3. What components of the GED Guidelines (Staffing, Education, Transitions of Care, Policies and Procedures, Physical Environment, Quality Improvement) might make his care better?

DISCUSSION

- One opportunity for improvement that you could implement as part of a care network

CASE

Mr. B is a 79-year old man with advanced Parkinson's disease and Lewy Body Dementia. He lives with his 78- year old wife who is his primary caregiver/surrogate decision maker (activated DPOA-HC). Their adult daughter lives locally and provides additional support to her parents.

Over the last year Mr. B's food intake has gone down markedly and his weight has dropped from 140 to 120 lbs. He wanders at night and on several occasions has fallen requiring his daughter to come over to help her mother get him back to bed. Mrs. B feels unable to leave him unattended and often feels overwhelmed.

Mr. B was recently enrolled in Hospice which provides weekly nurse visits and a home health aide 3x/week to assist with personal care. A brief respite stay in a local SNF was offered for Mr. B to give Mrs. B a break but she declined, feeling it would be too distressing for him to be away from home. Mr. B has a POLST indicating Comfort Care only.

Late one summer evening Mr. B suffers an unwitnessed fall sustaining a head laceration which begins to bleed. His wife calls the Hospice Hotline and a hospice nurse comes out to the house to evaluate and determines that sutures are required to stop the bleeding.

Mr. B is transported by ambulance to the community hospital ED near their home. His wife, his daughter and the hospice nurse travel separately to the ED to support him. Upon arrival, the family and nurse notify the ED triage team of the patient's hospice status. They ask that the patient only get limited comfort-focused interventions, specifically sutures and pain management if needed, and be allowed to return home as quickly as possible.

Mrs. B is allowed to join her husband in the ED; the daughter and hospice nurse are asked to stay in the waiting room due to COVID precautions allowing only one visitor at a time. The daughter returns home telling her mother to call her if she needs her. The hospice nurse remains in the waiting room for about an hour but then also leaves.

Case Study

Mrs. B is brought to her husband's room where an ED physician is suturing the laceration. The physician tells her that her husband is disoriented and has complained of some chest congestion and breathing problems. Mr. B's physical exam was unremarkable. A head CT, a chest x-ray, blood work and a urinalysis have been ordered. The physician tells her that if the CT scan reveals a hemorrhage then the plan would be to transport her husband to Dartmouth-Hitchcock. Mrs. B has trouble hearing the ED physician through his mask but does not ask him to repeat himself and agrees to the plan.

Over the next two hours while waiting for the test results, Mr. B becomes increasingly agitated and distressed. He repeatedly tries to get out of bed and pull at the bed sheets. He pulls off the dressing on his head wound and urinates on himself. He cries to his wife to help him but she is unsure how to calm him and becomes tearful and quite agitated herself. He is given some Haloperidol and ultimately falls asleep. His head dressing is reapplied and he is cleaned up.

At 2am, after three hours in the ED the test results return negative. Mrs. B is informed that she can take her husband home. Mrs. B tells the ED staff that she is too overwhelmed to care for her husband and that other arrangements will have to be found for his care.