

MYRTLE SMITH

PRIMARY RESOURCE

CASE DESCRIPTION/SCENARIO

Myrtle is an 82 year old widowed woman who is lying on a hospital gurney in the ER of a rural community hospital, waiting to be assessed. She is moaning, and her eyes are closed. Ambulance attendants brought her to the hospital this morning after her neighbour (Alice Steadmen), called about her deteriorating health condition. Myrtle lives on her own, with her two cats in a century old yellow brick two-story house a couple of blocks from the downtown core. Alice has been concerned the last couple of weeks as Myrtle has not seemed "to be herself". Alice reported that around 10 o'clock last evening she noticed the front door of Myrtle's house was left wide open. She went in and found Myrtle "puttering around" in the kitchen, clad only in a thin nightie and it was a cold fall evening. She noticed a large bruise on her right arm stretching from her shoulder to elbow. Alice said she helped Myrtle climb the stairs to get into bed, and asked her how she got the bruise. Myrtle couldn't remember. She thought she could smell urine on her so she helped her change into a clean, warmer nightgown. When she checked on her this morning she found her lying in her bed moaning and confused. The bed sheets were soaked with urine and her fingernails were encrusted with feces. Alice called 911, found her glasses and purse, gathered up her medications, and told the ambulance attendants that she would put a call into Myrtle's son, Tom who lives in Montreal. As Myrtle was being wheeled out, Alice promised Myrtle that she would feed Ginger and Marmalade, her 2 cats. Alice then called to cancel Myrtle's personal support worker (PSW) who was scheduled to visit today to complete her weekly bath.

SUPPLEMENTARY RESOURCES

Client Information: Myrtle Smith

TRADITIONAL DATA COLLECTION

Tom (son) is Myrtle's power-of-attorney for finance and personal care. He has given permission as substitute decision maker by telephone, to have her relevant medical and health care information faxed to the hospital by the family physician and the Community Care Access Centre (CCAC). He also wanted Alice to share any relevant information and has given the care team permission to interview Alice as she is more familiar with his mother's current state of affairs than he is.

History of Presenting Problem:

Patient was found moaning, incontinent of urine, and non responsive by her neighbour this morning. Alice and Tom both reported they have observed a change from her 'usual' self these past 2 weeks. Tom relayed an incident when he was speaking to her on the phone 2 weeks ago. His mother made it sound as though her husband was still living (has been dead for 3 years). Tom says she has lost a fair bit of weight in the last 6 months. Alice reported another incident that happened last week when patient's conversation was rambling and incoherent. Alice says it passed after patient ate her lunch. Last night Alice found her to be confused and noticed a large bruise on (r) arm.

Chief Complaint:

Patient non-responsive. Ambulance attendants report patient is confused, incoherent, agitated, and incontinent. Urine has a strong ammonia smell. The triage nurse found her to be an unreliable historian as she is unable to converse meaningfully at the present time.

Psychiatric History:

Myrtle was treated with electro convulsive therapy in 50 as she suffered a major depression after the death of her mother with whom she had cared for during the last 3 years of her life. Her son Tom had also left home about this time for university. Harold, her husband was very supportive of her, but was also extremely busy at work during that period of time. Son has noticed periods of depression in his mother since his father died, however to his knowledge, his mother has not been treated.

Medical History and Health Care Information: (faxed by family doctor and CCAC)

Medical history insignificant through childhood. Suffered from low grade headaches, constipation, and menstrual cramps for many years during menses. Gravida 2, Para 1. Gave birth at age 32 - one miscarriage 4 years later. Menopause age 52. Osteoarthritis knees and fingers. Right knee replacement 10 years ago. Cataract surgery 6 years ago. BP 160/94, NKA, NIDDM X 30 years, hx of melanoma, marked hearing impairment in L ear, mild impairment R ear, mild cognitive impairment?

CCAC information notes that PSW's help for a weekly bath/shower was started in the summer after her son's last visit.

Physical Examination

Dishevelled grey hair, pale, smells of ammonia, moaning and groaning, large bruise right arm, and was able to state her name when asked twice

175 cm (5'7"), 53.5 kg (118lb) - BMI= 17.5, BP 188/100, P. 80, R 32, HEENT - neg

CVS - hypertensive - mild edema in left ankle

Abdomen - tight - tenderness in upper left quadrant - hard stool in rectum

Genitourinary - strong odour in perineal region - red inflamed labia with whitish exudates in folds

Musculoskeletal - o/a fingers, knees - left knee swollen

CNS - unable to complete a full mental status - oriented to name only - reflexes normal

Results of lab values ordered:

- CBC - hgb 10.2, WBC - 14.1 RBC - 4.2
- Sedimentation Rate - 30
- Glucose - random 2.9mmol/L
- BUN - 3.5 mmol urea/L
- Electrolytes - Na⁺ 148 mmol/L K - 4.2 mmol/L
- Calcium - 2.2 mmol/L
- Vitamin B12 - 180pg/ml
- Folate - low
- Catheter urine specimen - positive for Escherichia coli

Medications:

Glyberide 5mg BID
Furosemide 40 mg TID
ECASA - 81 mg OD
Acetaminophen ES QID
Colace 100mg od
Metoprolol 25 mg BID
Multivites 1 OD
Vitamin E 400 IU OD

Family History:

Myrtle was born April 15, 1925 in Mount Forest, Ontario. Her family have been members of the St. James Anglican church since its inception. She was the youngest of 5 children (2 brothers, 2 sisters - all deceased). Her parents ran the local dry goods store. Her 2 brothers both died during WW1. Her 2 sisters married and raised their families and lived in different provinces. One sister died of breast cancer and her other sister died of a stroke just 3 years ago. Myrtle's father died of polio in 1950. Her mother died of complications from pneumonia and dementia. Myrtle was the primary caregiver during her mother's illness and death. Myrtle was married at age 30 and 2 years later her son Tom was born. Harold died 3 years ago of congestive heart failure.

Occupational History:

She began teaching in a one-room school at age 22. She taught school for 8 years before marrying Harold. When Tom began grade school Myrtle starting bringing in piano students to her home. She stopped teaching piano 10 years ago. On occasion she still helps young people prepare for Conservatory examinations.

Educational Background:

Myrtle completed high school and attended Normal School in Hamilton, Ontario. She excelled in music having played piano since she was a child. Although she could do simple math, she always relied on her husband to do the finances.

Social/Cultural:

Myrtle is financially independent through savings and pensions. Her son is well off and is a member of a law firm in Montreal. Myrtle has a well established social network (IODE chapter, Women's Institute, neighbours, local seniors centre, and church). She has always made friends easily, but many of her closest friends have died in the last 5 years. Tom reports that his mother drinks alcohol on special occasions only. Myrtle has been an avid gardener, winning many prizes for her roses and vegetables. She has been a member of the local horticultural society for over 40 years.

Functional status (as reported by Alice and Tom)

IADLs

Meal Preparation: Alice says that at times she has found little food in the fridge. Every Sunday Myrtle eats dinner with her church group. Tom reported that he had to buy a kettle and iron with automatic shut off features because of safety concerns he noticed last summer. Alice says Myrtle tends to cook her meals on the burner or in the microwave.

Ordinary housework: Alice reports the house is tidy, but needs a thorough cleaning. Myrtle is able to do her own laundry and in nice weather hangs her clothes on the line. The outside yard work is done by Alice's teenage son.

Managing Finances: Tom has been doing all of Myrtle's finances as he noticed a year ago that some bills were not paid. He arranged to have all of her bills automatically withdrawn from her bank account and pension cheques automatically deposited. Myrtle gets cash for shopping from the bank.

Managing Medications: Alice reports that all of Myrtle's medications were in one place - doesn't think there is a problem. She did not take her morning meds.

Phone use: Tom reports that during his visit last Christmas he bought her a new phone with speed dial features as she could not remember his phone number.

Shopping: Alice takes Myrtle shopping at least once a week. Tom says his mother assures him that she shops daily at the L & M - Alice is unsure about that. Alice says she has helped Myrtle order clothing and gift items from the Sears Catalogue as this seemed to present a challenge for her this last year.

Transportation: Myrtle walks within her neighbourhood. Friends pick her up for church. Myrtle uses a taxi for medical and hair appointments. She has the number of the cab company in her speed dial.

BADLs:

Alice reported that Tom arranged for help to provide a weekly bath when he visited early last summer. He told Alice that he didn't think his mother was going in the tub anymore, rather just washing at the sink. Tom installed grab bars in the tub and by the toilet 10 years ago after her knee surgery. There have been no reported incontinences of urine or stool.

Diagnosis Formulation:

Delirium - secondary to UTI

Hypoglycemic episode

Medical Orders:

Admit to unit

Catheterize - foley

IV Normal Saline 1000cc/12 hours

Cipro 500 mg BID po X 7 days

DAT - push fluids

Intake and output

Ativan 0.5 - 1mg q4h prn for agitation sl/po

MULTIDISCIPLINARY ASSESSMENTS AND DOCUMENTATION

- 1). Myrtle was admitted to the hospital. Still unable to answer meaningful questions
- 2). Neighbour helped complete admission paperwork - son can be reached on phone (numbers in chart). He will visit in 3 days time
- 3). Team alerted to admission - assessments per unit protocol

Part 2

Scenario - Discharge

(Myrtle spent 10 hours in the ER until she was admitted to the unit)

Nursing has established routines of care in regard to nutrition and sleep needs and has optimized sensory input in daytime, including re-instituting hearing aide in L ear. Myrtle has steadily improved over 5 days, eating and drinking well and sleeping through the night. Her IV was discontinued day 2 and her catheter has been removed. She can tolerate antibiotics by mouth Today she is coherent, partially oriented and well groomed albeit a little pale. Blood sugars within normal range (glucometer readings and serum). A repeat urinalysis has been completed and staff are waiting for results.

Tom has flown in from Montreal and will be visiting shortly to discuss discharge plans with the team. He visited most of yesterday.

Case Conference:

Present: Dr. Jane Olanza, Chris Arbuckle, RN, Mary Simmons MSW, and Kerry Smith, OT and Tom Smith (son)

Tom began by expressing that he was "shocked" when he saw his mother yesterday. He figures that she has lost at least 15 pounds since he last saw her in the summer. He said that she recognized him, but she couldn't recall how long she has been in the hospital. The staff explained that today, her Mini Mental Score was 23. Tom asked what that means. He also mentioned that he thinks his mother should be in a nursing home.

The care team explained to Tom about his mother's current condition. They also discussed the process involved in admitting someone to a long term care home.

When Tom went in to speak to his mother after the conference and told her what they discussed, she became indignant.

She said:

"Why wasn't I asked to participate? I'm not that feeble you know. I'm perfectly fine to go home. The doctor just said I got a little run down with my diabetes and a urinary infection and I was constipated. Sandra [PSW] and Alice are there to help take good care of me and that nurse from the home care office told me I can get more help whenever I need it. I don't

want to go live with a bunch of people I don't know.... You know that I've always liked and needed my privacy. Your father was far more outgoing than me and even he would have refused to live in one! I thank God he was spared that fate. Tom, I savour the tranquility of my old house; it's like it is a part of me. Can you imagine my big old grand piano fitting in one of those dinky little bedrooms they give you? [laughing] Nursing homes won't let you take your animals with you. Remember my old friend Freda? After she had her stroke and had to live in one of those places - they had to put her dog down 'cause no one wanted him. It nearly broke her heart. She died a year later. I will never get rid of Ginger and Marmalade and I can't see you taking them to Montreal with you! Alice has her own cat. So.... There's my answer - no! I know my memory's bad and I can't do the things I used to, but I want to stay in my house. Maybe when I'm totally incapacitated or something and I'm peeing all over the place, you can do what you want with me - I just hope if my life comes to that sorry state I will be 6 feet under.